Relinquishment

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RELINOUISHMENT PAPERWORK

Forms (*per parent*)	Minimum # of originals	Location	Distribution*
☐**Statement of Necessity to Identify Father** (completed by mother's only)	1	Template	(1) Original child's file (1) Copy for adoption finalization packet to send to adoptive parent's attorney. (1) Copy for parent, if requested
☐**Affidavit of Identification of Father by Biological Mother** (completed by mother's only)	1	Template	1) Original for adoption finalization packet to send to adoptive parent's attorney. (1) Copy for child's file (1) Copy for parent, if requested
☐**Statement of Father** (completed by father/alleged father's only)	1	Template	1) Original for adoption finalization packet to send to adoptive parent's attorney. (1) Copy for child's file (1) Copy for parent, if requested
☐**Native American Heritage Statement** (Only some services areas require)	1	Template	(1) Original placed in the child's file (1) Copy of parent, if requested
☐**Nebraska Adoption Medical History**	1	Obtained from DHHS Vital Statistics office (or) DHHS Forms website (http://local.hhss.local/Forms/	(1) Original for adoption finalization packet sent to adoptive parent's attorney. Copies for child's file, parent, and adoptive parent's
☐**Non-consent (of Release of Information)** **Vital Records form C-62-NC (Rev. 11-99)** (Included in same packet as Nebraska Adoption Medical History)	2	Obtained from DHHS Vital Statistics office (or) DHHS Forms website (http://local.hhss.local/Forms/	(1) Original for adoption finalization packet to send to adoptive parent's attorney. *(only if signed)* (2) Original for child's file (1) Copy for parent, if requested
☐**Affidavit of Explanation of Non-consent (PS-56)**	2	DHHS Forms website (http://local.hhss.local/Forms/	(1) Original for adoption finalization packet sent to adoptive parent's attorney. (1) Original for child's file (1) Copy for parent, if requested
☐**Guidelines for Relinquishment Interview**	1	Template	(1) Original for child's file (1) Copy for parent, if requested
☐**Relinquishment of Child by Parents (PS-58)** Or ☐**Relinquishment of Child by Parent – for (PS-58A)**	4	N-FOCUS (or) DHHS Forms website (http://local.hhss.local/Forms/ DHHS Forms website (http://local.hhss.local/Forms/	(1) Original for adoption finalization packet sent to adoptive parent's attorney. (1) Original for Juvenile court- to have parent(s) dismissed from court proceedings. (1) Original for child's file (1) Original for the DHHS file in the service area (separate from child's file) (1) Copy for parent

RELINQUISHMENT PAPERWORK | LISTING

Native American Relinquishments only: ☐ **Certification by Judge of Voluntary Termination of Parental Rights** **(or)** ☐ **ICWA Voluntary Termination of Parental Rights**	1	Template	(1) Original for adoption finalization packet sent to adoptive parent's attorney. (1) Copy to the Juvenile court to notify of relinquishment & to have parent dismissed from court proceedings. (1) Copy for child's file (1) Copy for parent
☐**Acceptance/Non-Acceptance Letter (Relinquishment)**	1	Template	(1) Original sent to the parent (1) Copy for child's file (1) Copy is included in the adoption finalization packet sent to the adoptive parent's attorney.

Parents can have a copy or signed original of any form they sign. All others may have copies.
Note: Some Service Areas may “require” additional originals of each form

Rev. 11/03/14 (sk)

RELINQUISHMENT CHECKLIST

- ☐ Taking a Relinquishment is a **Mandatory Consultation Point**!
- ☐ Relinquishments cannot be completed earlier than 48 hours after the birth of the child (not earlier than10 days after the birth of the child when the child is Native American) ***NAC 8-004.04(2)(c)(4)***
- ☐ Parents must not have been under the influence of alcohol or drugs including illegal substances, prescription or non-prescription mind-altering drugs within the past 24 hours. **(390 NAC 8-004.04)**
- ☐ Parents must be mentally and emotionally competent to relinquish. If a parent's competency to relinquish is questionable, it will not be taken until a report from a psychiatrist or psychologist is received that specifically indicates the parent is competent to relinquish parental rights. ***390 NAC 8-004.04 (1) (e)*** (Note: A relinquishment by a minor parent is legally valid.) ***390 NAC 8-004.04***
- ☐ If the court has appointed a guardian for the parent, they must be involved and must also sign the relinquishment. ***390 NAC 8-004.04 (1)(e)***
- ☐ Offer parents relinquishment counseling options. Workers may contact private adoption agencies or the DHHS Adoption Specialist in Central Office for assistance. ***NAC 8-004.04(2)(c)(2)***
- ☐ Advise parents to meet with their attorney regarding relinquishment. If a termination petition has been filed, the pending termination may be viewed as duress. In these cases, no relinquishment will be taken without involvement of the parents' attorney. If parents desire to relinquish their parental rights following the filing of a termination petition, the relinquishment will be secured in court so the relinquishment is part of a court record. ***390 NAC 8-004.04(2)(b)(1)***
- ☐ Fully inform parents of the results of relinquishment and of signing the relinquishment form. Do a relinquishment interview to make sure the parent is relinquishing without fraud, pressure, or threats. Do not take a relinquishment if there is any reason to believe that pressure or threats have been applied to parents to relinquish their rights and that the decision to relinquish is not being made independently.***390 NAC 8-004.04(2)(a &b)***
- ☐ Make no promises when securing a relinquishment. We cannot make promises regarding the type of family, continued contact with child by parents or other family members, etc. ***390 NAC 8-004.04(2)(c)***
- ☐ A Relinquishment must be given by: ***390 NAC 8-004.04(1)***

  -Both parents:
  - They may sign on the same form, but it is preferable for them to sign on separate forms when they are signing on the same date.
  - They must sign on separate forms when they are signing on separate dates).

  -Only one parent if:
  - The other parent is deceased;
  - The other parent's rights have been properly dealt with through relinquishment or legal termination; or
  - There is a plan in progress to deal with the other parent's rights.
- ☐ Separate Relinquishments must be completed for each child.
- ☐ Prepare applicable relinquishment forms-see Relinquishment Paperwork forms section for detailed instructions on how to complete.

020210, Rev 020311, 051713 (sk)

PREPARING FOR A RELINQUISHMENT

What to Take to a Relinquishment:

- ☐ Several Pens (Preferably blue ink)
- ☐ Box of tissues
- ☐ Notary Public
- ☐ Witness
- ☐ Parent's attorney invited
- ☐ Parent's GAL invited (if applicable)
- ☐ Copy of Child's birth certificate
- ☐ Completed forms (separate forms per child and per parent) Note: When completing forms, fill in all information accurately prior to meeting to take relinquishment. Make sure the child's name is spelled the same as his/her birth certificate. Make sure you have the parent's names spelled accurately, including how he or she signs his/her name. (use A.K.A. if necessary). Leave the city, state, date of relinquishment, signature lines, and all notary information blank until the actual signing of the relinquishment.

NAME OF FORM - (MINIMUM # of ORIGINALS)

For Mothers:

- Statement of Necessity to Identify Father - (1)
- Affidavit of Identification of Father by Biological Mother – (1)

For Fathers:

- Statement of Father – (1)

For Putative fathers when not establish as legal father:

- Statement of Father – (1)
- Waiver of Written Notice (only if he comes in to relinquish before he was noticed by letter or publication) - (1)
- Relinquishment of Child by Parent (PS-58A) (ONLY if he is not willing to sign the Relinquishment of Child By Parents) (PS-58 or N-FOCUS) – (4)

All relinquishments:

- Nebraska Adoption Medical History and NonConsent by Biological Parent for Release of Information (HHS-25) - (1 original)
- Affidavit of Explanation of Nonconsent Form (PS -56) – (2)
- Guidelines for Relinquishment Interview – (1)
- Relinquishment of Child by Parents (PS-58 or N-FOCUS) -(Only time this is not needed is when a putative father makes the decision to sign PS-58A instead of PS-58) – (4)

Order of Relinquishment Process:

1. The worker must explain (and ask the parent to complete and sign) the following forms BEFORE having him/her complete/sign the relinquishment paperwork:

   Mother:
   - Statement of Necessity to Identify Father (1 original); and
   - Affidavit of Identification of Father by Biological mother (1 original)

   Father:
   - Statement of Father (1 original)

   Putative Father:
   - Statement of Father – (1 original)
   - Waiver of Written Notice (only if he was not noticed by letter or publication) - (1 original)

2. Explain and ask parent to complete Adoption Medical History (HHS-25) (if not completed at earlier time or if incomplete)

3. Explain NonConsent by Biological Parent for Release of Information (Part of HHS). Show the parent the child's birth certificate and explain that this is the information that would not be released if s/he chooses to sign this form.

4. Explain and ask parent to sign the Affidavit of Explanation of Nonconsent (PS -56)

5. Use Guidelines for Relinquishment Interview to interview the parent about his/her intent to relinquish, his/her understanding of relinquishment, and his/her competency to relinquish. Worker should write down parent's answers and ask parent to sign when complete.

6. Explain and ask parent to sign the Relinquishment of Child by Parents (PS-58 or N-FOCUS) or PS-58A

After Relinquishment:

- ☐ Give Relinquishment paperwork to your supervisor or person in your service area who is authorized to accept relinquishments to review and approve or deny.
- ☐ Person authorized in the service area to accept relinquishment will send Acceptance letter (or Letter of non-acceptance and reason) to the worker (for the file), the parent (if address is known), and his/her attorney.

STATEMENT OF NECESSITY TO IDENTIFY FATHER

Instructions

Location: This is not available on N-FOCUS, but may have been saved as a Word Template in your local office.

The purpose of the **Statement of Necessity to Identify Father** form is to explain to the mother the necessity of CWJS to locate and notice the father of her child. We need to try to identify the father and give him notice. This includes legal fathers.

The biological mother needs to complete this form even if she is under 19 years old.

This form should be completed before the mother relinquishes or has her parental rights terminated, as it may become more difficult to get the information from her after this occurs. If needed, this form can be completed at the same time as the mother's relinquishment.

The parent must sign and date the form. The parent's signature must be notarized. Be sure the date on the stamp of the Notary Public is current. The notary should not be writing the date with pen over the stamp.

A witness to the parent's signature must also sign.

One (1) original **Statement of Necessity to Identify Father** must be completed.

- Original will be placed in the child's file;
- One (1) copy will be given to the parent, if requested; and
- Additional copies can be made, if needed.

07/04 (SK, MD, KO), revised 02/05/10/ (SK). Rev 02/02/11

STATEMENT OF NECESSITY TO IDENTIFY FATHER

There is a legal and medical need to identify the father of your child.

Whenever possible the paternity of the child should be determined prior to the placement of the child for adoption.

Your failure or refusal to accurately identify the biological father or possible biological fathers could threaten the legal validity of any adoptive placement of your child.

You may be subject to the contempt powers of the court if you have information regarding the paternity of your child but refuse to disclose the information.

The law requires that the Nebraska Department of Health and Human Services use due diligence in identifying, locating, and sending notice of rights to any possible biological fathers of your child.

I have read and understand this statement. I agree to cooperate with the Nebraska Department of Health and Human Services in providing information in order to identify and possible fathers of my child.

_____ _____
Witness Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

_____
Notary Public

AFFIDAVIT OF IDENTIFICATION OF FATHER BY BIOLOGICAL MOTHER

Instructions

Location: This form is not available on N-FOCUS, but may be saved as a Word Template in your office.

The purpose of the **Affidavit of Identification of Father by Biological Mother** is to identify the biological father or possible biological fathers of the child and indicate if she knows whether the father was ever adjudicated as father by a court.

This form includes the language that is needed to comply with the new adoption statutes 43-102 through 43-104.22 on the rights of fathers in adoption. The law became effective May 31, 2007. Workers must use this form instead of previous forms or instructions. Failure to use the current forms could result in failure to meet legal requirements and could place an adoption in a position of being challenged. (Admin Memo #4-2008)

We must request mothers complete this Affidavit any time she is unmarried or says that her husband is not the biological father of her child. She must complete this Affidavit ***before*** signing a relinquishment. It can be signed in the same setting, but not on another day that is later than the date the relinquishment is signed.

