

IN THE INTEREST OF:

ACKNOWLEDGEMENT OF
ALTERNATIVES AND RIGHTS

_____,
A Minor Child

Case No. _____

I understand that a formal request has been made to the Lincoln County Juvenile Court to terminate and end any parental rights I may have to the above named minor child. I understand that if the request is granted, I will have no rights at all to see, hear from, communicate with, direct, inherit from, or parent that child in any way ever again. The court decision would be final, except that I would have 30 days to appeal any legal error. I could not just change my mind.

I understand that I have the legal right to contest the request to terminate my parental rights. I could have an attorney, and the attorney would be free to me if I cannot afford one myself. I could have a trial at which the person requesting that my rights be terminated would have to prove that my rights should be terminated. At the trial, I could cross-examine witnesses in court, present my own witnesses, and testify for myself if I wanted to. The trial could be before a jury of citizens or before a judge without a jury. I could get this case delayed long enough to get an attorney and prepare. I could get a different judge than the one now assigned. **I DO NOT WANT TO EXERCISE ANY OF MY RIGHTS LISTED ABOVE IN THIS CASE AT THIS TIME.**

I understand that I could ask to keep this child in my household and retain my parental rights. I could have the child placed with a relative of mine or of the other parent, or in a foster home until the other parent or I would be ready to have the child at home. If I do not have enough money, I could get child support and other financial help from the other parent, or I might qualify for help from the government through W2/welfare, rent and energy assistance, medical assistance, food stamps and other nutrition help, child care, educational assistance, parenting advice and like programs. Although I have considered them, **I DO NOT WANT TO EXERCISE ANY OF THESE ALTERNATIVES TO TERMINATING PARENTAL RIGHTS IN THIS CASE.**

I understand that I may speak to and consult with anyone I want to about this case and my decisions. Besides my own friends and relatives and the other parent, I may talk to the attorney for the child's interests and any other attorneys or social workers involved in this case. **I DO NOT WANT TO CONSULT WITH ANYONE ANY FURTHER AT THIS TIME.**

My decision to allow my parental rights to be terminated has not been influenced in any way by any promise, payment, consideration, or threat. I am not under any influence from medication, drugs, or alcohol at the time of reading and signing this. I have read this document carefully and I understand it. I recognize that the court and others will rely on this document. **I AM GIVING UP MY PARENTAL RIGHTS ON MY OWN FREE WILL, having considered all of my rights and alternatives.**

Dated: _____

Signature

Name Printed or Typed

*Witnessed by:

Signature of Witness

Signature of Witness

***THIS DOCUMENT MUST BE WITNESSED BY TWO PERSONS TO BE VALID.**