

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Docket No.

[Empty box for case information]

In re Adoption of :

[Empty box for child's name]

WAIVER OF COUNSEL
15A V.S.A. 3 -503(b)(1)

I have been informed that I am entitled to be represented by an attorney who does not represent an adoptive parent or an agency to which my child is being relinquished.

I fully understand that these proceedings may result in the TERMINATION OF MY LEGAL RELATIONSHIP TO MY CHILD AND ALL MY PARENTAL RIGHTS AND RESPONSIBILITIES.

I fully understand my RIGHT TO AN ATTORNEY. I understand that if I want an attorney and cannot afford to hire an attorney at my own expense, an attorney will be appointed to represent me at no cost to me.

However, I DO NOT WISH TO BE REPRESENTED BY AN ATTORNEY, and I hereby waive my right to be represented by an attorney in this proceeding.

Please send all correspondence to me at the address below.

Dated

Signature of Parent
Parent's Name Printed
Mailing Address
Town/City State Zip
Phone Number

Subscribed and sworn before me on:
My commission expires on:

Signature of Notary Public or Person Authorized by Probate Court

Printed Name