The biological mother should complete this form even if she is under 19 years old. This can be completed with the assistance of the worker, if needed.

When applicable, it is best practice to have this Affidavit completed **early on** in the case so that fathers are located early, but it must be completed prior to the signing of a relinquishment by the mother.

It may be considered perjury if the mother provides false information on the **Affidavit of Identification of Father by Biological Mother** form.

If the mother chooses to indicate that she is *"unwilling or unable to name the biological father"* due to sexual assault or incest or because it would threaten her safety or the safety of the child, additional documentation (such as police reports) will be needed to corroborate her statement.

The worker who gave the explanation must print his/her name on the appropriate line, stating that s/he explained the form as a representative of the DHHS, such as a contracted provider. The person explaining the form must fully understand the importance and effects of the completing this form.

The mother must sign and date this form. A witness to the mother's signature must also sign. The mother's signature must be notarized. Be sure the date on the stamp of the Notary Public is current. The notary should not be writing the date with pen over the stamp.

AFFIDAVIT OF IDENTIFICATION OF FATHER | INSTRUCTIONS

One (1) original **Affidavit of Identification of Father by Biological Mother** must be completed.

- Original will be included in the adoption packet sent to the attorney at the time of finalization
- One (1) copy will be placed in the child's file;
- One (1) copy will be made for the parent, if requested; and
- Additional copies can be made, if needed.

revised 2/5/10, Rev. 02/02/11

Affidavit of Identification of Father
By Biological Mother

State of Nebraska)
) SS.
County of _____)

I, _____, the mother of a child, state under oath or affirm the following:

My child was born or is expected to be born on the _____ day of _____, ____,
at _____ in the City or Village of _____, in the State of,
_____, Zip Code _____.
I acknowledge that I have been asked to identify the father of my child.

(Complete appropriate sections.)

I know and am identifying the biological father (or possible biological father) as follows:
The name of the biological father is _____.
His current or last known home address is _____ in the City or Village of
_____ in the State of _____, Zip Code _____.
His last known work address is _____.
He is _____ years of age. His date of birth is _____.
His tribal affiliation is _____.

He is deceased, having died on or about the _____ day of _____, _____, in the State of
_____.

He has been adjudicated to be the biological father by _____ Court of _____
County, State of _____, case name _____, docket number
_____.
I was married to _____ between the dates _____ to
_____.
His current or last known home address is _____ in the City or Village of
_____ in the State of _____, Zip Code _____.
His last known work address is _____.
His tribal affiliation is _____.
He is deceased having died on or about the _____ day of _____, _____, in the State of
_____

I cohabited with _____ between these dates: _____ to _____.

His current or last known home address is _____ in the City or Village of _____ in the State of _____, Zip Code _____.

His tribal affiliation is _____.

He is deceased having died on or about the _____ day of _____, _____, in the State of _____.

I am unable to name the father because _____

_____

His physical description is: _____

_____

_____

Other information which will assist you in identifying him, including the City or County and State where the conception occurred:

_____

_____

I am unwilling or unable to name the biological father of the child for the following reasons:

_____ Conception of my child occurred as a result of sexual assault or incest.

_____ Providing notice to the biological father of my child would threaten my safety or the safety of my child.

Explain: _____

_____

Under penalty of perjury, the undersigned certifies that the statements set forth in this affidavit are true and correct.

I have read this affidavit and have had the opportunity to review and question it. It as explained to me by _____, a representative of the Nebraska Department of Health and Human Services.

I am signing it as my free and voluntary act and understand the contents and effect of signing it.

Dated this _____ day of _____, 20_____.

_____ _____

Witness Signature

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20_____

_____

Notary Public

Completed Example from ESA

Nebraska Department of Health and Human Services

Division of Children and Family Services

State of Nebraska

Dave Heineman, Governor

State of Nebraska)
) SS.
County of Douglas)

Affidavit of Identification of Father by Biological Mother

I, **Mother's Name**, the mother of **Child's Name**, state under oath or affirm the following:

1. My child was born on the **15th** day of **July**, **1997**, **off of Interstate 80 near North Platte**, in the County of **Lincoln**, State of **Nebraska**.

   I acknowledge that I have been asked to identify the father of my child.

3. ☒ A. I know and am identifying the biological father (or possible biological father) as follows:

   The name of the biological father is **Father's Name**
   His current or last known home address is **Mexico**
   His last known work address is **Unknown**
   His tribal affiliation is **Unknown**
   His date of birth is **4-12-1983** and he is **24** years of age.

   ☐ B. I am unable to name the father because _____

   _____

   His physical description is: _____

   _____

   _____

   Other information which will assist you in identifying him, including the City or County and State where the conception occurred:

   _____

   _____

   ☐ C. I am unwilling or unable to name the biological father of the child for the following reasons:

   ☐ Conception of my child occurred as a result of sexual assault or incest.

   ☐ Providing notice to the biological father of my child would threaten my safety or the safety of my child.

   Explain: _____

4. I was married to _____ between the dates _____ to _____.
   I cohabited with **Father's Name** between the dates **July 21, 2005** to **July 2007**.

Completed Example from ESA

He has been adjudicated to be the biological father by _____ Court of _____ County, State of _____, case name _____, docket number _____.

5. Under penalty of perjury, the undersigned certifies that the statements set forth in this Affidavit are true and correct.

6. I have read this Affidavit and have had the opportunity to review and question it. It was explained to me by **Protection and Safety Worker's Name**, a representative of the Nebraska Department of Health and Human Services.

   I am signing it as my free and voluntary act and understand the contents and effect of signing it.

Dated this **22nd** day of **May**, 2008

_____ _____

Witness (**Mother's Name)**

SUBSCRIBED AND SWORN to before me this _____ day of _____, 2008

_____

Notary Public

STATEMENT OF FATHER

Instructions

Location: This is not available on N-FOCUS, but may be saved as a Word Template in your office.

This form is completed by a father to provide information about his paternity and whether he has filed or intends to file notices in relationship to his paternity.
A father may contact the worker after receiving a **Letter to Biological Father** from the Department or he may contact the worker prior to being noticed.

When a father contacts a worker after being given notice by letter or publication, the worker should request that he complete this **Statement of Father** form.

This form has been updated to include the language needed to comply with the new adoption statutes. Therefore, workers will use this form instead of previous forms or instructions previously provided. Failure to use this format could result in failure to meet legal requirements and could place an adoption in a position of being challenged.

If a father contacts the worker before being notified, the worker should request that he complete a **Waiver Of Written Notice** in which he waives the right to receive notification by letter or publication. At this time, he should also be asked to complete the **Statement of Father** form.

Indicate the appropriate section(s) by circling or checking and initialing the appropriate section(s). (Note: If the father chooses to waive his parental rights, he must also sign a relinquishment form.)

The father must sign and date the **Statement of Father** form. The father's signature must be notarized. Be sure the date on the stamp of the Notary Public is current. The notary should not be writing the date with pen over the stamp.

A witness to the father's signature must also sign.

One (1) original **Statement of Father** form must be completed.

- Original will be included in the adoption packet sent to the attorney at the time of finalization;
- One (1) copy will be placed in the child's file;
- One (1) copy will be made for the parent, if requested; and
- Additional copies can be made, if needed.

revised 2/5/10, 020311 (SK)

STATEMENT OF FATHER

I, _____, have been notified by the Nebraska Department of Health and Human Services, because I have been identified by _____, biological mother of _____, as the possible biological father of this child, born or expected to be born on _____ day of _____, _____, at _____.
My date of birth is _____. My tribal affiliation is _____.
(Check and Complete one of the statements below)

A. I acknowledge that I believe that I am the biological father of «Child».
B. I am married to the biological mother, _____. The date of our marriage was _____, in _____. We are still legally married.
C. I was married to the biological mother, _____, the biological mother of _____, between the dates of _____ and _____. Our divorce was final on _____ in the State of _____.
D. I have been adjudicated to be the biological father by the _____ Court of _____ County, State of _____, case name _____, docket number _____.
E. I cohabited with the biological mother, _____, between the dates of _____ and _____.
F. I provided financial support to the mother, _____, on behalf of the above named child.
G. I have filed with the Vital Records Office a "Notice of Intent to Claim Paternity and Obtain Custody". I filed this notice on _____ *(date)*.
H. I have filed with the Vital Records Office a "Notice of Intent to Claim Paternity for Notification Purposes". I filed this notice on _____ *(date)*.
I. I have filed with the Vital Records Office an "Objection to Adoption and Intent to Obtain Custody". I filed this notice on _____ *(date)*.
J. I have filed with the Vital Records Office a "Request for Notification of Intended Adoption". I filed this notice on _____ *(date)*.
K. I am denying that I am the father of «Child».
L. I waive any parental rights that I may have to the above named child which includes the right to notice of any adoption proceedings related to the child.

I am signing this statement as my free and voluntary act. I understand the consequences of signing.

_____ _____
Witness Father's Name

SUBSCRIBED AND SWORN to before me this _____ day of _____, 2008

_____
Notary Public

Nebraska Department of Health and Human Services

Division of Children and Family Services

State of Nebraska

Dave Heineman, Governor

STATEMENT OF FATHER

I, *Father's Name*, have been notified by the Nebraska Department of Health and Human Services, because I have been identified by *Mother's Name*, biological mother of *Child's Name*, as the possible biological father of this child, born or expected to be born on *Date of Birth* day of *Month*, *Year*, at *Hospital*. I, *Father's Name*, am of the age _____ years, and my date of birth is _____. My tribal affiliation is *Tribal Name*.

I declare the following:

- ☐ A. I acknowledge that I believe that I am the biological father of «Child».
- ☐ B. I am married to the biological mother, *Mother's Name*. The date of our marriage was _____, in _____. We are still legally married.
- ☐ C. I was married to the biological mother, *Mother's Name*, the biological mother of *Child's Name*, between the dates of _____ and _____. Our divorce was final on _____ in the State of _____.
- ☐ D. I have been adjudicated to be the biological father by the _____ Court of _____ County, State of _____, case name _____, docket number _____.
- ☐ E. I cohabited with the biological mother, *Mother's Name*, between the dates of _____ and _____.
- ☐ F. I provided financial support to the mother, *Mother's Name*, on behalf of the above named child.
- ☐ G. I have filed with the Vital Records Office a "Notice of Intent to Claim Paternity and Obtain Custody". I filed this notice on _____ *(date)*.
- ☐ H. I have filed with the Vital Records Office a "Notice of Intent to Claim Paternity for Notification Purposes". I filed this notice on _____ *(date)*.
- ☐ I. I have filed with the Vital Records Office an "Objection to Adoption and Intent to Obtain Custody". I filed this notice on _____ *(date)*.
- ☐ J. I have filed with the Vital Records Office a "Request for Notification of Intended Adoption". I filed this notice on _____ *(date)*.
- ☐ K. I am denying that I am the father of «Child».
- ☐ L. I waive any parental rights that I may have to the above named child which includes the right to notice of any adoption proceedings related to the child.

I am signing this statement as my free and voluntary act. I understand the consequences of signing.

_____ _____

Witness Father's Name

SUBSCRIBED AND SWORN to before me this _____ day of _____, 2008

_____

(ESA format) Notary Public

NATIVE AMERICAN HERITAGE STATEMENT

Instructions

Location: This is a template. It may be saved in your local office as a word document.

This is not a required form, however some services areas do require it to be completed by parent's prior to a relinquishment to verify (or double check) that the child does not have Native American heritage. If it is discovered that the child has Native American Heritage at the time of relinquishment, the relinquishment must be completed in court.

This form should be witnessed and notarized.

- One (1) signed original should be retained in the child's file.
- One (1) signed copy should be given to parent; if requested.

