

COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of the Adoption of
A Child whose First Name is

(Docket)(File) No.
EXTRAJUDICIAL CONSENT
(Birth or Legal Parent --
Private-Placement)

THIS CONSENT MAY BE REVOKED WITHIN 45 DAYS OF THE EXECUTION OF THIS DOCUMENT. IF THE CONSENT IS NOT REVOKED WITHIN SAID 45 DAYS, NO PROCEEDING MAY BE MAINTAINED BY THE PARENT FOR THE RETURN OF THE CUSTODY OF THE CHILD. THE REVOCATION MUST BE IN WRITING AND RECEIVED BY THE COURT WHERE THE ADOPTION PROCEEDING IS TO BE COMMENCED WITHIN 45 DAYS OF THE EXECUTION OF THE CONSENT. THE NAME AND ADDRESS OF THE COURT IN WHICH THE ADOPTION PROCEEDING HAS BEEN OR IS TO BE COMMENCED IS:

[specify name and address of court]:

IF THE ADOPTIVE PARENTS CONTEST THE REVOCATION, TIMELY NOTICE OF REVOCATION WILL NOT NECESSARILY RESULT IN THE RETURN OF THE CHILD TO THE PARENT, AND THE RIGHT OF THE PARENT TO THE CUSTODY OF THE CHILD WILL NOT BE SUPERIOR TO THOSE OF THE ADOPTIVE PARENTS. A HEARING BEFORE A JUDGE WILL BE REQUIRED TO DETERMINE: (1) WHETHER THE NOTICE OF REVOCATION WAS TIMELY AND PROPERLY GIVEN; AND IF NECESSARY, (2) WHETHER THE BEST INTERESTS OF THE CHILD WILL BE SERVED: (A) BY RETURNING CUSTODY OF THE CHILD TO THE PARENT; OR (B) BY CONTINUING THE ADOPTION PROCEEDING COMMENCED BY THE ADOPTIVE PARENTS; OR (C) BY DISPOSITION OTHER THAN ADOPTION BY THE ADOPTIVE PARENTS; OR (D) BY PLACEMENT OF

THE CHILD WITH AN AUTHORIZED AGENCY. IF ANY SUCH DETERMINATION IS MADE, THE COURT WILL MAKE SUCH DISPOSITION OF THE CUSTODY OF THE CHILD AS WILL BEST SERVE THE INTERESTS OF THE CHILD.

THE PARENT HAS THE RIGHT TO LEGAL REPRESENTATION OF THE PARENT'S OWN CHOOSING, THE RIGHT TO SUPPORTIVE COUNSELING AND MAY HAVE THE RIGHT TO HAVE THE COURT APPOINT AN ATTORNEY PURSUANT TO SECTION 262 OF THE FAMILY COURT ACT, SECTION 407 OF THE SURROGATE'S COURT PROCEDURE ACT, OR SECTION 35 OF THE JUDICIARY LAW.

1. I, [specify name], residing at _____, am the birth legal parent of [specify first name of child]: _____ . I do hereby consent to the adoption of my daughter son, who was , born on [specify date]: _____ by [specify name]: _____ adoptive parent(s).

2. The full name and last known address of the other birth legal parent of the adoptive child are [optional]: _____

3. I have have not been represented by counsel. If represented, state counsel's name, address and telephone number: _____

4. I [print name of consenting parent]: _____ this ___ day of _____, _____, have received a copy of this consent.

Date:

_____/_____
 birth legal parent: type or print name/ signature
_____/_____
Attorney, if any: type or print name/ signature

Attorney's Address and Telephone number

STATE OF NEW YORK)

: ss.:

COUNTY OF _____)

On [specify date]: _____, [specify name]: _____ personally appeared before me. (He)(She) is personally known to me or proved (his)(her) identity to me by satisfactory evidence as the person whose name is subscribed on this extrajudicial surrender. (He)(She) acknowledged to me that (he)(she) executed this surrender.

Notary Public