

AOC-292 Doc. Code: AWCA  
Rev. 6-19  
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Commonwealth of Kentucky  
Court of Justice *www.courts.ky.gov*  
KRS 625.041(3); 199.011(17); and  
199.500



**APPEARANCE WAIVER AND  
CONSENT TO ADOPTION**

Case No. \_\_\_\_\_  
Court  District  Family  
County \_\_\_\_\_  
Division \_\_\_\_\_

IN THE INTEREST OF:

\_\_\_\_\_, a child  
Respondent

\_\_\_\_\_  
Address

**WAIVER OF APPEARANCE**

I, \_\_\_\_\_, hereby state that I am the natural parent of the above-named child and I hereby voluntarily, and with full knowledge and agreement, waive my right to appear in the above-styled proceeding to terminate my parental rights.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Name (*please print*)

\_\_\_\_\_  
Counsel for Parent

\_\_\_\_\_  
Guardian ad litem for Minor Parent

\_\_\_\_\_  
Cabinet Designee

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary/Clerk

By: \_\_\_\_\_, D.C.

Please mail a copy of the FINAL JUDGMENT to:

**CONSENT TO ADOPTION**

I, \_\_\_\_\_, hereby state that I am the natural  mother  father of  
(parent's name)  
\_\_\_\_\_, the child to be adopted, who was born to me  in wedlock  
(child's name)  
 out-of-wedlock on \_\_\_\_\_ in \_\_\_\_\_  
(child's date of birth) (city, state, country of child's birth)

I also state, and acknowledge by **my initials**, that:

- \_\_\_\_\_ I do not desire to know the identification of the proposed adoptive parent(s) of my child; or
- \_\_\_\_\_ The proposed adoptive parent of my child is: \_\_\_\_\_.
- \_\_\_\_\_ I understand that if the adoption is not adjudged, that the disposition of my child will be made pursuant to KRS 199.550.
- \_\_\_\_\_ The total amount of my legal fees related to the execution of this consent are \$ \_\_\_\_\_ to be paid by \_\_\_\_\_.
- \_\_\_\_\_ That I have reviewed this consent and the legal effect of this consent has been fully explained to me.
- \_\_\_\_\_ That I have not been coerced in any way to execute this consent, nor have I been given or promised anything of value, except those expenses allowable under KRS 199.590(6), to execute this consent.
- \_\_\_\_\_ That it is my intention to consent to the adoption of my child.

I understand that this consent to the adoption of my child will become **final and irrevocable seventy-two (72) hours** after the execution of this consent and that this **consent may be withdrawn only by written notification** sent to the proposed adoptive parent or the attorney for the proposed adoptive parent on or before the expiration of the seventy-two (72) hours by certified or registered mail and also by first class mail.

I hereby acknowledge, by my signature, executed this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_ County, Kentucky at \_\_\_\_\_  a.m.  p.m. that I have voluntarily and knowingly given my informed consent to the adoption of my child.

\_\_\_\_\_  
Consenting Parent's Signature

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2____	
My Commission Expires: _____	_____ Notary/Clerk
By: _____, D.C.	

Preparer's Name & Address

Reviewer's Name & Address

**I received a completed and signed copy of this consent on the same day I signed it.**

\_\_\_\_\_  
Consenting Parent's Signature

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2____	
My Commission Expires: _____	_____ Notary/Clerk
By: _____, D.C.	