Department of Health & Human Services

DHHS

NEBRASKA

Division of Children and Family Services

State of Nebraska
Dave Heineman, Governor

NATIVE AMERICAN HERITAGE STATEMENT

I, do hereby state that I am the mother of , born to me on the day of , ***2009***, in County, City of ***Omaha***, State of ***Nebraska***. I hereby state and affirm that to the best of my knowledge and belief, I am not a member of any Native American Indian Tribe or Alaskan Tribe, nor do I qualify for membership in the same. I also state and affirm that to the best of my knowledge and belief, my child, , is not a member of any Native American Indian Tribe or Alaskan Tribe, nor does my child qualify for membership in the same.

In addition, I am identifying as the only possible father of said minor child listed above. I do not have any information which would indicate that said possible father, is a member of any Native American Indian Tribe or Alaskan Tribe, nor has the possible father ever indicated to me that he is eligible for membership in any such tribe.

Dated this 3 day of October, 2013

Witness

SUBSCRIBED AND SWORN to before me this 3 day of October, 2013

Mary Spittler
Notary Public

GENERAL NOTARY - State of Nebraska
MARY SPITTLER
My Comm. Exp. August 24, 2015

Department of Health & Human Services

DHHS

NEBRASKA

Division of Children and Family Services

State of Nebraska
Dave Heineman, Governor

NATIVE AMERICAN HERITAGE STATEMENT

I, , do hereby state that I am the father of , born to me on the day of ***2009***, in County, City of State of ***Nebraska***. I hereby state and affirm that to the best of my knowledge and belief, I am not a member of any Native American Indian Tribe or Alaskan Tribe, nor do I qualify for membership in the same. I also state and affirm that to the best of my knowledge and belief, my child, is not a member of any Native American Indian Tribe or Alaskan Tribe, nor does my child qualify for membership in the same.

Dated this 8TH day of April, 2013

Witness

SUBSCRIBED AND SWORN to before me this 8th day of April, 2013

GENERAL NOTARY - State of Nebraska
SHERYL ANN CHESTER
My Comm. Exp. October 16, 2016

Sheryl Ann Chester
Notary Public

NEBRASKA ADOPTION MEDICAL HISTORY (HHS-25) AND NONCONSENT BY BIOLOGICAL PARENT (HHS-25) FOR RELEASE OF INFORMATION

(HHS-25S- IN SPANISH)

Adoption Medical History Instructions

Location: The **Nebraska Adoption Medical History** (HHS-25 and HHS-S , Rev 7/11) is a vital statistics form and additional copies of this form can be obtained from Health and Human Services-Vital Statistics office. It can also be found on the Nebraska DHHS Forms website (http://local.hhss.local/Forms/).

This form can be presented to the court on white paper as of 2013. (Note: It used to have to be presented to the court on the original salmon colored paper, and prior to that on green paper.) The courts have been notified, but some attorneys may not be familiar with this yet.

The parent should complete this form. If that is not possible, the worker can complete the form by interviewing the parent. The worker can also interview members of the birth family to assure that the medical history information is complete.

Note: It is best practice to gather this information from the family early in the case, even before adoption is a consideration, as it is important to have a complete medical history on the child while she/he is in foster care.

(In order to assist with gathering this information early, some workers have removed the wording "Nebraska Adoption Medical History" from the top of this form, copied it onto white paper, and assisted the birth parents with completing it. When this occurs, a new "Adoption Medical History" must be completed if the parent decides to relinquish at a later time with the wording in place.

There are separate medical history forms for the birth mother and the birth father.

Sections 1, 2, 3, 4 and 5 are to be completed by the person completing the form, most likely the parent or the person interviewing the parent.

Section 3 is about the General State Of Health of Child" : Something about the child's state of health must be written in this section or it will be returned by Vital Records.

Section 4 is the actual medical history. If the parent answers verbally or is not available, the worker may complete this form. The first set of "yes/no" questions is about the parent's health. The second set is about his/her extended family. As much health information as the parent and/or family member(s) can recall is important. There is space at the end of the form that can be used to provide information that does not fit elsewhere in the form.

According to NRS 43-146.02, the medical history shall not include the names of the biological parents of the adopted person or the place of birth of the adopted person.

Section 5 is about the Cultural History of the Birth Parent. As much information as is available must be included in this section. This section is new and was added into the form in July 2011 due to new legislation.

NOTE: The **Nebraska Adoption Medical History** form applies only to biological parents. It does not need to be completed if the person planning to relinquish is an adoptive parent, or stepparent. In these situations, it is best practice to have the child's medical history completed and as much known information about the biological parents' histories.

One (1) original **Nebraska Adoption Medical History** must be completed.

- Original **will** be placed in the packet sent to the adoptive parent's attorney for finalization. The court processing the adoption will send it to Vital Records;
- One (1) copy will be placed in the child's file;
- One (1) copy will be given to the parent, if requested.
- One (1) copy will be given to the adoptive parents.

Nonconsent Instructions

Location: The **Nonconsent by Biological Parent for Release of Information** form is commonly referred to as the "Nonconsent Form." It is Vital Statistics form (HHS-25 -Rev 7/11). Additional copies of this form can be obtained from Health and Human Services-Vital Statistics office. It can also be found on the Nebraska DHHS Forms website (http://local.hhss.local/Forms/) (It is the last page of the Adoption Medical History form).

Present and explain the **Nonconsent by Biological Parent for Release of Information** to the parent prior to presenting the actual relinquishment form to the parent(s).

If the parent wants the child to have access to his/her original birth certificate when he/she reaches adulthood, then the parent does not complete or sign this form.

NOTE: The **Nonconsent by Biological Parent for Release of Information** form applies only to biological parents. This form does not need to be completed if the person planning to relinquish is an adoptive parent or stepparent.

If the parent does not want the child to have access to his/her original birth certificate when he/she reaches adulthood, then the parent needs to complete and sign the **Nonconsent by Biological Parent for Release of Information**. If the parent signs this form, the parent's signature must be notarized.

If the parent chooses to sign the original **Nonconsent by Biological Parent for Release of Information**, inform the parent about the existence of the **Revocation of Nonconsent by Biological Parent for Release of Information** form, in case the parent later decides to revoke the prohibition on the release of information.

Two (2) Original **Nonconsent by Biological Parent for Release of Information** will be completed, if the parent chooses to sign.

- One (1) Original, is to be included in the packet sent to the adoptive parent's attorney for finalization only if the parent chose to sign it. (The court processing the adoption will send it to Vital Records);
- One (1) Original will be placed in the child's file;
- One (1) Copy will be given to the parent, if requested; and
- Additional copies can be made, if needed.

Rev 010612, 051713, 091614

DIVISION OF CHILDREN AND FAMILY SERVICES
ADMINISTRATIVE MEMO #21-2011

To: All Children and Family Services Staff

From: Christine L. Hanus, Child Welfare Administrator
Division of Children and Family Services

Approved by: Scot L. Adams. Ph.D., Interim Director
Division of Children and Family Services
Department of Health and Human Services

Date: December 19, 2011

RE: Change in Vital Records "Adoption Medical History Form" for Parents

Effective: Immediately and until new regulations are issued.

Contact: Deanna Brakhage, Children and Family Services, Adoption Specialist, at (402)471-9331 or deanna.brakhage@nebraska.gov or Margaret Bitz, Children and Family Services, Policy Section, at (402)471-9457 or margaret.bitz@nebraska.gov.

Purpose: The purpose of this memo is to provide notification of a Revised Vital Records Nebraska "Adoption Medical History Form" for Biological Parents

Introduction and Background: Historically, Nebraska statute has required that medical history information be filed with the petition to adopt (Neb. Rev. Stat. 43-107). A statutory amendment that became effective August 17, 2011, expands the required information to include the race, ethnicity, nationality, Indian tribe when applicable, or other cultural history of both parents, if available. In response to the new requirements, Vital Records has replaced its "Adoption Medical History Form" for biological parents with an updated version that includes the newly-required information.

Required Action: As in the past, Child Welfare staff will request completion of the "Adoption Medical History Form" by both parents. Instead of using the green form that Vital Records has required in the past, Child Welfare staff will use the newly-issued forms, which include the information on race, culture, etc. Vital Records has packaged the forms as a 'booklet' that includes the medical history form for the mother, a "Nonconsent To Release of Information" for her, the medical history form for the father, and a "Nonconsent To Release of Information" for him. All forms in the booklet now are peach-colored.

Vital Records will continue to accept the green forms on a temporary basis if parents completed the green version prior to the date of issuance of this memo. Their expectation is in the future, only the new forms will be used.

Reminder: These forms can be completed at various points in time throughout involvement with the family, including when parents sign relinquishment of parental rights documents, keeping in mind the fact that once a relinquishment or termination of parental rights is filed, obtaining parental cooperation might be more difficult. If the parent refuses to complete the form or is not accessible, the worker will complete as much of the information as possible and note on the form why it was not done by the parent and who completed it instead.

Child Welfare staff will continue to provide the completed form as part of the adoption packet, to the adoptive parent's/parents' attorney, and keep a copy in the child's file. At the time the petition for adoption is filed, statute says that the Judge shall require the completed forms.

Copies of the peach-colored, revised forms can be obtained from Vital Records at 1033 O Street, Suite 130, Lincoln, Nebraska 68508. Contact person is Peggy Jordan at 402-471-2871 or peggy.jordan@nebraksa.gov

Department of Health & Human Services
DHHS
NEBRASKA

Vital Statistics

NEBRASKA ADOPTION MEDICAL HISTORY (BIRTH MOTHER)

WE WISH TO OBTAIN AS COMPLETE A MEDICAL HISTORY FOR THE CHILD AS POSSIBLE. PLEASE COMPLETE ALL OF THE SECTIONS. IF THE BIRTH PARENTS, GRANDPARENTS, SIBLINGS, AUNTS OR UNCLES HAVE HAD OR NOW HAVE ANY OF THE MEDICAL CONDITIONS LISTED IN SECTION 4, PLACE A CHECK IN THE APPROPRIATE SPACE.

WHEN LISTING INFORMATION PERTINENT TO OTHER FAMILY MEMBERS, DO NOT ENTER PROPER NAMES. LIST ONLY THE RELATIONSHIP SUCH AS SISTER, UNCLE, AUNT, ETC.

IF ADDITIONAL SPACE IS NEEDED, REFER TO COMMENT SECTION ON PAGES 4 AND 4-A OR ATTACH AN ADDITIONAL SHEET.

Section 1. Birth name of child_____ Date of birth_____
Place of birth_____ City and State_____
Mother_____ Father_____

Section 2. This form is completed by_____, whose relationship to_____ is_____.

Date_____

Section 3. General State of Health of Child (Please explain, in brief, the present health of this child).

