

State of Illinois
Department of Children and Family Services

**FINAL AND IRREVOCABLE CONSENT TO ADOPTION BY A
SPECIFIED PERSON OR PERSONS: DCFS CASE**

I, _____, the mother/father of _____
(circle one)

a male/female child, state that:
(circle one)

1) My child, _____ was born on _____ at
_____ Hospital in the City/Town of _____ in
_____ County, State of _____.

2) I reside at _____, County of
_____, State of _____ Zip Code _____.

Mail may also be sent to me at this address: _____,

in care of _____.

My home telephone number is _____.

My cell telephone number is _____.

My e-mail address is _____.

3) I, _____, am _____ years of age.

4) I enter my appearance in this action for my child to be adopted by the person or persons specified herein by me and waive service of summons on me in this action only.

5) I hereby acknowledge that I have been provided a copy of the *Birth Parent Rights and Responsibilities in Illinois for Final and Irrevocable Consents to Adoption by a Specified Person or Persons for DCFS Cases* before signing this Consent and that I have had time to read this form or have it read to me and that I understand the rights and responsibilities described in this form. I understand that if I do not receive any of my rights as described in this form, it shall not constitute a basis to revoke this Final and Irrevocable Consent to Adoption by a Specified Person or Persons.

6) I do hereby consent and agree to the adoption of such child by _____
(names of current foster parent(s) or caregiver(s), hereinafter referred to as the "specified person or persons") only.

7) I wish to sign this consent and I understand that by signing this consent I irrevocably and permanently give up all my parental rights I have to my child.

8) I understand that this consent allows my child to be adopted by the specified person or persons only and that I cannot under any circumstances after signing this document change my mind and revoke or cancel this consent.

If the parent consents to an adoption by two specified persons, complete the following:

8a. I understand that I cannot change my mind or revoke this consent or recover custody of my child on the basis that the specified persons divorce or are granted a dissolution of a civil union or that one of the specified persons has died.

8b. I understand that if the specified persons get a divorce or are granted a dissolution of a civil union before the petition to adopt my child is granted, this consent remains valid only for _____
(name **only one** specified person) to adopt my child.

8c. I understand that if either of the specified persons dies before the petition to adopt my child is granted, this consent remains valid for the surviving person to adopt my child.

- 9) I understand that this consent will be void if:
- (a) the Department places my child with someone other than the specified person or persons; or
 - (b) a court denies the adoption petition for the specified person or persons to adopt my child; or
 - (c) the DCFS Guardianship Administrator refuses to consent to my child's adoption by the specified person or persons on the basis that the adoption is not in my child's best interest.

I understand that if this consent is void, I have parental rights to my child, subject to any applicable court orders including those entered under Article II or the Juvenile Court Act of 1987, unless and until I sign a new consent or surrender or my parental rights are involuntarily terminated. I understand that if this consent is void, my child may be adopted by someone other than the specified person or persons only if I sign a new consent or surrender, or my parental rights are involuntarily terminated. I understand that if this consent is void, the Department will notify me within 30 days using the addresses and telephone numbers I provided in paragraph 2 of this form. I understand that if I receive such notice, it is very important that I contact the Department immediately and preferably within 30 days, to have input into the plan for my child's future.

- 10) I understand that if a petition for adoption of my child is filed by someone other than the specified person or persons, the Department will notify me within 14 days after the Department becomes aware of the petition. The fact that someone other than the specified person or persons files a petition to adopt my child does not make this consent void.
- 11) If a person(s) other than the specified person or persons files a petition to adopt my child or if the consent is void under paragraph 9, the Department will send written notice to me using the mailing address and email address provided by me in paragraph 2 of this form. The Department will also contact me using the telephone numbers I provided in paragraph 2 of this form. It is very important that I let the Department know if any of my contact information changes. If I do not let the Department know if any of my contact information changes, I understand that I may not receive notification from the Department if this consent is void or if someone other than the specified person or persons files a petition to adopt my child. If any of my contact information changes, I should immediately notify:

Caseworker's name and telephone number:

Agency name, address, zip code, and telephone number:

Supervisor's name and telephone number:

DCFS Advocacy Office for Children and Families: 1-800-232-3798.

- 12) I expressly acknowledge that paragraph 9 (and paragraphs 8a and 8b, if applicable) do not impair the validity and finality of this consent under any circumstances.
- 13) I have read and understand the above and I am signing it as my free and voluntary act.

Dated this _____ day of _____, 20_____

Signature of Parent

