

TERMINATION OF INTERIM ADOPTION AND GUARDIANSHIP ASSISTANCE

Date: ____ / ____ / ____

Child's Name: _____ Child's ID#: _____

This is to inform you that effective _____ the agreement for interim assistance with respect to the above-named child has been terminated for the following reason (s):

- You have not followed through with contacting the attorney to represent you in this adoption.
- You have not cooperated with the staff in having a home study and investigative report completed
- You have changed your mind about making a permanent plan for the child
- The Department has decided to withdraw its involvement in pursuit of adoption or transfer of guardianship based on what has been determined to be in the best interest of the child.

If you have any questions, please contact me at (____) _____ - _____
(Telephone)

Printed Name

Signature

Title

Region

Address

State, City and Zip Code