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BIRTH MOTHER

Section 4. Medical History **Health Condition**	SELF		FAMILY		COMMENTS If yes, specify which family member and indicate the date of onset, treatment, medication, etc.
	Yes	No	Yes	No	
DISEASES OF THE CIRCULATORY SYSTEM					
Rheumatic fever					
Heart trouble					
High or low blood pressure					
Stroke					
Heart attack (coronary)					
Other (specify)					
DISEASES OF THE RESPIRATORY SYSTEM					
Sinusitis					
Hay fever/other respiratory allergies					
Asthma					
Tuberculosis, emphysema					
Chronic respiratory disease					
Cystic fibrosis					
Other (specify)					
DISEASES OF THE DIGESTIVE SYSTEM					
Stomach, liver or intestines					
Gall bladder or gallstones					
Other (specify)					
DENTAL PROBLEMS					
Orthondontia					
DISEASES OF THE URINARY SYSTEM					
Kidney or bladder disorder					
Other (specify)					
DISEASES OF THE SKIN					
Eczema					
Dermatitis					
Other (specify)					
MUSCLE DISORDERS					
Muscular Dystrophy					
Muscle weakness					
Other (specify)					
DISORDER OF THE BONES/ CONNECTIVE TISSUES					
Swollen or painful joints					
Arthritis, rheumatism or bursitis					
Bone, joint or other deformity					
Scoliosis					
Open spine					
Lupus					
Other (specify)					
DISEASES OF THE NERVOUS SYSTEM					

BIRTH MOTHER

Section 4. Medical History **Health Condition**	SELF		FAMILY		COMMENTS If yes, specify which family member and indicate the date of onset, treatment, medication, etc.
	Yes	No	Yes	No	
Multiple sclerosis					
Tremors					
Seizures, convulsions, epilepsy					
Other paralysis or crippling disorder					
DISORDER OF THE SENSE ORGANS					
Color blindness					
Hearing loss					
Night blindness					
Other (specify)					
DISEASES OF THE BLOOD					
Thalassemia					
Sickle cell anemia					
Anemia					
Hemophilia					
Bleeding disorder					
Other (specify)					
CANCERS					
Specify type and location, if known					
ENDOCRINE AND METABOLIC DISORDERS					
Diabetes					
Thyroid					
Phenylketonuria (PKU)					
Other hormone disorders					
Other (specify)					
BIRTH DEFECTS					
Club foot					
Heart defect					
Cleft lip or cleft palate					
Cerebral palsy					
Down syndrome					
Other deformities at birth					
Other (specify)					
INFECTIOUS DISEASES					
Sexually transmitted diseases (e.g. syphilis,					
Gonorrhea, herpes, AIDS (HIV Carrier)					
Hepatitis					
MENTAL DISORDERS					
Retardation					
Schizophrenia					
Manic depressive					
Severe depression					
Suicide					
Other (specify)					

BIRTH MOTHER

Section 4. Medical History **Health Condition**	SELF		FAMILY		COMMENTS If yes, specify which family member and indicate the date of onset, treatment, medication, etc.
	Yes	No	Yes	No	
COMPLICATIONS OF PREGNANCY/ CHILDBIRTH					
Premature births, miscarriage					
Stillbirths					
Multiple births					
Infant deaths and SIDS (crib deaths)					
OTHER MISCELLANEOUS DISORDERS					
Speech					
Eating(anorexia, bulimia, etc.)					
Learning disability					
Alcoholism					
Chronic drunkenness					
Drug dependency					
Cerebral palsy					
Exposure to poisons or other chemicals					
Food sensitivities					

LIST ADDITIONAL COMMENTS BELOW OR ATTACH A STATEMENT

FOR COURT USE ONLY

RELEASE OF MEDICAL HISTORY

Adoption Agency/Agent_____ Date_____

Court of Jurisdiction_____ Date_____

Adoptive Parents_____ Date_____

Adoptee_____ Date_____

Bureau of Vital Statistics_____ Date_____

NEBRASKA ADOPTION MEDICAL REPORT (Birth Mother)

Section 5. Cultural History of Birth Mother

What is the Mother's Race? (May list more than one race) i.e. White, Black or African, Other

_____

What is the Mother's Ethnicity? (May list more than one origin i.e. French, German, Irish, Spanish/Hispanic/Latina)

_____

What is the Mother's Nationality? (City & State, Territory, or Foreign Country)

_____

Is the Mother American Indian or Alaska Native? (List name of enrolled or principal Tribe)

_____

Mother may include any additional Cultural History. (Social history, education achievements, personality and any other interest)

_____

_____

_____

Department of Health & Human Services
DHHS
NEBRASKA

Vital Statistics

NEBRASKA ADOPTION MEDICAL HISTORY (BIRTH FATHER)

WE WISH TO OBTAIN AS COMPLETE A MEDICAL HISTORY FOR THE CHILD AS POSSIBLE. PLEASE COMPLETE ALL OF THE SECTIONS. IF THE BIRTH PARENTS, GRANDPARENTS, SIBLINGS, AUNTS OR UNCLES HAVE HAD OR NOW HAVE ANY OF THE MEDICAL CONDITIONS LISTED IN SECTION 4, PLACE A CHECK IN THE APPROPRIATE SPACE.

WHEN LISTING INFORMATION PERTINENT TO OTHER FAMILY MEMBERS, DO NOT ENTER PROPER NAMES. LIST ONLY THE RELATIONSHIP SUCH AS SISTER, UNCLE, AUNT, ETC.

IF ADDITIONAL SPACE IS NEEDED, REFER TO COMMENT SECTION ON PAGES 4 AND 4-A OR ATTACH AN ADDITIONAL SHEET.

Section 1. Birth name of child_____ Date of birth_____
Place of birth_____ City and State_____
Father_____ Mother_____

Section 2. This form is completed by_____, whose relationship to_____ is_____.

Date_____

Section 3. General State of Health of Child (Please explain, in brief, the present health of this child).

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BIRTH FATHER

Section 4. Medical History **Health Condition**	SELF		FAMILY		COMMENTS If yes, specify which family member and indicate the date of onset, treatment, medication, etc.
	Yes	No	Yes	No	
DISEASES OF THE CIRCULATORY SYSTEM					
Rheumatic fever					
Heart trouble					
High or low blood pressure					
Stroke					
Heart attack (coronary)					
Other (specify)					
DISEASES OF THE RESPIRATORY SYSTEM					
Sinusitis					
Hay fever/other respiratory allergies					
Asthma					
Tuberculosis, emphysema					
Chronic respiratory disease					
Cystic fibrosis					
Other (specify)					
DISEASES OF THE DIGESTIVE SYSTEM					
Stomach, liver or intestines					
Gall bladder or gallstones					
Other (specify)					
DENTAL PROBLEMS					
Orthondontia					
DISEASES OF THE URINARY SYSTEM					
Kidney or bladder disorder					
Other (specify)					
DISEASES OF THE SKIN					
Eczema					
Dermatitis					
Other (specify)					
MUSCLE DISORDERS					
Muscular Dystrophy					
Muscle weakness					
Other (specify)					
DISORDER OF THE BONES/ CONNECTIVE TISSUES					
Swollen or painful joints					
Arthritis, rheumatism or bursitis					
Bone, joint or other deformity					
Scoliosis					
Open spine					
Lupus					
Other (specify)					
DISEASES OF THE NERVOUS SYSTEM					

BIRTH FATHER

Section 4. Medical History **Health Condition**	SELF		FAMILY		COMMENTS If yes, specify which family member and indicate the date of onset, treatment, medication, etc.
	Yes	No	Yes	No	
Multiple sclerosis					
Tremors					
Seizures, convulsions, epilepsy					
Other paralysis or crippling disorder					
DISORDER OF THE SENSE ORGANS					
Color blindness					
Hearing loss					
Night blindness					
Other (specify)					
DISEASES OF THE BLOOD					
Thalassemia					
Sickle cell anemia					
Anemia					
Hemophilia					
Bleeding disorder					
Other (specify)					
CANCERS					
Specify type and location, if known					
ENDOCRINE AND METABOLIC DISORDERS					
Diabetes					
Thyroid					
Phenylketonuria (PKU)					
Other hormone disorders					
Other (specify)					
BIRTH DEFECTS					
Club foot					
Heart defect					
Cleft lip or cleft palate					
Cerebral palsy					
Down syndrome					
Other deformities at birth					
Other (specify)					
INFECTIOUS DISEASES					
Sexually transmitted diseases (e.g. syphilis,					
Gonorrhea, herpes, AIDS (HIV Carrier)					
Hepatitis					
MENTAL DISORDERS					
Retardation					
Schizophrenia					
Manic depressive					
Severe depression					
Suicide					
Other (specify)					

BIRTH FATHER

Section 4. Medical History **Health Condition**	SELF		FAMILY		COMMENTS If yes, specify which family member and indicate the date of onset, treatment, medication, etc.
	Yes	No	Yes	No	
COMPLICATIONS OF PREGNANCY/ CHILDBIRTH					
Premature births, miscarriage					
Stillbirths					
Multiple births					
Infant deaths and SIDS (crib deaths)					
OTHER MISCELLANEOUS DISORDERS					
Speech					
Eating(anorexia, bulimia, etc.)					
Learning disability					
Alcoholism					
Chronic drunkenness					
Drug dependency					
Cerebral palsy					
Exposure to poisons or other chemicals					
Food sensitivities					

Any other characteristics or conditions that occur in the family of either parent (Please specify condition or characteristics and the relationship)

LIST ADDITIONAL COMMENTS BELOW OR ATTACH A STATEMENT

FOR COURT USE ONLY

RELEASE OF MEDICAL HISTORY

Adoption Agency/Agent_____ Date_____

Court of Jurisdiction_____ Date_____

Adoptive Parents_____ Date_____

Adoptee_____ Date_____

Bureau of Vital Statistics_____ Date_____

NEBRASKA ADOPTION MEDICAL REPORT (Birth Father)

Section 5. Cultural History of Birth Father

What is the Father's Race? (May list more than one race) i.e. White, Black or African, Other

_____

What is the Father's Ethnicity? (May list more than one origin i.e. French, German, Irish, Spanish/Hispanic/Latina)

_____

What is the Father's Nationality? (City & State, Territory, or Foreign Country)

_____

Is the Father American Indian or Alaska Native? (List name of enrolled or principal Tribe)

_____

Father may include any additional Cultural History. (Social history, education achievements, personality and any other interest)

_____

_____

_____

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Vital Statistics

HISTORIAL MÉDICO DE ADOPCIÓN DE NEBRASKA (MADRE BIOLÓGICA)

DESEAMOS OBTENER UN HISTORIAL MÉDICO DEL MENOR TAN COMPLETO COMO SEA POSIBLE. POR FAVOR COMPLETE TODAS LAS SECCIONES. SI LOS PADRES, ABUELOS, HERMANOS, TÍAS O TÍOS BIOLÓGICOS HAN TENIDO O TIENEN ALGUNA DE LAS CONDICIONES MÉDICAS ENUMERADAS EN LA SECCIÓN 4, MARQUE EL ESPACIO APROPIADO.

CUANDO ENUMERE LA INFORMACIÓN PERTINENTE A OTROS FAMILIARES, NO INGRESE NOMBRES PROPIOS. ENUMERE ÚNICAMENTE LA RELACIÓN, TAL COMO HERMANA, TÍO, TÍA, ETC.

SI NECESITA ESPACIO ADICIONAL, UTILICE LA SECCIÓN PARA COMENTARIOS DE LAS PÁGINAS 4 Y 4-A O ADJUNTE UNA HOJA ADICIONAL.

Sección 1. Nombre del menor_____ Fecha de nacimiento_____
Lugar de nacimiento_____ Ciudad y Estado_____
Madre_____ Padre_____

Sección 2. Ésta sección ha sido completada por_____, quien es el/la_____
(parentesco)
de_____.

Fecha_____

Sección 3. Estado de salud general del menor (por favor explique brevemente el estado de salud actual de este menor).

