Missouri Department of
SOCIAL SERVICES
Your Potential. Our Support.

JEREMIAH W. (JAY) NIXON, GOVERNOR • BRIAN KINKADE, DIRECTOR

TIM DECKER, DIRECTOR
CHILDREN'S DIVISION
PO BOX 88, JEFFERSON CITY, MO • 65103
WWW.DSS.MO.GOV • 573-526-6009• 573-526-3971 FAX

August 19, 2016

Cindy Kadlec, Director
Joint Committee on Administrative Rules
Capitol Building, Room 8-B
Jefferson City, MO 65101

RE: Proposed rulemaking - 13 CSR 35-31.050

Dear Ms. Kadlec:

Attached is an accurate and complete copy proposed rulemaking pertaining to the Children's Division, Department of Social Services. It is anticipated that this proposed rulemaking will be filed with the Secretary of State on or after July 29, 2016.

Statutory Authority: section 207.020, RSMo

Sincerely,

Tim Decker, Director
Children's Division

Attachments

Jason Kander
Secretary of State
Administrative Rules Division

RULE TRANSMITTAL

Administrative Rules Stamp

COPY

Rule Number 13 CSR 35-31.050

Use a "SEPARATE" rule transmittal sheet for EACH individual rulemaking.

Name of person to call with questions about this rule:
Content Sarah Madden Phone 522-8368 FAX 522-6092
Email address Sarah.Madden@dss.mo.gov

Data Entry Debbie Lindquist Phone 526-0414 FAX 522-6092
Email address Deborah.Lindquist@dss.mo.gov

Interagency mailing address 221 W High, Broadway Bldg., Jefferson City, Mo 65109

TYPE OF RULEMAKING ACTION TO BE TAKEN
☐ Emergency rulemaking, include effective date
☒ Proposed Rulemaking
☐ Withdrawal ☐ Rule Action Notice ☐ In Addition ☐ Rule Under Consideration
☐ Request for Non-Substantive Change
☐ Statement of Actual Cost
☐ Order of Rulemaking
Effective Date for the Order _____
☐ Statutory 30 days OR Specific date _____
Does the Order of Rulemaking contain changes to the rule text? ☐ NO
☐ YES—LIST THE SECTIONS WITH CHANGES, including any deleted rule text:

Small Business Regulatory Fairness Board (DED) Stamp

JCAR Stamp

JOINT COMMITTEE ON
AUG 19 2016
ADMINISTRATIVE RULES

Missouri Department of
SOCIAL SERVICES
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JEREMIAH W. (JAY) NIXON, GOVERNOR • BRIAN KINKADE, DIRECTOR

TIM DECKER, DIRECTOR
P.O. BOX 88, JEFFERSON STATE OFFICE BUILDING, JEFFERSON CITY, MO 65103
www.dss.mo.gov • 573-526-6009 • 573-526-3971 fax

August 19, 2016

Jason Kander
Secretary of State
Administrative Rules Division
600 West Main Street
Jefferson City, Missouri 65101

RE: 13 CSR 35-31.050

Dear Secretary Kander,

CERTIFICATION OF ADMINISTRATIVE RULE

I do hereby certify that the attached is an accurate and complete copy of the proposed rulemaking lawfully submitted by the Children's Division, Department of Social Services.

The Children's Division, Department of Social Services has determined and hereby certifies that this proposed rulemaking will not have an economic impact on small businesses. The Children's Division further certifies that it has conducted an analysis of whether or not there has been a taking of real property pursuant to section 536.017, RSMo 2000, that the proposed rulemaking does not constitute a taking of real property under relevant state and federal law, and the proposed rulemaking conforms to the requirements of 1.310, RSMo Supp. 2009, regarding user fees.

The Children's Division, Department of Social Services has determined and hereby also certifies that this proposed rulemaking complies with the small business requirements of 1.310, RSMo, in that it does not have an adverse impact on small businesses consisting of fewer than fifty full or part-time employees or it is necessary to protect the life, health, or safety of the public, or that this rulemaking complies with 1.310, RSMo, by exempting any small business consisting of fewer than fifty full or part-time employees from its coverage, by implementing a federal mandate, or by implementing a federal program administered by the state or an act of the general assembly.

