FORM HS-2585 CONSENT TO ADOPTION BY MINOR WHO IS FOURTEEN (14) YEARS OF AGE OR OLDER

INSTRUCTIONS

Purpose

The form, Consent to Adoption by Minor Who Is Fourteen (14) years of Age or Older, must be used to obtain consent of a child who is fourteen (14) years of age or older prior to his or her adoption (T.C.A. § 36-1-117(i)).

Specific Instructions

The form, Consent to Adoption by Minor Who Is Fourteen (14) Years of Age or Older, is to be completed and signed by the child before the judge of the adoption court where the petition to adopt has been filed.

In those situations where a petition to adopt includes a child, age fourteen (14) years of age or older, a guardian ad litem <u>must</u> be appointed to represent the child before this consent by the child can be received by the court. The guardian ad litem <u>must</u> be present at the time the consent is signed by the child and received by the court.

Distribution

The original of the child's consent is filed with the adoption court and made a part of the court's record of the pending adoption.

A copy of the child's consent should be given to the child.

A copy of the child's consent <u>must</u> be a part of the child's case record.

The consent <u>must</u> be recited in the Order of Adoption.

This form is printed by the Department for distribution by the Department of Human Services County and District Offices and State Office Adoption Services Unit to the clerks of the court and attorneys on an as requested basis.



CONSENT TO ADOPTION BY MINOR WHO IS FOURTEEN (14) YEARS OF AGE OR OLDER TENNESSEE CODE ANNOTATED, §36-1-117(I)

COUNTY OF		
Being duly sworn according to law, affiant would state:		
1. I am change requested in the Petition, fourteen (14) years of ag	ge or older, bor	se the name of minor child prior to any name n (Date of Birth).
2. I understand that,	(name of the p	, (name of prospective adoptive mother), and rospective adoptive father), have filed a Petition to
adopt me.		
3. I understand that if the Court enters an order of adoptio become my parent(s) for all purposes, just the same as if I	, (name of	prospective adoptive mother, and
4. I understand that, while I remain under eighteen (18) ye determine if I should contact or visit with anyone in my bir	ears of age, my	
5. I understand that I will have the right to inherit property will have the right to inherit property from me or my desce is entered. After the order of adoption is entered, I will not property from me after the order of adoption is entered. I terminated before his or her death.	endants, but only t inherit property may inherit fro	y for property I acquire after the adoption order y from my birth family, nor will they inherit m or through a parent whose rights were not
6. No one has pressured me to agree to this adoption, and	. (1	ny adoption by name of prospective adoptive mother, and, (name of prospective adoptive father), is in my
best interests. I wish for the adoption to take place.		
7. Do you freely and voluntarily, without pressure from an	nyone, consent t	to this adoption? Yes No
This the,,		
FURTHER AFFIANT SAITH NOT		
	Please print:	Name of Minor Child
	Signature:	
Sworn to and subscribed before me this day of _		
	r lease print.	Circuit Judge of the Court for Davidson County, Tennessee

Signature:

Consent of Minor over 14 to adopt form.doc

NOTE TO THE COURT:

A guardian ad litem must be appointed by the court to represent the child before this Consent is received, and must be present at the time the Consent is received by the Court. The consent shall be filed with the record of this case. The consent must be recited in the order of adoption T.C.A. § 36-1-117(i).



STATE OF TENNESSEE DEPARTMENT OF HEALTH, OFFICE OF VITAL RECORDS CERTIFICATE OF ADOPTION

INSTRUCTIONS: USE BLACK INK OR TYPEWRITER TO COMPLETE THIS FORM. DO NOT USE WHITEOUT OR ANY ERASURE.

Part I should be completed and signed by the adopting parents. Parts II and III should be completed by attorney, clerk of court, or child placing agency. When the final decree of adoption has been entered, the clerk of court shall enter his/her certification in Part IV, affix the seal of the court, sign, and forward to Tennessee Vital Records, Andrew Johnson Tower, 1st Floor, 710 James Robertson Parkway, Nashville, TN 37243. If the child was born in another state or U. S. Territory, the office will forward to the proper state. If the child was born in Tennessee, enclose the fee of \$30.00 for preparation of a new birth record. The fee entitles applicant to one certified copy of the new birth certificate. Additional copies maybe obtained at the same time for \$15.00 each. Make check or money order payable to Tennessee Vital Records.