MADRE BIOLÓGICA

Sección 4. Historial médico CONDICIÓN MÉDICA	USTED		SU FAMILIA		COMENTARIOS Si su respuesta es "sí" especifique cuál miembro de la familia e indique inicio, tratamiento, medicamentos, etc.
	Sí	No	Sí	No	
ENFERMEDADES DEL SISTEMA CIRCULATORIO					
Fiebre reumática					
Problemas del corazón					
Presión arterial alta o baja					
Derrame cerebral					
Ataque al corazón (arteria coronaria)					
Otro (especifique)					
ENFERMEDADES DEL SISTEMA RESPIRATORIO					
Sinusitis					
Fiebre del heno/otras alergias respiratorias					
Asma					
Tuberculosis, enfisema					
Enfermedad respiratoria crónica					
Fibrosis quística					
Otro (especifique)					
ENFERMEDADES DEL SISTEMA DIGESTIVO					
Estómago, hígado o intestinos					
Vesícula biliar o cálculos biliares					
Otro (especifique)					
PROBLEMAS DENTALES					
Ortodoncia					
ENFERMEDADES DEL SISTEMA URINARIO					
Enfermedad de los riñones o vejiga					
Otro (especifique)					
ENFERMEDADES DEL LA PIEL					
Eccema					
Dermatitis					
Otro (especifique)					
ENFERMEDADES MUSCULARES					
Distrofia^ muscular					
Debilidad muscular					
Otro (especifique)					
ENFERMEDADES DE LOS HUESOS/ TEJIDOS CONECTIVOS					
Articulaciones inflamadas o con dolor					
Artritis, reumatismo o bursitis					
Deformidades de los huesos, articulaciones u otras					
Escoliosis					
Espina bífida					
Lupus					

MADRE BIOLÓGICA

Sección 4. Historial médico CONDICIÓN MÉDICA	USTED		SU FAMILIA		COMENTARIOS Si su respuesta es "sí" especifique cuál miembro de la familia e indique inicio, tratamiento, medicamentos, etc.
	Sí	No	Sí	No	
Otro (especifique)					
ENFERMEDADES DEL SISTEMA NERVIOSO					
Esclerosis múltiple					
Temblores					
Ataques, convulsiones, epilepsia					
Otros parálisis o enfermedades de parálisis					
ENFERMEDADES DE LOS ÓRGANOS DE LOS SENTIDOS					
Daltonismo					
Pérdida auditiva					
Ceguera nocturna					
Otro (especifique)					
ENFERMEDADES DE LA SANGRE					
Talasemia					
Anemia falciforme					
Anemia					
Hemofilia					
Trastorno hemorrágico					
Otro (especifique)					
CÁNCER					
Especifique el tipo y la ubicación del cáncer, si la conoce					
ENFERMEDADES ENDÓCRINAS Y TRASTORNOS METABÓLICOS					
Diabetes					
Tiroides					
Fenilcetonuria (PKU)					
Otros desórdenes hormonales					
Otro (especifique)					
DEFECTOS DE NACIMIENTO					
Pie equinovaro					
Defectos en el corazón					
Labio leporino o paladar hendido					
Parálisis cerebral					
Síndrome de Down					
Otras deformidades de nacimiento					
Otro (especifique)					
ENFERMEDADES INFECCIOSAS					
Enfermedades transmitidas sexualmente (ej. Sífilis, Gonorrea, Herpes) SIDA (VIH)					
Hepatitis					
ENFERMEDADES MENTALES					
Retardo mental					

MADRE BIOLÓGICA

Sección 4. Historial médico CONDICIÓN MÉDICA	USTED		SU FAMILIA		COMENTARIOS Si su respuesta es "sí" especifique cuál miembro de la familia e indique inicio, tratamiento, medicamentos, etc.
	Sí	No	Sí	No	
Esquizofrenia					
Depresión maníaca					
Depresión severa					
Suicido					
Otro (especifique)					
COMPLICACIONES DE EMBARAZO/ NACIMIENTO					
Nacimientos prematuros, abortos espontáneos					
Mortinato (nacimiento de feto muerto)					
Nacimientos múltiples					
Muerte infantil súbita y SMIS (muerte súbita en la cuna)					
OTRAS ENFERMEDADES Y DESÓRDENES					
Enfermedades del habla					
Trastornos alimenticios (anorexia, bulimia, etc.)					
Discapacidad del aprendizaje					
Alcoholismo					
Embriaguez crónica					
Dependencia a las drogas					
Parálisis cerebral					
Exposición a venenos u otros químicos					
Sensibilidades a los alimentos					

Alguna otra característica o condición que ocurre en la familia de cualquiera de los dos padres de familia (por favor especifique la condición o característica y la relación)

ENUMERE COMENTARIOS ADICIONALES A CONTINUACIÓN O ADJUNTE UNA DECLARACIÓN

PARA USO DE LA CORTE ÚNICAMENTE

RELEASE OF MEDICAL HISTORY

Adoption Agency/Agent_____ Date_____

Court of Jurisdiction_____ Date_____

Adoptive Parents_____ Date_____

Adoptee_____ Date_____

Bureau of Vital Statistics_____ Date_____

REPORTE MÉDICO DE ADOPCIÓN DE NEBRASKA (Madre Biológico)

Sección 5. Historia cultural de la Madre Biológico

¿Cuál es la raza de la madre? (Puede listar más de una raza). Ej. Blanco, Negro o Africano, otra.

_____

¿Cuál es el grupo étnico de la madre? (Puede listar más de un origen. Ej. Francés, Alemán, Irlandés, Español/Hispano/Latino)

_____

¿Cuál es la nacionalidad de la madre? (Ciudad y Estado, Territorio, o país extranjero)

_____

¿Es la madre de origen indio americano o nativa de Alaska? (Liste el nombre de la tribu principal o a la cual pertenece)

_____

La madre puede incluir cualquier Historia Cultural adicional. (Historia social, logros académicos, personalidad u otros intereses)

_____

_____

_____

Department of Health & Human Services
DHHS
NEBRASKA

Vital Statistics

NO CONSENTIMIENTO DE PARTE DEL PADRE/MADRE BIOLÓGICO PARA LA DIVULGACIÓN DE INFORMACIÓN DEL MENOR ADOPTADO AL CUAL HA SIDO OTORGADA LA RENUNCIA O EL CONSENTIMIENTO PARA LA ADOPCIÓN HASTA EL 1 DE SEPTIEMBRE DE 1988

Sección 43-146.06, Estatutos de Nebraska revisados, Suplemento 1988. "Un padre o madre biológico puede en cualquier momento presentar un aviso de no consentimiento en el departamento declarando que en ningún momento antes de su muerte puede divulgarse a la persona adoptada cualquier información sobre su certificado de nacimiento original o cualquier otra información de identificación, excepto historiales médicos tal como ha sido provisto en la Sección 43-107. Si el padre o la madre biológica no firma el aviso de no consentimiento, se determinará como aviso de consentimiento de parte de tal padre o madre para divulgar a la persona adoptada su certificado de nacimiento".

INFORMACIÓN SOBRE LA PERSONA QUE LLENA EL FORMULARIO

Nombre al momento de este nacimiento_____

Nombre actual_____

Relación con la persona adoptada_____

INFORMACIÓN SOBRE LA PERSONA ADOPTADA

Nombre al momento del nacimiento _____

Sexo_____ Fecha de nacimiento_____

Lugar de nacimiento_____ Nebraska
(Ciudad o Condado)

Padre biológico_____

Madre biológica_____

Ninguna información contenida en el certificado de nacimiento original o cualquier otra información de identificación, excepto historiales médicos tal como ha sido provisto en la Sección 43-107, debe ser divulgada antes de la muerte del padre de familia que ha firmado el presente formulario.

Yo, quien subscribe, entiendo los efectos y consecuencias de llenar o de no llenar este formulario de no consentimiento.

Firma_____
Nombre en letra imprenta_____
Dirección_____
Ciudad_____ Estado_____ Código postal_____
Número de teléfono_____
Fecha en que se firmó_____
Suscrito y jurado ante mí este_____ día del mes de_____ 20____
Notario Público_____
Fecha de vencimiento de la comisión_____ Residencia en_____

AVISO IMPORTANTE

Usted no tiene que firmar este formulario. Si usted lo firma, tiene derecho a recibir una copia. Su firma en este formulario significa que la Oficina del Registro Civil no divulgará ninguna información contenida en el certificado de nacimiento original de la persona adoptada o cualquier otra información de identificación a ninguna otra persona antes de su muerte sin una orden de la corte. Si usted decide luego que no se opone a la divulgación de tal información, puede presentar un formulario declarando tal propósito.

Sección del Registro Civil
Departamento de Salud y Servicios Humanos de Nebraska
P.O. Box 95065
Lincoln, Nebraska 68509-5065

PARA USO DEL REGISTRO CIVIL ÚNICAMENTE

Date received_____

By whom received_____

Department of Health & Human Services
DHHS
NEBRASKA

Vital Statistics

HISTORIAL MÉDICO DE ADOPCIÓN DE NEBRASKA (PADRE BIOLÓGICO)

DESEAMOS OBTENER UN HISTORIAL MÉDICO DEL MENOR TAN COMPLETO COMO SEA POSIBLE. POR FAVOR COMPLETE TODAS LAS SECCIONES. SI LOS PADRES, ABUELOS, HERMANOS, TÍAS O TÍOS BIOLÓGICOS HAN TENIDO O TIENEN ALGUNA DE LAS CONDICIONES MÉDICAS ENUMERADAS EN LA SECCIÓN 4, MARQUE EL ESPACIO APROPIADO.

CUANDO ENUMERE LA INFORMACIÓN PERTINENTE A OTROS FAMILIARES, NO INGRESE NOMBRES PROPIOS. ENUMERE ÚNICAMENTE LA RELACIÓN, TAL COMO HERMANA, TÍO, TÍA, ETC.

SI NECESITA ESPACIO ADICIONAL, UTILICE LA SECCIÓN PARA COMENTARIOS DE LAS PÁGINAS 4 Y 4-A O ADJUNTE UNA HOJA ADICIONAL.

Sección 1. Nombre del menor_____ Fecha de nacimiento_____
Lugar de nacimiento_____ Ciudad y Estado_____
Madre_____ Padre_____

Sección 2. Ésta sección ha sido completada por_____, quien es el/la_____
de_____.

Fecha_____

Sección 3. Estado de salud general del menor (por favor explique brevemente el estado de salud actual de este menor).

PADRE BIOLÓGICO

Sección 4. Historial médico CONDICIÓN MÉDICA	USTED MISMO		SU FAMILIA		COMENTARIOS Si su respuesta es "sí" especifique cuál miembro de la familia e indique inicio, tratamiento, medicamentos, etc.
	Sí	No	Sí	No	
ENFERMEDADES DEL SISTEMA CIRCULATORIO					
Fiebre reumática					
Problemas del corazón					
Presión arterial alta o baja					
Derrame cerebral					
Ataque al corazón (arteria coronaria)					
Otro (especifique)					
ENFERMEDADES DEL SISTEMA RESPIRATORIO					
Sinusitis					
Fiebre del heno/otras alergias respiratorias					
Asma					
Tuberculosis, enfisema					
Enfermedad respiratoria crónica					
Fibrosis quística					
Otro (especifique)					
ENFERMEDADES DEL SISTEMA DIGESTIVO					
Estómago, hígado o intestinos					
Vesícula biliar o cálculos biliares					
Otro (especifique)					
PROBLEMAS DENTALES					
Ortodoncia					
ENFERMEDADES DEL SISTEMA URINARIO					
Enfermedad de los riñones o vejiga					
Otro (especifique)					
ENFERMEDADES DEL LA PIEL					
Eccema					
Dermatitis					
Otro (especifique)					
ENFERMEDADES MUSCULARES					
Distrofia^ muscular					
Debilidad muscular					
Otro (especifique)					
ENFERMEDADES DE LOS HUESOS/ TEJIDOS CONECTIVOS					
Articulaciones inflamadas o con dolor					
Artritis, reumatismo o bursitis					
Deformidades de los huesos, articulaciones u otras					
Escoliosis					
Espina bífida					
Lupus					

PADRE BIOLÓGICO

	USTED MISMO		SU FAMILIA		COMENTARIOS
	Sí	No	Sí	No	Si su respuesta es "sí" especifique cuál miembro de la familia e indique inicio, tratamiento, medicamentos, etc.
Otro (especifique)					
ENFERMEDADES DEL SISTEMA NERVIOSO					
Esclerosis múltiple					
Temblores					
Ataques, convulsiones, epilepsia					
Otros parálisis o enfermedades de parálisis					
ENFERMEDADES DE LOS ÓRGANOS DE LOS SENTIDOS					
Daltonismo					
Pérdida auditiva					
Ceguera nocturna					
Otro (especifique)					
ENFERMEDADES DE LA SANGRE					
Talasemia					
Anemia falciforme					
Anemia					
Hemofilia					
Trastorno hemorrágico					
Otro (especifique)					
CÁNCER					
Especifique el tipo y la ubicación del cáncer, si la conoce					
ENFERMEDADES ENDÓCRINAS Y TRASTORNOS METABÓLICOS					
Diabetes					
Tiroides					
Fenilcetonuria (PKU)					
Otros desórdenes hormonales					
Otro (especifique)					
DEFECTOS DE NACIMIENTO					
Pie equinovaro					
Defectos en el corazón					
Labio leporino o paladar hendido					
Parálisis cerebral					
Síndrome de Down					
Otras deformidades de nacimiento					
Otro (especifique)					
ENFERMEDADES INFECCIOSAS					
Enfermedades transmitidas sexualmente (ej. Sífilis, Gonorrea, Herpes) SIDA (VIH)					
Hepatitis					
ENFERMEDADES MENTALES					
Retardo mental					