Statutory Authority: section 207.020, RSMo

If there are any questions regarding the content of this proposed rulemaking, please contact:

Sarah G. Madden
221 West High Street, Room 230
Jefferson City, MO 65102
572-526-0414
Sarah.Madden@dss.mo.gov

Sincerely,

Tim Decker, Director
Children's Division

AFFIDAVIT

PUBLIC COST

State of MISSOURI)
) **ss.**
County of COLE)

I, Tim Decker, Director of the Children's Division, Department of Social Services, first being duly sworn, on my oath, state that it is my opinion that the cost of the proposed rule, 13 CSR 35-31.050 is less than five hundred dollars ($500) in the aggregate to this agency, any other agency of state government or any political subdivision thereof.

Tim Decker, Director
Division of Children Services

Subscribed and sworn to before me this 18th day of August, 2016. I am commissioned as a Notary Public within the County of Callaway, State of Missouri, and my commission expires ~~June 30, 2017~~ June 30th 2017

LINDA D. TISDALE
Notary Public-Notary Seal
State of Missouri, Callaway County
Commission # 13506277
My Commission Expires Jun 30, 2017

Notary Public

RECEIVED
AUG 19 2016
SECRETARY OF STATE
ADMINISTRATIVE RULES

Title 13 – Department of Social Services
Division 35 – Children's Division
Chapter 31 – Child Abuse

PROPOSED RULE

COPY

13 CSR 35-31.050 Consent to Termination of Parental Rights and/or adoption.

PURPOSE: This rule establishes two consent forms for use by parents in termination of parental rights cases and/or in adoption cases, as required by section 453.030.7 RSMo.

(1) The "General Consent to Termination of Parental Rights and Adoption" form, included herein as MO 886-4591, for use in cases filed pursuant to sections 211.444 or 453.030 RSMo, when adoptive parents are not specified shall be used in accordance with the instructions contained in this rule. Parents consenting to the termination of their parental rights shall provide written consent utilizing this form.

(2) The "Specific Consent to Termination of Parental Rights and Adoption" form, included herein as MO 866-4592, for use in cases filed pursuant to sections 211.444 or 453.030 RSMo when the adoptive parents are specified shall be used in accordance with the instructions contained in this rule. Parents consenting to adoption by named individuals shall provide written consent utilizing this form.

AUTHORITY: Sections 207.020 and 210.148, RSMo.

PUBLIC COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Children's Division at ADRULESFEEDBACK.CD@dss.mo.gov. *To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

JOINT COMMITTEE ON
AUG 19 2016
ADMINISTRATIVE RULES

MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION

GENERAL CONSENT TO TERMINATION OF PARENTAL RIGHTS AND ADOPTION (FOR USE IN CASES FILED PURSUANT TO SECTIONS 211.444 AND 453.030, RSMO)

IN THE _____ DIVISION

OF THE CIRCUIT COURT OF THE CITY/COUNTY OF _____

STATE OF MISSOURI

In re the Matter of)

_____) Case No _____

("CHILD")

GENERAL CONSENT TO TERMINATION OF PARENTAL RIGHTS AND ADOPTION

My name is _____.
(FULL LEGAL NAME)

I reside at _____.
(ADDRESS)

I am a (☐ male ☐ female) person and my date of birth is _____. I acknowledge the following statements are completed by me and each statement is true, complete, and correct to the best of my knowledge:

1. ☐ The Child, _____ was born on _____
(FULL LEGAL NAME)

in _____
(CITY/COUNTY/STATE)

2. My relationship to the Child is:

☐ (A) I am the (☐ mother ☐ father) of the Child. I OR

☐ (B) I have been named as a possible birth father for the Child. I deny I am the birth father of the Child; however, in order to facilitate the location of a stable and secure home for the Child, I am willing to execute this Consent and do so with the full understanding that its terms will apply to me if it turns out I am in fact the birth father of the Child. **I understand if I deny paternity, but consent to adoption, I waive any future interest in the child.**

3. ☐ Because I believe it is in the best interest of the Child and his or her future welfare, **I voluntarily and of my own free will forever consent to the termination of parental rights and obligations and consent to the lawful adoption of the child.**

I UNDERSTAND AND INTEND THAT THIS CONSENT TO TERMINATION OF MY PARENTAL RIGHTS AND CONSENT TO ADOPTION IS FINAL AND IRREVOCABLE ONCE IT IS EXECUTED BY ME UNLESS, PRIOR TO A FINAL DECREE OF ADOPTION, I ALLEGE AND PROVE BY CLEAR AND CONVINCING EVIDENCE THIS CONSENT WAS NOT FREELY AND VOLUNTARILY GIVEN.