	· · · · · · · · · · · · · · · · · · ·	INFORMATIO	N AFTER ADOP	TION	
	Full name of child after adoption, as decreed by court.				
PARTI	ADOPTIVE FATHER Were you related to this child prior to adoption?	Full Name of Father			
AU 7	☐ Yes ☐ No If so, what is your relation?	Date of Birth (Mo/Day/	e of Birth (Mo/Day/Year) State or Foreign Country of Birth Social Security Number		
All items must be completed so that the new		Full Legal Name of Mo	thor		
birth certificate will show all essential data	ADOPTIVE MOTHER Were you related to this				
A death-seconds about	child prior to adoption? ☐ Yes ☐ No Maiden Surname of Mother				
Adoptive parents should verify all personal data for accuracy and sign this	If so, what is your relation?	Date of Birth (Mo/Day/Year) State or Foreign Country of Birth Social Section		h Social Security Number	
form before Part II is completed.	Adopting mother's mailing ac	ddress at time of the adop	otion (Street, Number,	, City, State and Zip Code)	County of Residence
Volta:					
	I have reviewed the information entered in Part I and verify that it is accurate. Note: When the spouse of the child's biological parent (i.e. child's stepparent) is the adopting parent, both the stepparent and biological parent should complete Part I.				
	Mother's Signature			Dat	е
	Father's Signature			Dat	е
	Do you want a new birth certificate prepared? YES NO. If a single parent adoption: Do you want the word "Adoption" to be entered in the space provided for the other parent? YES NO				
	INFO	ORMATION ABOUT	T CHILD BEFOR	RE ADOPTION	
PART II	Name of Child at Birth Sex Male Female Birth Certificate No. (if known)				Birth Certificate No. (if known)
This information is used to locate the child's original birth record.	Date of Birth (Mo/Day/Year)		Place of Birth (Hos	pital, City, State)	
If the child was previously adopted, please give the adoptive parents' names.	Full Maiden Name of Mother	iden Name of Mother Full Name of Father			
	Please include \$30.00 fee to Make check or money order	process request, addition payable to TENNESSEE	nal copies maybe obt	ained at the same time for \$15 Enter the address to which the	5.00 each. e birth certificate should be sent.
PART III	NAME:				
MAILING ADDRESS	ADDRESS:				
AND TELEPHONE					
NUMBER	CITY, STATE, ZIP CODE:	()			
	DAYTIME PHONE NUMBER: (
CERTIFICATION OF CLERK OF COURT					
	State of TENNESSEE	County of		Docket Number	Date of Decree
				Court of this county on ch adjudged that the child named in Part I	
	Clerk's Signature Date				

SEND THIS FORM AND REQUIRED FEE TO:



Application for Report of Foreign Birth for Adopted Child

Full adoptive name of child:	N.		
Place of birth:			
Place of birth:City Date of birth:	Province	Sex of Child:	Country Female
Full name of adoptive Father:			
Full maiden name of adoptive Mo	other:		
Legal residence of adoptive pare	nts at the time of the adoption:		
City	County		 State
We, the above named parents, here	ehy certify the information give	en above is correct	2796
Father's signature:			2
Mother's signature:			
Mailing address:			
	4		
Name of Court:	*		
Clerk's signature:			ı
Please remit the fee of \$30.00 to copies may be obtained at this tin			

Also include the certified copy of the court order. Mail all documents and the required fee to:

Office of Vital Records Andrew Johnson Tower, 1st Floor 710 James Robertson Parkway Nashville, TN 37243

(SEAL)



Department of Children's Services PAYMENT DISCLOSURE FOR USE IN PETITION FOR ADOPTION TENNESSEE CODE ANNOTATED, § 36-1-116(b)(16)

This form must be filed with the adoption petition. See, T.C.A. § 36-1-116(b)(16).

	ĭant(s) would state:
I am/We are Adoptive Mother) and Adoptive Father), the petitioner(s) seeking the	(Name of Prospective
Adoptive Mother) and	(Name of Prospective
Adoptive Father), the petitioner(s) seeking the	adoption of
(Nar adoption filed in the Court for	ne of Child) pursuant to a petition for
	r, County,
Tennessee.	
2. I/We have paid or promised to pay the follo	wing money fees contributions or other
remuneration or thing of value in the connection	
this child (Attach additional sheets as necessar	
a. Medical or hospital expenses of birth mothe	r and child.(Attach Additional Sheets If
Necessary):	
	syments, contributions, fees, or other thing
of value;	
(2) The specific amount of payments,	contributions, fees, or value of things
given; and,	
(3) The specific purpose of payments,	contributions, fees, or other things of value
b. Other birth related expenses (Attach Addition	
	syments, contributions, fees, or other thing
of value;	
(2) The specific amount of payments,	contributions, fees, or value of things
	contributions foos or other things of valu
given; and,	contributions, rees, or other things of value
(3) The specific purpose of payments, (