PADRE BIOLÓGICO

	USTED MISMO		SU FAMILIA		COMENTARIOS
	Sí	No	Sí	No	Si su respuesta es "sí" especifique cuál miembro de la familia e indique inicio, tratamiento, medicamentos, etc.
Esquizofrenia					
Depresión maníaca					
Depresión severa					
Suicido					
Otro (especifique)					
COMPLICACIONES DE EMBARAZO/ NACIMIENTO					
Nacimientos prematuros, abortos espontáneos					
Mortinato (nacimiento de feto muerto)					
Nacimientos múltiples					
Muerte infantil súbita y SMIS (muerte súbita en la cuna)					
OTRAS ENFERMEDADES Y DESÓRDENES					
Enfermedades del habla					
Trastornos alimenticios (anorexia, bulimia, etc.)					
Discapacidad del aprendizaje					
Alcoholismo					
Embriaguez crónica					
Dependencia a las drogas					
Parálisis cerebral					
Exposición a venenos u otros químicos					
Sensibilidad a los alimentos					

Alguna otra característica o condición que exista en la familia de cualquiera de los dos padres de familia (por favor especifique la condición o característica y la relación)

A CONTINUACIÓN ENUMERE COMENTARIOS ADICIONALES O ADJUNTE UNA DECLARACIÓN

PARA USO DE LA CORTE ÚNICAMENTE

RELEASE OF MEDICAL HISTORY

Adoption Agency/Agent_____ Date_____

Court of Jurisdiction_____ Date_____

Adoptive Parents_____ Date_____

Adoptee_____ Date_____

Bureau of Vital Statistics_____ Date_____

REPORTE MÉDICO DE ADOPCIÓN DE NEBRASKA (Padre Biológico)

Sección 5. Historia cultural del Padre Biológico

¿Cuál es la raza del padre? (Puede listar más de una raza). Ej. Blanco, Negro o Africano, otra..

_____

¿Cuál es el grupo étnico del padre? (Puede listar más de un origen. Ej. Francés, Alemán, Irlandés, Español/Hispano/Latino)

_____

¿Cuál es la nacionalidad del padre? (Ciudad y Estado, Territorio, o país extranjero)

_____

¿Es el padre de origen indio americano o nativo de Alaska? (Liste el nombre de la tribu principal o a la cual pertenece)

El padre puede incluir cualquier Historia Cultural adicional. (Historia social, logros académicos, personalidad u otros intereses)

_____

_____

_____

Department of Health & Human Services
DHHS
NEBRASKA

Vital Statistics

NO CONSENTIMIENTO DE PARTE DEL PADRE/MADRE BIOLÓGICO PARA LA DIVULGACIÓN DE INFORMACIÓN DEL MENOR ADOPTADO AL CUAL HA SIDO OTORGADA LA RENUNCIA O EL CONSENTIMIENTO PARA LA ADOPCIÓN HASTA EL 1 DE SEPTIEMBRE DE 1988

Sección 43-146.06, Estatutos de Nebraska revisados, Suplemento 1988. "Un padre o madre biológico puede en cualquier momento presentar un aviso de no consentimiento en el departamento declarando que en ningún momento antes de su muerte puede divulgarse a la persona adoptada cualquier información sobre su certificado de nacimiento original o cualquier otra información de identificación, excepto historiales médicos tal como ha sido provisto en la Sección 43-107. Si el padre o la madre biológica no firma el aviso de no consentimiento, se determinará como aviso de consentimiento de parte de tal padre o madre para divulgar a la persona adoptada su certificado de nacimiento".

INFORMACIÓN SOBRE LA PERSONA QUE LLENA EL FORMULARIO

Nombre al momento de este nacimiento_____

_____

Nombre actual_____

Relación con la persona adoptada_____

INFORMACIÓN SOBRE LA PERSONA ADOPTADA

Nombre al momento del nacimiento _____

_____

Sexo_____ Fecha de nacimiento_____

Lugar de nacimiento_____ Nebraska
(Ciudad o Condado)

Padre biológico_____

Madre biológica_____

- -

Ninguna información contenida en el certificado de nacimiento original o cualquier otra información de identificación, excepto historiales médicos tal como ha sido provisto en la Sección 43-107, debe ser divulgada antes de la muerte del padre de familia que ha firmado el presente formulario.

Yo, quien subscribe, entiendo los efectos y consecuencias de llenar o de no llenar este formulario de no consentimiento.

Firma_____
Nombre en letra imprenta_____
Dirección_____
Ciudad_____ Estado_____ Código postal_____
Número de teléfono_____
Fecha en que se firmó_____
Suscrito y jurado ante mí este_____ día del mes de_____ 20____
Notario Público_____
Fecha de vencimiento de la comisión_____ Residencia en_____

AVISO IMPORTANTE

Usted no tiene que firmar este formulario. Si usted lo firma, tiene derecho a recibir una copia. Su firma en este formulario significa que la Oficina del Registro Civil no divulgará ninguna información contenida en el certificado de nacimiento original de la persona adoptada o cualquier otra información de identificación a ninguna otra persona antes de su muerte sin una orden de la corte. Si usted decide luego que no se opone a la divulgación de tal información, puede presentar un formulario declarando tal propósito.

Sección del Registro Civil
Departamento de Salud y Servicios Humanos de Nebraska
P.O. Box 95065
Lincoln, Nebraska 68509-5065

- -

PARA USO DEL REGISTRO CIVIL ÚNICAMENTE

Date received_____

By whom received_____

Department of Health & Human Services
DHHS
NEBRASKA

Vital Statistics

NONCONSENT BY BIOLOGICAL PARENT FOR RELEASE OF INFORMATION FOR ADOPTED PERSONS FOR WHOM RELINQUISHMENT OR CONSENT FOR ADOPTION WAS GIVEN ON OR AFTER SEPTEMBER 1,1988

Section 43-146.06, Nebraska Revised Statutes, Supplement 1988. "A biological parent may at any time file a notice of nonconsent with the bureau stating that at no time prior to his or her death may any information on the adopted person's original birth certificate or any other identifying information, except medical histories as provided in Section 43-107, be released to such adopted person. Failure by a biological parent to sign the notice of nonconsent shall be deemed a notice of consent by such parent to release the adopted person's original birth certificate to such adopted person."

INFORMATION REGARDING PERSON COMPLETING FORM

Name at time of this birth_____

_____

Present name_____

Relationship to adopted person_____

INFORMATION REGARDING ADOPTED PERSON

Name at birth _____

_____

Sex_____ Date of Birth_____

Place of Birth_____ Nebraska
(City or county)

Biological Father_____

Biological Mother_____

No information contained in the original birth certificate or any other identifying information, except medical histories as provided in section 43-107, shall be released prior to the death of the parent signing the form.

I the undersigned do understand the effects and consequences of filing, or not filing, this nonconsent form.

Signature _____

Typed or Printed Name _____

Street Address or Route Number _____

City _____ State _____ Zip _____

Telephone Number _____

Date Signed _____

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public _____

Commission Expires _____ Residing at _____

IMPORTANT NOTICE

You do not have to sign this form. If you do sign it, you are entitled to a copy of it. Your signature on this form means that the Bureau of Vital Statistics will not disclose any information contained in the original birth certificate of the adopted person or any other identifying information to any person prior to your death without a court order. If you later decide that you do not object other release of such information, you may file a form stating that purpose.

FOR VITAL STATISTICS USE ONLY

Date received_____

By whom received_____

Vital Statistics Section
Nebraska Department of Health and Human Services
PO Box 95065
Lincoln, NE 68509-5065

AFFIDAVIT OF EXPLANATION OF NONCONSENT (PS-56)

Instructions

Location: This is DHHS form (PS-56, Rev 04/11) and is not available on N-FOCUS but can be found on the Nebraska DHHS Forms website (http://local.hhss.local/Forms/).

The parent must complete the **Affidavit of Explanation of Nonconsent** to verify that the **Nonconsent by Biological Parent for Release of Information** was presented and explained to him/her.

The parent must check one of the two boxes on the form (I am signing the Nonconsent form or I am not signing the Nonconsent form).

The parent must sign this form whether or not he/she chooses to sign the **Nonconsent by Biological Parent for Release of Information**.

If a parent refuses to sign the **Affidavit of Explanation of Nonconsent** the relinquishment cannot be taken.

The worker who gave the explanation needs to print his/her name on the appropriate line (in Section 3). This can be a representative of the Department, such as a Family Permanency Specialist from a contracted agency. The person explaining the form must fully understand the importance and effects of the completion of this form.

The parent must sign and date this form.

The parent's signature must be notarized. Be sure the date on the stamp of the Notary Public is current. The notary should not be writing the date with pen over the stamp.

NOTE: The **Affidavit of Explanation of Nonconsent** form applies only to biological parents. It does not need to be completed if the person planning to relinquish is an adoptive parent, or stepparent.

Two (2) original **Affidavit of Explanation of Nonconsent** must be completed.

- One (1) original is to be included in the packet sent to the adoptive parent's attorney for finalization;
- One (1) original will be placed in the child's file;
- One (1) copy will be given to the parent, if requested; and
- Additional copies can be made, if needed.

Rev 101711, 010612

Department of Health & Human Services
DHHS
NEBRASKA

Division of Children and Family Services

Affidavit of Explanation on Nonconsent Form

STATE OF NEBRASKA

COUNTY OF _____

I _____, being first duly sworn, hereby depose and say:

1. I am the biological parent of _____
2. I intend to relinquish said minor child for the ultimate purpose of adoption;
3. Prior to executing said relinquishment document, I was presented with a copy of the Nonconsent form provided for in Nebraska Revised Statutes, Section 43-106.02 and 43-109, as amended, by a representative of the Nebraska Department of Health and Human Services, _____, in front of one or more witnesses, with the effects of filing or not filing said Nonconsent form having been thoroughly explained to me to my complete satisfaction.
4. The Nonconsent form was explained to me. I have no unanswered questions regarding said Nonconsent form and I acknowledge that I understand the effects of filing or not filing said Nonconsent form as it would apply to the adoption of the above referenced minor child.

☐ I am signing the Nonconsent form.

☐ I am not signing the Nonconsent form.

Dated this _____ day of_____ , 20 _____

_____ _____

Witness signature Parent signature

On this _____ day of _____ , A.D. _____ before me, a Notary Public, duly commissioned and qualified, in and for said county, personally appeared _____ and to me known to be the identical person described in and who executed the foregoing affidavit and acknowledged the same to be _____ voluntary act and deed.

Witness my hand and official seal the date last above written.

_____

Notary Public

RELINQUISHMENT INTERVIEW

Instructions

Location: This form is not available on N-FOCUS, but may have been saved as a Word template in your local office.

The **Relinquishment Interview** format is used to clarify that the parent understands the consequences of the decision to relinquish and that he/she is not unduly influenced.

Write the parent's name on the appropriate line at the top of the front page.

Fully inform the parents of the results of relinquishment and of signing the relinquishment form. Ask these questions to make sure the parent is relinquishing without fraud, pressure, or threats. Do not take a relinquishment if there is any reason to believe that pressure or threats have been applied to parents to relinquish their rights and that the decision to relinquish is not being made independently.***390 NAC 8-004.04(2)(a &b)***

Offer the parents relinquishment counseling options. You may contact private adoption agencies or the DHHS Adoption Specialist in Central Office for assistance. ***390 NAC 8-004.04(2)(c)(2)***

Make no promises when securing a relinquishment. We cannot make promises regarding the type of family, continued contact (openness) with child by parents or other family members, etc. ***390 NAC 8-004.04(2)(c)***

The worker should complete the form by interviewing the parent. Do not just give the form to the parent to fill out. This will ensure more complete information.