4. ☐ I understand as the parent of the Child, I may have the primary right to custody of the Child if I so choose, even if I am a minor, and by signing this Consent I am giving up any such right along with all my other parental rights and obligations.

5. I have completed _____ years of education.

6. ☐ I read and understand the English language; or

☐ I understand English and this Consent form was read to me by:

_____ _____; or
(FULL LEGAL NAME) (TITLE)

☐ this Consent form was read to me in my native language of _____

by _____.
(NAME OF INTERPRETER)

NOTARY

STATE OF MISSOURI)

)

COUNTY OF _____)

On this _____ day of _____, in the year _____, before me personally
(MONTH)

appeared _____ known to me to be the person who executed this
(FULL LEGAL NAME OF PARENT)

Consent to Termination of Parental Rights and Adoption and acknowledged to me that she/he executed the same for the purposes herein stated.

_____
Notary Public

My Commission Expires: _____

WITNESSES

THE UNDERSIGNED WITNESSES CERTIFY BY THEIR SIGNATURES THAT _____
(FULL LEGAL NAME OF PARENT)

SIGNED THE CONSENT AND THE CONSENT WAS KNOWINGLY AND FREELY GIVEN. WE FURTHER CERTIFY WE ARE NOT THE PROSPECTIVE ADOPTIVE PARENTS OF THE ABOVE NAMED CHILD.

PRINTED NAME AND DATE OF BIRTH OF WITNESS ONE	DATE	TIME
SIGNATURE OF WITNESS ONE	FULL ADDRESS OF WITNESS ONE	
PRINTED NAME AND DATE OF BIRTH OF WITNESS TWO	DATE	TIME
SIGNATURE OF WITNESS TWO	FULL ADDRESS OF WITNESS TWO	

GENERAL CONSENT TO TERMINATION OF PARENTAL RIGHTS AND CONSENT TO ADOPTION, FORM INSTRUCTIONS

PURPOSE:

The purpose of this form is to provide written consent when a parent is consenting to termination of parental rights and allowing the child to be placed for adoption. The form must be fully completed by the parent in the presence of and signed by all appropriate persons.

INSTRUCTIONS FOR COMPLETION:

Parents shall never be required to sign an undated or incomplete consent form.

Those sections of the form which do not ask for written information should be read by the parent, and the attorney or intermediary assisting the parent shall ask questions of the parent to ensure their understanding and have the parent initial where indicated.

The attorney or intermediary assisting the parent shall document that the information was read by or read to the parent and that the birth parent was asked whether they understood the information provided to them and have parent initial where indicated.

Complete the indicated city/county information and child's name as well as the name, date of birth, age, sex and address of the parent executing the consent.

Complete Number 1 by entering the child's birth date and place of birth, and have parent initial.

Complete Number 2 (A) or (B) by indicating whether the parent is the mother, father, or possible birth father of the child, and have the parent initial.

Read and review Number 3 with the parent, and the language in the section directly below Number 3, ensuring that they understand all that has been read, and have the parent initial.

Review Number 4 with the parent, ensuring that the parent understands, and have the parent initial.

Complete Number 5 with the parent by obtaining the number of years they attended education.

Complete Number 6 by choosing one or more of the listed options and have the parent initial. If choosing the last option, fill in the native language and name of interpreter.

Complete Number 7 with the parent by choosing one of the four options, completing the appropriate blanks, and have the parent initial the appropriate box.

Complete Number 8 by having the parent initial the appropriate box pertaining to the Indian Child Welfare Act. If the parent indicates he or she is a member of an American Indian Tribe or Native Village, the child must be at least 10 days old and consent must be executed in the presence of judge. If the parent indicates he or she is not a member of an American Indian Tribe or Native Village, the child must be at least 48 hours old.

Complete Number 9 by reading and reviewing the two options, and indicate whether the parent has legal representation OR has waived that right to an attorney, then have the parent initial the appropriate box. Write in the name of the attorney, if the parent is represented.

Complete Number 10 by reading and filling in the name of the county, state and case number. Review and have the parent initial it.

Review Number 11, fill in the County name, ensuring the parent understands all seven statements and have the parent initial the box.

