

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, COUNTY DIVISION

IN THE MATTER OF THE PETITION OF

and

To Adopt:

a minor(s)

Case No. _____

FINAL AND IRREVOCABLE CONSENT TO ADOPTION

(2723 Father 2724 Mother)

I, _____, (mother father)
of _____ a (female male) child, state:

- 1. The child was born on _____, City/Town of _____,
County of _____, and State of _____.
- 2. I live at _____, City/Town of _____,
County of _____, and State of _____.
- 3. My age is _____ years.
- 4. I hereby enter my appearance in this proceeding and waive service of summons on me.
- 5. I hereby acknowledge that I have been provided with a copy of the Birth Parents' Rights and Responsibilities Private Form before signing the Consent and that I had time to read, or have had it read to me. I understand that if I do not receive any of the rights as described in this form that does not constitute a basis to revoke this Final and Irrevocable Consent.
- 6. I hereby consent and agree to the adoption of the child named above.
- 7. I wish to, and understand that by signing this consent I do, irrevocably and permanently, give up all custody and other parental rights I have to the child named above.
- 8. I understand the child named above will be placed for adoption and that I cannot under any circumstances, after signing this document, change my mind and revoke or cancel this consent or obtain or recover custody or any other rights over the child named above. I have read and understand the above and I am signing it as my free and voluntary act

Dated: _____

/s/ _____

Signature of Parent

Mariyana T. Spyropoulos, Clerk of the Circuit Court of Cook County, Illinois

cookcountyclerkofcourt.org

BIRTH PARENT RIGHTS AND RESPONSIBILITIES - PRIVATE FORM

THIS FORM DOES NOT CONSTITUTE LEGAL ADVICE. LEGAL ADVICE IS DEPENDENT ON THE SPECIFIC CIRCUMSTANCES OF EACH SITUATION AND JURISDICTION. THE INFORMATION IN THIS FORM CANNOT REPLACE THE ADVICE OF AN ATTORNEY LICENSED IN YOUR STATE.

As a birth parent in the State of Illinois, you have the right:

1. To have your own attorney represent you. The prospective adoptive parents may agree to pay for the cost of your attorney in a manner consistent with, Illinois law, but they are not required to do so.
2. To be treated with dignity and respect at all times and to make decisions free from coercion and pressure.
3. To request to receive counseling before and after signing a Final and Irrevocable Consent to Adoption (“Consent”), a Final and Irrevocable Consent to Adoption by a Specified Person or Persons: Non-DCFS Case (“Specified Consent”), or a Consent to Adoption of Unborn Child (“Unborn Consent”). The prospective adoptive parents may agree to pay for the cost of counseling in a manner consistent with Illinois law, but they are not required to do so.
4. To ask to be involved in choosing your child’s prospective adoptive parents and to ask to meet them.
5. To ask your child’s prospective adoptive parents any questions that pertain to your decision to place your child with them.
6. To see your child before signing a Consent or Specified Consent if you are the custodial parent, and to request to see your child if you are not the custodial parent.
7. To request contact with your child and/or the child’s prospective adoptive parents, with the understanding that any promises regarding contact with your child or receipt of information about the child after signing a Consent, Specified Consent or Unborn Consent cannot be enforced under Illinois law.
8. To receive copies of all documents that you sign and have those documents provided to you in your preferred language.
9. To request that your identifying information remain confidential, unless required otherwise by Illinois law or court order, and to voluntarily share your medical, background, and identifying information, including information on the original birth certificate of your child. This can be done through the Illinois Adoption Registry and Medical Information Exchange or through completing the Birth Parent Preference Form. Please visit <http://dph.illinois.gov> or www.newillinoisadoptionlaw.com.
10. To access the Confidential Intermediary Program which provides a way for a court appointed person to connect and/or exchange information between adoptees, adoptive parents and birth parents, and other biological family members, provided in most cases that mutual consent is given. Please visit www.ci-illinois.org or call (800) 526-9022 (x29).
11. To work with an adoption agency or attorney of your choice, or change said agency or attorney, provided you promptly inform all of the parties currently involved.
12. To receive, upon request, a written list of any promised support, financial or otherwise, from your attorney or the attorney for your child’s prospective adoptive parents.
13. To delay signing a Consent, Specified Consent, or Unborn Consent if you are not ready to do so.

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14. To decline to sign a Consent, Specified Consent, or Unborn Consent even if you have received financial support from the prospective adoptive parents.

If you do not receive any of the rights described in this Form, it shall not be a basis to revoke a Consent, Specified Consent, or Unborn Consent.

As a Birth Parent in the State of Illinois, you have the responsibility:

1. To carefully consider your reasons for choosing adoption.
2. (Birth mothers only) To accurately complete an Affidavit of Identification, which identifies the father of the child when known, with the understanding that a birth mother has a right to decline to identify the birth father.
3. To provide the necessary documentation regarding financial need to make an appropriate determination of reasonable pregnancy-related expenses.
4. To not accept financial support or reimbursement of pregnancy related expenses simultaneously from more than one source or if you are not pregnant, as doing so is a crime.
5. To voluntarily provide all known medical, background, and family information about yourself and your immediate family to your child's prospective adoptive parents or their attorney. For the health of your child, you are strongly encouraged, but not required, to complete the Birth Parent Medical Information form.
6. I have read and received a copy of this form.

/s/ _____
initials