



**APPEARANCE WAIVER AND
CONSENT TO ADOPTION**

Case No. _____
Court ☐ District ☐ Family
County _____
Division _____

IN THE INTEREST OF:

_____, a child
Respondent

Address

WAIVER OF APPEARANCE

I, _____, hereby state that I am the natural parent of the above-named child and I hereby voluntarily, and with full knowledge and agreement, waive my right to appear in the above-styled proceeding to terminate my parental rights.

Parent's Signature

Parent's Name (*please print*)

Counsel for Parent

Guardian ad litem for Minor Parent

Cabinet Designee

Subscribed and sworn to before me by _____ on _____ in the county
(name) (month/day/year)
of _____,
(county) (state)

For Notaries: My commission expires: _____. My notary ID number is: _____.

Name/Title

☐ Please mail a copy of the FINAL JUDGMENT to:

CONSENT TO ADOPTION

I, _____, do hereby swear and affirm the following:
(print name)

1. This consent to adopt form is being executed on _____, in _____,
(date) (city)
_____ County, Kentucky, at _____ ☐ am ☐ pm.
(county) (time)
2. I am the natural ☐ mother ☐ father of _____, the child to be adopted, who was
(child's name)
born to me ☐ in wedlock ☐ out-of-wedlock on _____ in _____.
(child's date of birth) (city, state, country of child's birth)
3. (check one) ☐ I do not desire to know the identification of the proposed adoptive parent(s) of my child; or
☐ The proposed adoptive parent(s) of my child is: _____.
4. I understand that if the adoption is not adjudged, that the disposition of my child will be made pursuant to KRS 199.550.
5. The total amount of my legal fees related to the execution of this consent are \$_____ to be paid by
_____.
6. I have reviewed this consent and the legal effect of this consent has been fully explained to me.
7. I have not been coerced in any way to execute this consent, nor have I been given or promised anything of value, except those expenses allowable under KRS 199.590(6), to execute this consent.
8. My consent to the adoption of my child is knowing and voluntary.
9. I understand that this consent to the adoption of my child will become **final and irrevocable 72 hours** after the execution of this consent and that this **consent may be withdrawn only by written notification** sent to the proposed adoptive parent or the attorney for the proposed adoptive parent on or before the expiration of the 72 hours by certified or registered mail and also by first class mail.

Consenting Parent's Signature

Subscribed and sworn to before me by _____ on _____ in the county
(name) (month/day/year)
of _____,
(county) (state).

For Notaries: My commission expires: _____. My notary ID number is: _____.

Name/Title

Preparer's Name & Address

Reviewer's Name & Address

I, _____, do hereby acknowledge receipt of a completed and signed copy
(print name)
of this consent at the time of execution, as reflected in paragraph 1.

Consenting Parent's Signature