Read and review Number 12, allowing the parent to choose from one of the two options.

Read and review Number 13, adding names to any possible fathers of the child if applicable, and have the parent initial.

Review Number 14, ensuring the parent understands all four statements, and have the parent initial the box.

Fill in the parent's full legal name. Obtain the parent's signature, certifying that they have read, considered and understood all the above statements. Also, obtain the signature of the parent's attorney, and if applicable, the signature of the parent's guardian ad litem.

After the parent executes the form, have a notary public complete the Acknowledgment section and certification;

OR

Have two adult witnesses complete the witness section and provide their full address and signatures;

OR

If the consent is executed before a judge, have the judge sign to verify the identity of the consenting parent and to verify that he or she has advised the consenting parent of the consequences of the consent.

NUMBER OF COPIES, DISTRIBUTION AND RETENTION:

The completed, signed and notarized or witnessed consent shall be provided to the court to become part of the judicial record according to local protocol. A copy of the notarized or witnessed consent shall also be provided to the parent. Copies may be made for the attorney/intermediary, guardian ad litem, juvenile officer, and Children's Division worker.

AUTHORITY: Sections 211.444 and 453.030, RSMo

MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION

SPECIFIC CONSENT TO TERMINATION OF PARENTAL RIGHTS AND ADOPTION (FOR USE IN CASES FILED PURSUANT TO SECTIONS 211.444 AND 453.030, RSMO)

IN THE _____ DIVISION

OF THE CIRCUIT COURT OF THE CITY/COUNTY OF _____

STATE OF MISSOURI

In re the Matter of)

_____) Case No _____

("CHILD")

SPECIFIC CONSENT TO TERMINATION OF PARENTAL RIGHTS AND ADOPTION

My name is _____.
(FULL LEGAL NAME)

I reside at _____.
(ADDRESS)

I am a (☐ male ☐ female) person and my date of birth is _____. I acknowledge the following statements are completed by me and each statement is true, complete, and correct to the best of my knowledge:

1. ☐ The Child, _____ was born on _____
(FULL LEGAL NAME)

in _____
(CITY/COUNTY/STATE)

2. My relationship to the Child is:

☐ (A) I am the (☐ mother ☐ father) of the Child. I OR

☐ (B) I have been named as a possible birth father for the Child. I deny I am the birth father of the Child; however, in order to facilitate the location of a stable and secure home for the Child, I am willing to execute this Consent and do so with the full understanding that its terms will apply to me if it turns out I am in fact the birth father of the Child. **I understand if I deny paternity, but consent to adoption, I waive any future interest in the child.**

3. ☐ Because I believe it is in the best interest of the Child and his or her future welfare, **I voluntarily and of my own free will forever consent to the termination of parental rights and obligations and consent to the lawful adoption of the child by _____.**

I UNDERSTAND AND INTEND THAT THIS CONSENT TO TERMINATION OF MY PARENTAL RIGHTS AND CONSENT TO ADOPTION IS FINAL AND IRREVOCABLE ONCE IT IS EXECUTED BY ME UNLESS, PRIOR TO A FINAL DECREE OF ADOPTION, I ALLEGE AND PROVE BY CLEAR AND CONVINCING EVIDENCE THIS CONSENT WAS NOT FREELY AND VOLUNTARILY GIVEN.

4. ☐ I understand as the parent of the Child, I may have the primary right to custody of the Child if I so choose, even if I am a minor, and by signing this Consent I am giving up any such right along with all my other parental rights and obligations.

5. I have completed _____ years of education.

6. ☐ I read and understand the English language; or

☐ I understand English and this Consent form was read to me by:

_____ _____; or
(FULL LEGAL NAME) (TITLE)

☐ this Consent form was read to me in my native language of _____

by _____.
(NAME OF INTERPRETER)

7. Check and complete all that apply:

☐ At the time of the Child's birth, I was married to _____.
(FULL LEGAL NAME)

☐ I was married to _____ within the last 300 days prior to the child's birth.
(FULL LEGAL NAME)

☐ I am not married.

☐ My marriage to _____ was legally dissolved on _____.
(FULL LEGAL NAME) (DATE)

8. Indian Child Welfare Act:

☐ As far as I know, neither I, nor any member of my family, including the Child, is a member of or eligible for membership in a federally recognized American Indian Tribe or Alaskan Native Village.