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	tities or Persons who received payments, contributions, fees, or other things of
value;	(2) The specific amount of payments, contributions, fees, or value of things given
and,	
	(3) The specific purpose of payments, contributions, fees, or other things of value
connec	s or payments paid to any attorney at law and other costs of legal proceedings in etion with the birth, placement, or litigation for the adoption of this child (Attach onal Sheets If Necessary):
of valu	(1) Entities or Persons who received payments, contributions, fees, or other thing
	(2) The specific amount of payments, contributions, fees, or value of things
given;	and, (3) The specific purpose of payments, contributions, fees, or other things of value
(Attac	nseling paid for on behalf of the birth or prospective adoptive parent(s) or child h Additional Sheets If Necessary): (1) Entities or Persons who received payments, contributions, fees, or other thing
of valu	(2) The specific amount of payments, contributions, fees, or value of things
given;	and,
	(3) The specific purpose of payments, contributions, fees, or other things of value
worke	or payments paid to any licensed child-placing agency or licensed clinical social r(Attach Additional Sheets If Necessary): (1) Entities or Persons who received payments, contributions, fees, or other thing
of valı	(2) The specific amount of payments, contributions, fees, or value of things
given;	
	(3) The specific purpose of payments, contributions, rees, of other tillings of value

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g. Any other money, fees, contributions, or other remuneration or thing of value in connection with the birth, placement, or adoption of this child, given or paid, to the child's parent(s) or family member(s) (Attach Additional Sheets If Necessary): (1) Entities or Persons who received payments, contributions, fees, or other things of value; (2) The specific amount of payments, contributions, fees, or value of things given; and,
(3) The specific purpose of payments, contributions, fees, or other things of value:
FURTHER AFFIANT(S) SAITH NOT.
This the day of, (20).
Please Print:
Please Print: Prospective Adoptive Mother
Signature:
Diagon Prints
Please Print: Prospective Adoptive Father
Signature:
Sworn to and subscribed before me this day of, (20).
NOTARY PUBLIC
My Commission Expires:

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FORM HS-2589 ATTORNEY FEE DISCLOSURE _AFFIDAVIT

INSTRUCTIONS

<u>Purpose</u>

The Form HS-2589, Attorney Fee Disclosure Affidavit, is used by an attorney to disclose or report the fees charged to the prospective adoptive parents. Fees to be reported include, but are not limited to, all fees related to the placement or securing the placement of the child for the purpose of adoption, securing home studies or surrender of the child, and for legal services. (T.C.A. § 36-1-120(b))

Specific Instructions

The form is to be completed and signed in the presence of a notary public.

The notarized document is to be filed with the proposed order of adoption in the court where the petition to adopt has been filed.

The information shall be confidential and shall only be disclosed as provided by T.C.A. § 36-1-101, et seq.

Distribution

This form is printed by the Department for distribution by the Department of Health, or its successor agency, County and District Offices and the State Office Adoption Unit to clerks of the Court and attorneys on an as requested basis.

Fee Disclosure of Attorney form.doc

ATTORNEY FEE DISCLOSURE AFFIDAVIT TENNESSEE CODE ANNOTATED, § 36-1-120(b)

adoption order prior to entry of the order	ey representing the petitioners with the proposed by the Court. <u>See.</u> T.C.A. § 36-1-120(b).
STATE OF TENNESSEE COUNTY OF	
Being duly sworn according to la	w, affiant would state:
1. I am	attorney for petitioners
Adoptive Parents) in the adoption process	(Names of Prospective eding styled:
	which is filed in the
(he/she) have sought to adopt	which is filed in the, County, Tennessee in which they
	(Name(s) of
Child(ren), and in which the Court has or to that petition.	dered the entry of an order of adoption pursuant
Petitioner(s). (Attach additional sheets if	ed in the placement of the child(ren) with the
3. The following are fees charged by me o	or persons who are employed, contracted by, or
associated with, me for <u>legal services</u> reno involving the child(ren): (Attach addition	dered to Petitioner(s) in the adoption proceedings al sheets if necessary): ndered in the proceedings for the adoption of ately followed by
associated with, me to any other person or placement of the child(ren) with the petition securing any home studies or surrender of	ersons who are employed, contracted by, or entity for services rendered in securing the oners or for securing any services related to the child(ren): by persons or entities whose services assisted in
securing the child's (children's') placemer the child(ren) followed immediately by,	paid for each service to that person or entity:

Fee Disclosure of Attorney form.doc

<u>, i</u>				
This theday of	19(20).		
FURTHER AFFIANT SAITH NOT.				
	Please Print: _		1	
	Address: _	Attorney for Petitioner(s)		
	Signature:			
Sworn to and subscribed before me th	is day of		, 19	_(20).
, /	·			
`x		N	OTARY PU	BLIC
My Commission Expires:				