When completed, the parent needs to review and make any changes/ additions/ deletions he/she wants. The parent should initial any changes.

The parent needs to sign and date this document. A witness the parent's signature must also sign and date.

One (1) original **Relinquishment Interview** will be completed.

- Original will be placed in the child's file.;
- One (1) copy will be given to the parent, if requested.
- Additional copies can be made, if needed.

revised 020510, 020311

RELINQUISHMENT INTERVIEW QUESTIONS

1. In your own words, please tell me your understanding of what it means to relinquish your child for adoption.

2. Have you had counseling in regard to your decision? If so, were you satisfied with the information and assistance that you received?

3. Why have you decided to relinquish your child?

4. Why have you decided to relinquish at this time?

5. Do you understand that your relinquishment cannot be revoked and involves the complete loss of all rights and responsibilities?

6. Have you been promised anything by anyone in exchange for relinquishing your child?

7. Have you been threatened in any way in regard to relinquishing your child?

8. Have you been under the influence of any prescription or non-prescription mind altering drugs within the past 24 hours?

9. Have you been under the influence of alcohol with in the past 24 hours?

10. Is your relinquishment a free and voluntary act to be done with your full understanding and knowledge of the consequences?

11. For older child- Have you told your child that you and going to relinquish your parental rights? How did the child respond?

12. Do you have any pictures or other special items that you would like for your child to have?

13. Tell me what you consider to be some of your special talents or skills?

14. What is your family's nationality of origin?

    Father? Mother?

15. Does the child's other birth parent know of your intent to relinquish?

16. What is the nationality of your child's other birth parent's family of origin?

    Father? Mother?

17. Do you understand that you cannot withdrawal0 the relinquishment after the Department accepts it in writing?

_____ _____
Signature Date

_____ _____
Witness Date

_____ _____
Worker Date

QUESTIONNAIRE FOR RELINQUISHMENT OF PARENTAL RIGHTS

1. In your words, please tell me your understanding of what it means to relinquish your child for adoption.

2. Have you had counseling in regard to your decision? YES _____ NO _____
   Were you satisfied with the information and assistance which you received? YES _____ NO _____

   If no, would you like to be referred for counseling? YES _____ NO _____

3. Why have you decided to relinquish your child?

4. Why have you decided to relinquish at this time?

5. Do you understand that your relinquishment cannot be revoked and involves the complete loss of all rights and responsibilities? YES _____ NO _____

6. Have you been promised anything by anyone in exchange for relinquishing your child? YES _____ NO _____

7. Have you been threatened in any way in regard to relinquishing your child? YES _____ NO _____

8. Have you been under the influence of any prescription or non-prescription mind-altering drugs within the past 24 hours? YES _____ NO _____

9. Have you been under the influence of alcohol within the past 24 hours? YES _____ NO _____ If yes, explain.

10. Is your relinquishment a free and voluntary act to be done with your full understanding and knowledge of the consequences? YES _____ NO _____

11. Have you discussed the relinquishment process with your attorney? YES _____ NO _____

12. If for older child: Have you told your child that you are going to relinquish your parental rights? YES _____ NO _____ How did the child respond?

Parental Signature: _____

Date: _____

Witness: _____

RELINQUISHMENT OF CHILD BY PARENTS (PS -58) AND RELINQUISHMENT OF CHILD BY PARENT (PS-58A)

Relinquishment of child by Parent (PS-58) Instructions

Location: This is DHHS form (PS-58, Rev. 4/11). It is located on N-FOCUS and is available on the Nebraska DHHS Forms website (http://local.hhss.local/Forms/). To access in N-FOCUS, go to the *Detail Legal Action* window, then highlight *Child.* Select *Actions*, then *Print Relinquishment Form.*

The **Relinquishment of Child by Parents** form is the actual relinquishment paperwork.
A separate **Relinquishment of Child by Parents** form should be prepared for each parent choosing to relinquish. There are three different versions: 1. the form PS-58, 2. as printed off N-FOCUS, and 3. the PS-58A which can only be used with alleged fathers.

This is a legal document. It can be typed and photocopied prior to the parent signing.

Check the child's birth certificate prior to filling out the relinquishment to ensure the information and spelling is correct.

Ask the parent how he/she signs his/her name. It is best if the parent's signature exactly matches the way it is typed on the document. If the parent uses another signature, he/she may sign with both signatures.

It is considered best practice to have the parent's attorney present when taking a relinquishment. At the very least, if the parent has an attorney, make sure the attorney is informed that the parent plans to relinquish.

Do not make promises at the time of relinquishment -"conditional relinquishments".

The parent needs to carefully read the document or it can be read to the parent.
If minor errors need to be corrected, the parent can make the correction and initial the change. If there is a major error, the document should be retyped.

The city and date need to be printed in on the "signed at…." line at the time of the relinquishment (not typed in beforehand).

The parent must sign and date this form. The parent's signature must be notarized.

Be sure the date on the stamp of the Notary Public is current. The notary should not be writing the date with pen over the stamp. The Notary should also complete the following on the bottom portion of the page: (STATE OF NEBRASKA, County of *(county where relinquishment is taking place)* On this *(date)* day of *(month)* A.D. *(year)* before me, a Notary Public, duly commissioned and qualified, in an for said county, personally appeared *(Name of person relinquishing)* and to me know to be the identical person described in and who executed the foregoing relinquishment and acknowledged to same to be *(his or her)* voluntary act and deed.)

A witness to the parent's signature must also sign.

Note: The witness and the notary must be different people.

A minimum of four (4) Originals of the **Relinquishment of Child by Parents** must be completed.

- One (1) Original is to be sent to the juvenile court to notify of relinquishment and for the parent to be dismissed from court proceedings;
- One (1) Original is to be included in the packet sent to the adoptive parent's attorney for finalization;
- One (1) Original will be placed in the child's file;
- One (1) Original should be retained in the DHHS file in the service area (separate from the child's file)
- One (1) Copy will be given to the parent, if requested; and
- Additional copies can be made, if needed.

Relinquishment of Child by Parent (PS-58A) Instructions

Location: This is DHHS form (PS-58A, Rev 4/11). This form is not available on N-FOCUS but can be found on the Nebraska DHHS Forms website (http://local.hhss.local/Forms/).

The **Relinquishment of Child by Parent** form is the actual relinquishment paperwork. This form should only be used for alleged fathers or a husband who claims he is not the biological father. This may be used in place of the Relinquishment of Child by Parent (PS-58).

See the instructions above for **Relinquishment of Child by Parents (PS-58)** as the general instructions are the same.

07/04 (SK, MD, KO) Rev 101711,010612,051713, 100814

Department of Health & Human Services
DHHS
NEBRASKA

Division of Children and Family Services

RELINQUISHMENT OF CHILD BY PARENT(S)

I/we_____ and _____

resting in _____ , in the County of _____ and State of _____ ,

say that I am/we are the _____ parent(s) of _____ a minor child;

that said child was born in _____ , in the County of _____ and State of _____ ,

on the _____ day of _____ , _____ ; that I/we have the exclusive, actual lawful, custody and control of said child, except as amended by any Juvenile or County Court Jurisdiction; and have never relinquished the custody and control of said child to any person, association or corporation whatsoever.

I/we_____ and _____ do hereby voluntarily relinquish to the Nebraska Department of Health and Human Services all right to and custody of and power and control over said child, _____ and all claims and interest in and to said child's services and wages, to the end that said Department may become the legal guardian of said child and do hereby authorize the said Department of Health and Human Services to place said child in a suitable family home and to consent to and procure the adoption of said child.

I/we _____ and _____ do hereby authorize the Nebraska Department of Health and Human Services by its proper agents to enter my/our appearance for me/us in any proceedings to adopt said child in my/our name(s) _____ , and to waive the service of any and all notice in such proceedings for adoption.

Signed at _____ , Nebraska, this _____ day of _____ , 20 _____.

WITNESS: _____

_____ _____

STATE OF NEBRASKA,

County of _____

On this _____ day of _____ , A.D. _____ before me, a Notary Public, duly commissioned and qualified, in and for said county, personally appeared _____ and to me known to be the identical person(s) _____ described in and who executed the foregoing relinquishment and acknowledged the same to be _____ voluntary act and deed.

Witness my hand and official seal the date last above written.

_____
Notary Public

RELINQUISHMENT OF CHILD BY PARENT

I, PARENT'S NAME residing in LINCOLN, in the county of LANCASTER, NEBRASKA, say that I am the biological parent of CHILD'S NAME, a minor child; that said child was born in LINCOLN in the County of LANCASTER and the State of NEBRASKA on 05-20-1999; that I have exclusive, actual, lawful custody and control of said child CHILD'S NAME; except as modified by any Juvenile Court Jurisdiction that currently exist; and have never relinquished the custody and control of said child to any person, association or corporation whatsoever.

I,PARENT'S NAME do hereby voluntarily relinquish to the Department of Health and Human Services all rights, custody of and power and control over the said CHILD'S NAME, and all claims and interest in and to his services and wages, to the end that said Department may become the legal guardian of said child and do hereby authorize that the Department place said child in a suitable family home and consent to and procure the adoption of said child.

I, PARENT'S NAME do hereby authorize the Department of Health and Human Services by its proper agents to enter my appearance for me in any proceedings to adopt said child and in my name to waive the service of any and all notice in such proceedings for adoption.

Signed at _____, _____, this ___ day of _____, _____
City State

Witness: Signature and Address

_____ _____

_____

_____

STATE OF NEBRASKA,

County of_____

On this ____ day of _____ A.D. _____ before me, a Notary Public, duly commissioned and qualified, in an for said county, personally appeared _*(Name of person relinquishing)*_ and to me know to be the identical person described in and who executed the foregoing relinquishment and acknowledged to same to be _*(his or her)*_ voluntary act and deed.

Witness my hand and official seal the date last above written.

_____
Notary Public

As printed from N-FOCUS
(Updated 08/01/11)

Department of Health & Human Services
DHHS
NEBRASKA

Division of Children and Family Services

RELINQUISHMENT OF CHILD BY PARENT

I, _____ residing in _____ in the County of _____ and State of _____ , say that I was ☐ named as father (or) ☐ was married to the mother (please check appropriate box) of _____a minor child; that said child was born in _____ , in the County of _____ and State of _____ , on the _____ day of _____ , _____. I have never relinquished the custody and control of said child to any person, association or corporation whatsoever.

I, _____ do hereby voluntarily relinquish to the Nebraska Department of Health and Human Services all rights to and custody of and power and control over said child and all claims and interest in and to said child's services and wages, to that end said Department may become the legal guardian of said child and do hereby authorize the said Department of Health and Human Services to place said child in a suitable family home and to consent to and procure the adoption of said child.

I, _____ do hereby authorize the Nebraska Department of Health and Human Services by its proper agents to enter my appearance for me in any proceedings to adopt said child and in my name and to waive the service of any and all notice in such proceedings for adoption.

Signed at _____ , Nebraska, this _____ day of _____ , 20 _____.

WITNESS: _____

_____ _____

STATE OF NEBRASKA,

County of _____

On this _____ day of _____ , A.D. _____ before me, a Notary Public, duly commissioned and qualified, in and for said county, personally appeared _____ and to me known to be the identical person described in and who executed the foregoing relinquishment and acknowledged the same to be _____ voluntary act and deed.

Witness my hand and official seal the date last above written.

_____
Notary Public

NATIVE AMERICAN RELINQUISHMENTS ONLY

Instructions

ICWA VOLUNTARY CONSENT TO TERMINATION OF PARENTAL RIGHTS

Location: This form is not available on N-FOCUS, but may have been saved as a Word template in your local office. Typically, the court will use its own version of this format.

When a **Native American parent** (enrolled member of a tribe) **of a Native American Child** chooses to relinquish, the relinquishment paperwork must be signed in court and the judge and the parent must sign the **ICWA Voluntary Consent to Termination of Parental Rights** form.

Note: When these conditions apply, the parent may withdrawal consent for any reason at any time prior to the entry of a final decree of termination or adoption.