OR

☐ Either I, or a member of my family, including the Child, is a member of or eligible for membership in a federally recognized American Indian Tribe or Alaskan Native Village.

9. I understand I have the right to be represented by my own attorney. I understand the court may appoint an attorney to represent me if I request counsel, and if hiring my own attorney would cause a financial hardship. I also understand I may review this document and seek the advice of an attorney before signing this Consent.

☐ I have talked to and am represented by _____ regarding this Consent.
(NAME OF ATTORNEY)

OR

☐ I HEREBY WAIVE MY RIGHT TO AN ATTORNEY.

10. ☐ The Child is currently under the jurisdiction of the juvenile court/family court in _____ County, _____, in case number _____.
(STATE)

11. By completing and signing this Consent, I certify to the Court that I am of sound mind and:

☐ i. Hereby submit to the jurisdiction of the Court of the State of Missouri.

☐ ii. Understand this Consent will be filed with the juvenile court/family court in _____County, Missouri and any other court in which proceedings concerning the Child may be pending.

☐ iii. Have had enough time to carefully consider whether or not consent to termination of parental rights and adoption is in my own best interest and the best interest of the Child.

☐ iv. Have given careful thought to my decision to proceed with this Consent.

☐ v. Am not under the influence of any drug, medication, or other substance which might affect my reasoning or judgment.

☐ vi. Have signed this Consent to termination of parental rights and adoption of my own free will and without any duress or undue influence from anyone.

☐ vii. Have not been given any money or gifts, and no one has promised to provide me any money or gifts in exchange for my consent other than payment of expenses allowed by law.

12. I choose to:

☐ waive service of summons and a copy of any petition seeking the termination of my parental rights and/or adoption of the child that may be filed in any court of competent jurisdiction. I hereby waive my right to appear in any such proceedings and consent to a hearing thereof, at any time, without further notice to me;

OR

☐ reserve the right to receive service of summons and a copy of any petition seeking the termination of my parental rights and/or adoption of the child as may hereafter be filed in any court of competent jurisdiction.

13. ☐ I understand the importance of identifying all possible fathers of the child and may provide the names of all such persons:

_____.

14. ☐ I am the birth mother, and I have not misrepresented to any man who could be the father of this child that:

_____ i. I was not pregnant;

_____ ii. the pregnancy was terminated;

_____ iii. the child has died; or

_____ iv. the child is not his.

I CERTIFY BY MY SIGNATURE BELOW THAT I HAVE READ, CONSIDERED, AND UNDERSTAND ALL THE ABOVE STATEMENTS.

I, _____, **hereby acknowledge that the statements provided above**
(FULL LEGAL NAME)

are true, complete and correct.

SIGNATURE OF PARENT	DATE	TIME
SIGNATURE OF PARENT'S ATTORNEY OR INTERMEDIARY	DATE	TIME
SIGNATURE OF PARENT'S GUARDIAN AD LITEM *(IF REQUIRED BY § 453.030.9 RSMO OR OTHER APPLICABLE LAW)*	DATE	TIME

ACKNOWLEDGMENT OR WITNESSES TO PARENT'S CONSENT THIS CONSENT MUST BE:
A) EXECUTED IN FRONT OF A JUDGE, OR
B) ACKNOWLEDGED BEFORE A NOTARY PUBLIC OR TWO ADULT WITNESSES

JUDGE

On this _____ day of _____, in the year _____, before me personally
(MONTH)

appeared _____ known to me to be the person who executed this
(FULL LEGAL NAME OF PARENT)

Consent to Termination of Parental Rights and Adoption and acknowledged to me that she/he executed the same for the purposes herein stated, and I have advised the consenting parent of the consequences of the consent.

_____
Judge

NOTARY

STATE OF MISSOURI)
)
COUNTY OF _____)

On this _____ day of _____, in the year _____, before me personally
(MONTH)

appeared _____ known to me to be the person who executed this
(FULL LEGAL NAME OF PARENT)

Consent to Termination of Parental Rights and Adoption and acknowledged to me that she/he executed the same for the purposes herein stated.