CERTIFICATION BY JUDGE OF VOLUNTARY TERMINATION OF INDIAN PARENTAL RIGHTS

Location: This form is not available on N-FOCUS, but may have been saved as a Word template in your local office. Typically, the court will use its own version of this format.

When a **Non Native American parent of a Native American child** chooses to relinquish, the relinquishment paperwork must be signed in court and the judge must sign the **Certification by Judge of Voluntary Termination of Indian Parental Rights** form. The parent does not sign this form.

One (1) Original of the appropriate form must be completed.

- Original will be included in the packet sent to the adoptive parent's attorney for finalization;
- One (1) Copy will be given to the juvenile court to notify of relinquishment and for the parent to be dismissed from court proceedings;
- One (1) Copy is placed in the child's file;
- One (1) Copy is given to the parent; and
- Additional copies can be made, if needed.

If you have questions about completing a relinquishment of a Native American child, please contact HHS Legal Staff.

020510, Rev 020311

FORM
Indian Child Welfare Act
Voluntary Consent to
Terminate Parental Rights

IN THE SEPARATE JUVENILE/COUNTY COURT of _____ COUNTY, NEBRASKA

In the Matter of:	)	No. _____
_____, DOB: _____	)	
	)	CONSENT TO TERMINATION OF
A Person Under Eighteen Years of Age.	)	PARENTAL RIGHTS AND
	)	CERTIFICATION

Pursuant to the Indian Child Welfare Act of 1978, 25 U.S.C. Section 1913 and Neb. Rev. Stat. Section 43-1506 (1985), I, _____, do consent to the termination of parental rights (adoption) to my child, _____, DOB: _____, and (his/her) placement with _____.

Before this Court, I do state:

1. That I am an enrolled member of the _____ Tribe, Census No. _____, DOB: _____.

2. That my child, _____, DOB: _____, is an enrolled member or is eligible to be enrolled with the _____ Tribe, Census No. _____.

3. That I desire to terminate my parental rights to my child, _____ _____, (that my child be adopted) and prefer that (she/he) be placed with (name) _____, (relationship) _____, pursuant to the placement preferences of the Indian Child Welfare Act of 1978, 25 U.S.C. Section 1915 (a), (c), and Neb. Rev. Stat. Section 43-1508 (1985).

4. That I fully understand the consequences of my actions.

5. That I have the right to withdraw my consent to termination of my parental rights (adoption) pursuant to the Indian Child Welfare Act of 1978, 25 U.S.C. Section 1913 (c) and Neb. Rev. Stat. Section 43-1506 (3), (1985), for any reason at any time prior to the entry of a final decree of termination or adoption, at which time _____ shall be returned to my custody.

6. That I wish to be notified if the final decree of adoption to my child is vacated or set aside, or if the adoptive parents voluntarily consent to the termination of their parental rights to my child, so I may petition the court for the return of (his/her) custody at that time pursuant to the Indian Child Welfare Act of 1978, 25 U.S.C. Section 1916, Neb. Rev. Stat. Section 43-1509.

7. That I do not intend to waive any of my rights under the Indian Child Welfare Act of 1978 by signing this consent.

8. That this consent was not signed prior to, or within ten (10) days after the birth of my child, _____.

(9. That I prefer that this consent be signed in closed court because I wish to remain anonymous.)

Executed this _____ day of _____, 19_____, in (open/closed) court before a judge of the _____County/Separate Juvenile Court for the State of Nebraska.

_____
Birth Parent

CERTIFICATION

Pursuant to the Indian Child Welfare Act of 1978, 24 U.S.C. Section 1913(a) and Neb. Rev. Stat. Section 43-1506, I, the Honorable _____ _____, Judge of the _____ County/Separate Juvenile Court for the State of Nebraska, do certify that this consent was executed in writing and recorded before me in open/closed court, that the terms and consequences of the consent were fully explained in detail and were fully understood by _____, and that he/she understood English or that it was interpreted into a language that he/she understood.

Certified this _____ day of _____, 19_____.

_____
Judge of the _____ County/
Separate Juvenile Court

DB:KK9048M

ACCEPTANCE/ NON-ACCEPTANCE OF RELINQUISHMENT

Instructions

Location: This is not available on N-FOCUS, but may have also been saved as a Word template in your local office.

Designated DHHS Service Area staff will receive draft relinquishment paperwork from the contractor. The contractor is required to receive approval from designated DHHS service area staff prior to taking a relinquishment and each service area may have created its own forms to track this consultation. Once the draft paperwork is received, DHHS will review and approve or deny the draft paperwork within 2 business days of receipt.

The contractor will then draft the relinquishment paperwork and complete the actual relinquishment. The relinquishment may be attended by DHHS staff (Some services areas may require a DHHS worker attend). Once the completed paperwork is received by DHHS designated Service Area staff will assure that the forms are completed properly and the affidavit is signed. They designated DHHS staff will accept or deny the relinquishment and send out the acceptance latter(s)

If one parent has relinquished but the rights of the other parent remain intact, the Department will usually not accept the relinquishment until action is taken regarding the other parent's rights.

Until DHHS accepts the relinquishment in writing, the parent may withdrawal his/her relinquishment in writing at any time.

Designated service area staff will send a letter accepting the relinquishment to the worker, the parent (if the address is known), and/or parent's attorney or other designated person.

This letter needs to be signed by a D HHS employee designated by the service area.

If the relinquishment cannot be accepted, designated DHHS Service Area staff will send a letter of non-acceptance to the worker, the parent (if address is known) parent and/or parent's attorney or other designated person. (See 390 NAC 8-004.06)

The letter will include a detailed explanation about why it is not being accepted and a request for the parent(s) to immediately contact the worker about the plan for the child.

Designated DHHS service area staff should offer solutions to the worker and parent. The worker should consult supervisor and/or Adoption Specialist in Central Office.

- Original will be sent to the parent
- A copy of the letter will be placed in the child's file
- A copy of the letter is included in the finalization packet sent to the adoptive parent's attorney.
- Copies of the letter could also be sent to the Guardian-ad-Litem and parent's attorney.

020511, Rev 020311 (sk)

(Date)

Dear Mr./Mrs./Ms. _____

The relinquishment papers on your (son/daughter) has been received by the Nebraska Health and Human Services.

This letter is to inform you that the Nebraska Department of Health and Human Services accepts this relinquishment as of (date of relinquishment was signed), the date of your signature.

Sincerely,

(Signed by designated Service Area Staff)

cc:

RELINQUISHMENT COUNSELING Q&A's and DOCUMENTATION OF RELINQUISHMENT COUNSELING

1) **The Department must offer relinquishment counseling to the parent prior to taking a relinquishment, but does the Department need to make sure that every parent who wants to relinquish receives relinquishment counseling? (Note: Eastern Service Area Requires that parents receive relinquishment counseling prior to taking their relinquishment.)**

   Policy (390 NAC 8-004) and the Court and Legal Guidebook for Child Abuse, Neglect, Dependency, and Status Offence, Section IV, Voluntary Relinquishment, pg. 17, discuss what relinquishment counseling is and what needs to be covered, but it is not clear if counseling is just "offered" or whether it must to take place.)

   Policy (390 NAC 8-004.05) states "Once relinquishment counseling has been completed....." insinuating that it must be completed.

   Answer;
   The parent can refuse counseling, but we should really encourage it. There are always things that the parent needs to consider that they do not realize when they say they want to relinquish.

2) **If a parent who wants to relinquish states that s/he wants relinquishment counseling, can that be provided by the worker taking the relinquishment or should a referral be made to another agency?**

   Policy (390 NAC 8-004) states that "Relinquishment services can be provided directly or through a referral to another agency".

   Although the CFS Specialist must ask the parent questions from the "Guidelines for a Relinquishment Interview", they should also have the opportunity to talk with someone other than a HHS employee if they want Relinquishment Counseling, such as an adoption agency or therapist.

3) **If relinquishment counseling occurs, do we need to have documentation from the person who provided the counseling in the child's HHS file?**
   (For example, a letter from the therapist that states relinquishment was discussed with the parent but does not include the specifics of what was said in the session.)

   It is always a good idea to have documentation in our file. If a relinquishment was ever challenged, we would have this as documentation of the fact that the counseling was provided. It also assures the CFS Specialist that the parent has received the needed information to make the decision to relinquish.

4) **What agencies can be contacted to provide relinquishment counseling? How much does it cost?**

   Many times, therapists who are already working with a family are willing and able to provide relinquishment counseling to parents considering voluntary relinquishing their parental rights. Adoption agencies are also able to provide these services. In Nebraska, the Nebraska Children's Home Society will provide relinquishment counseling free of charge to parents of state wards who are considering relinquishment. The Nebraska Children's Home has several locations throughout the state. You may also contact other adoption agencies to inquire if they will provide this service.

To refer a parent for relinquishment counseling at the Nebraska Children's Home, please contact Kim Anderson, Adoption Director, or Carol Krueger, Director of Social Services at (402) 451-0787. They will then assign one of the NCH caseworkers experienced with relinquishment counseling. (NCH is also willing to provide a letter stating that relinquishment counseling was provided.

Information provided by Mary Dyer, Adoption Specialist, Nebraska Health and Human Services, Protection and Safety , Out of Home Support Team; Stacey Klimek, Training Specialist II, Nebraska Health and Human Services, Human Resources and Development; and Bobbi Richard, Outreach and Education Coordinator, Nebraska Children's Home

Revised 0410

Date:_____

To Whom It May Concern:

As the attorney/ therapist/ Private Adoption Agency Representative, I met with _____ on _____ for the purpose of relinquishment counseling. I spoke with _____about the relinquishment of parental rights.

Based on my conversation with _____, it is my opinion that he/she has/ does not have an understanding of what relinquishment of parental rights means and that it is permanent and irrevocable. Further; he/she appears/ does not appear to understand that the relinquishment of parental rights may not be contingent of any requests; including requests for ongoing contact with his/her child(ren). Based on my conversation with _____ it is my opinion that he/she has/ does not have the mental capacity to make this decision.

Sincerely;

Name
Title and Agency

Member
Agencies

Adoption Consultants
205 Apache Drive
McCook, NE 69001
(308) 340-6242
www.adoptionconsultantsinc.org

♦Bethany Christian Services
831 Pine Street
Omaha, NE 68108
402-449-2898
www.bethany.org

♦Child Saving Institute
4545 Dodge Street
Omaha, NE 68132
(402) 553-6000 Fax (402) 553-2428
www.childsaving.org

Jewish Family Services
333 South 132nd Street
Omaha, NE 68154
(402) 330-2024 Fax (402) 334-1330
www.jfsomaha.com

♦Nebraska Children's Home Society
4939 S. 118th Street
Omaha, NE 68137
(402) 451-0787 Fax (402) 451-0360
www.nchs.org

NE Dept. of Health & Human Services
Central Office-Protection & Safety
P.O. Box 95044
Lincoln, NE 68509
(402) 471-9331 Fax (402) 471-9034
www.hhs.state.ne.us

♦The Avalon Center
5631 S. 48th St. Suite 100
Lincoln, NE 68516
(402) 853-1486

www.avaloncenter.us

♦Catholic Charities
3300 North 60th Street
Omaha, NE 68104
(402) 554-0520 Fax (402) 829-9
www.ccomaha.org

Holt International
10685 Bedford Avenue - Suite 3
Omaha, NE 68134
(402) 934-5031 Fax (402) 934-5
www.holtintl.org

♦Lutheran Family Services
124 South 24th Street, Suite 200
Omaha, NE 68102
(402) 342-7007
www.lfsneb.org www.alww.org

Nebraska Christian Services
2600 South 124th Street
Omaha, NE 68144
(402) 334-3278 Fax (402) 697-5
http://ncs.swestcc.org/

♦LDS Family Services
517 Walnut Street - Suite 2
Independence, MO 64050
(816) 461-5512 Fax (816) 461-4
www.ldschurch.org

♦ These agencies provide pregnancy counseling and supportive services

http://adoptionnebraska.com/dotnetnuke/MembersList.aspx