_____
Notary Public

My Commission Expires: _____

WITNESSES

THE UNDERSIGNED WITNESSES CERTIFY BY THEIR SIGNATURES THAT _____
(FULL LEGAL NAME OF PARENT)

SIGNED THE CONSENT AND THE CONSENT WAS KNOWINGLY AND FREELY GIVEN. WE FURTHER CERTIFY WE ARE NOT THE PROSPECTIVE ADOPTIVE PARENTS OF THE ABOVE NAMED CHILD.

PRINTED NAME AND DATE OF BIRTH OF WITNESS ONE	DATE	TIME
SIGNATURE OF WITNESS ONE	FULL ADDRESS OF WITNESS ONE	
PRINTED NAME AND DATE OF BIRTH OF WITNESS TWO	DATE	TIME
SIGNATURE OF WITNESS TWO	FULL ADDRESS OF WITNESS TWO	

SPECIFIC CONSENT TO TERMINATION OF PARENTAL RIGHTS AND CONSENT TO ADOPTION, FORM INSTRUCTIONS

PURPOSE:

The purpose of this form is to provide written consent when a parent is consenting to termination of parental rights and allowing the child to be placed for adoption. The form must be fully completed by the parent in the presence of and signed by all appropriate persons.

INSTRUCTIONS FOR COMPLETION:

Parents shall never be required to sign an undated or incomplete consent form.

Those sections of the form which do not ask for written information should be read by the parent, and the attorney or intermediary assisting the parent shall ask questions of the parent to ensure their understanding and have the parent initial where indicated.

The attorney or intermediary assisting the parent shall document that the information was read by or read to the parent and that the birth parent was asked whether they understood the information provided to them and have parent initial where indicated.

Complete the indicated city/county information and child's name as well as the name, date of birth, age, sex and address of the parent executing the consent.

Complete Number 1 by entering the child's birth date and place of birth, and have parent initial.

Complete Number 2 (A) or (B) by indicating whether the parent is the mother, father, or possible birth father of the child, and have the parent initial.

Read and review Number 3 with the parent including the name of the adoptive parent to whom the parent is consenting for adoption, and the language in the section directly below Number 3, ensuring that they understand all that has been read, and have the parent initial.

Review Number 4 with the parent, ensuring that the parent understands, and have the parent initial.

Complete Number 5 with the parent by obtaining the number of years they attended education.

Complete Number 6 by choosing one or more of the listed options and have the parent initial. If choosing the last option, fill in the native language and name of interpreter.

Complete Number 7 with the parent by choosing one of the four options, completing the appropriate blanks, and have the parent initial the appropriate box.

Complete Number 8 by having the parent initial the appropriate box pertaining to the Indian

Child Welfare Act. If the parent indicates he or she is a member of an American Indian Tribe or Native Village, the child must be at least 10 days old and consent must be executed in the presence of judge. If the parent indicates he or she is not a member of an American Indian Tribe or Native Village, the child must be at least 48 hours old.

Complete Number 9 by reading and reviewing the two options, and indicate whether the parent has legal representation OR has waived that right to an attorney, then have the parent initial the appropriate box. Write in the name of the attorney, if the parent is represented.

Complete Number 10 by reading and filling in the name of the county, state and case number. Review and have the parent initial it.

Review Number 11, fill in the County name, ensuring the parent understands all seven statements and have the parent initial the boxes.

Read and review Number 12, allowing the parent to choose from one of the two options.

Read and review Number 13, adding names to any possible fathers of the child if applicable, and have the parent initial.

Review Number 14, ensuring the parent understands all four statements, and have the parent initial the box and each statement.

Fill in the parent's full legal name. Obtain the parent's signature, certifying that they have read, considered and understood all the above statements. Also, obtain the signature of the parent's attorney, and if applicable, the signature of the parent's guardian ad litem.

After the parent executes the form, have a notary public complete the Acknowledgment section and certification;

OR

Have two adult witnesses complete the witness section and provide their full address and signatures;

OR

If the consent is executed before a judge, have the judge sign to verify the identity of the consenting parent and to verify that he or she has advised the consenting parent of the consequences of the consent.

NUMBER OF COPIES, DISTRIBUTION AND RETENTION:

The completed, signed and notarized or witnessed consent shall be provided to the court to become part of the judicial record according to local protocol. A copy of the notarized or witnessed consent shall also be provided to the parent. Copies may be made for the attorney/intermediary, guardian ad litem, juvenile officer, and Children's Division worker.

AUTHORITY: Sections 211.444 and 453.030, RSMo.