

ALABAMA DEPARTMENT OF HUMAN RESOURCES SOCIAL SERVICES DIVISION  
ADMINISTRATIVE CODE

CHAPTER 660-5-30  
TERMINATION OF PARENTAL RIGHTS

TABLE OF CONTENTS

660-5-30-.01	Purpose
660-5-30-.02	Legal Base
660-5-30-.03	Termination Of Parental Rights Process
660-5-30-.04	Relinquishments
660-5-30-A	Appendix Forms

**660-5-30-.01**      **Purpose.**

The termination of parental rights (TPR) is one avenue towards achieving permanence for children, and TPR should be pursued when there is a reasonable expectation that permanency can be achieved. This policy provides procedural guidelines for TPR which creates the possibility for a new parental relationship and permanent family.

**Author:** Shawanda Harris

**Statutory Authority:** Code of Ala. 1975, §§12-15-317 through 12-15-319, 38-2-6(10), (14), 12-15-315, 12-15-312; and the Adoption and Safe Families Act of 1997 (ASFA), Public Law 105-89. R.C. v Hornsby, No 88-H-1170-N, Consent Decree (M.D. Ala. Approved December 18, 1991), (Terminated January 16, 2007).

**History: Amended:** Published September 30, 2020; effective November 14, 2020.

**660-5-30-.02**      **Legal Base.**

Both federal and state laws, as well as best child welfare practice, require that permanent homes be expeditiously found for children who are unable to safely remain with their biological family. Child welfare staff must be familiar with these laws as they identify specific circumstances and clear timeframes under which TPR must be considered and subsequently pursued.

(1) Legal Bases.

(a) Code of Ala. 1975, §§12-15-319, provides the grounds for termination of parental rights.

(b) §12-15-102 through §12-15-701, Code of Ala. 1975 governs all juvenile court proceedings and provides that

the custody of a child may be transferred to the Department of Human Resources by court order.

(c) §38-2-6(10) and (14), Code of Ala. 1975, provides that the Department of Human Resources shall seek out and protect minor children who are in need of its care and protection, and place such children in family homes or other suitable child care facilities.

(d) The Adoption and Safe Families Act of 1997 (ASFA), Public Law 105-89, prompted amendments to the Code of Ala. 1975, including those addressing reasonable efforts (§12-15-312) and permanency hearings (§12-15-315).

(e) The guiding principles of the Practice Model impacting termination of parental rights include promoting safety and protection while achieving timely permanency for a child; promoting children having experiences that enhance their sense of love and belongings.

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**History: New Rule:** Filed August 12, 2004; effective September 16, 2004. **Amended:** Published September 30, 2020; effective November 14, 2020.

### 660-5-30-.03 Termination Of Parental Rights Process.

(1) Making The Decision To Pursue Termination of Parental Rights.

(a) The decision to file a petition to terminate parental rights is made when:

1. a child cannot be safely returned home or permanently placed with relatives; the court has determined that reasonable efforts are not required because the child has been subjected to an aggravated circumstance such as, but not limited to, abandonment, substance abuse, sexual abuse, chronic abuse or torture; or when a parent has committed certain crimes against the child or another child of the parent; or, the child has been in foster care for 12 cumulative months of the most recent 22 months, unless one of three statutory exceptions exists including a compelling reason not to pursue termination.

2. Once the ISP team has established adoption as the permanency goal for the child or the court finds that no

reunification efforts are required, ASFA mandates that the petition to terminate parental rights be filed within 60 days. For children who have been in care 15 of the last 22 months, a TPR petition must be filed unless there is a compelling reason not to do so (refer to *Permanency Planning Policies And Procedures*). For children who have been abandoned for 4 months, a TPR petition must be filed within 14 calendar day.

3. For those children receiving permanency through adoption, ASFA sets the timeframe for achieving this permanency goal as 24 months from the date the child entered care. Permanency is achieved when the final decree of adoption is signed.

(2) The Petition To Terminate Parental Rights.

(a) The TPR petition is to be prepared and filed in the juvenile or family court clerk's office by the local attorney who has been approved by SDHR Legal to represent the county department.

(3) Procedures After The Court Hearing Until The Adoptive Placement.

(a) Provide termination visit with birth parents when appropriate

1. For many children, a termination visit with the birth parents is needed or desirable. No child should be allowed to visit parents or relatives after parental rights have been terminated without the decision being made by the ISP team. The decision must be based on best interests of the child and whether it will support the child's permanency goal and ensure safety not only in the immediate time, but in the future. Termination visits must be based on the attachment to the birth parent and documentation to support that termination of any contact would cause irreparable harm to the child.

2. The child's County DHR worker is to maintain the casework relationship with the child. This relationship is needed to prepare the child for placement in consideration with the Office of Adoption Placement Consultant and to participate in the adoption pre-placement and placement process with the Placement Consultant.

3. Decisions on publicity for children in the permanent custody of the Department require permission from the Office of Adoption. These decisions are to be made on a case-by-case basis depending on each child's individual

circumstances (e.g., the exact nature of the publicity; the age of the child; the proximity of the birth family).

**Author:** Shawanda Harris

**Statutory Authority:** Code of Ala. 1975, §§12-15-317 through 12-15-319, 38-2-6(10), (14), 12-15-315, 12-15-312; and the Adoption and Safe Families Act of 1997 (ASFA), Public Law 105-89. R.C. v Hornsby, No 88-H-1170-N, Consent Decree (M.D. Ala. Approved December 18, 1991), Terminated January 16, 2007).

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#### 660-5-30-.04 Relinquishments.

(1) The Code of Ala. 1975, §26-10A-7, provides for a parent to relinquish physical custody of a child to the Department of Human Resources or a licensed child-placing agency for purposes of adoption. Legal custody is transferred to the adoptive parents through the Interlocutory Order which occurs several months following the adoptive placement.

(2) The concurrence of the Office of Adoption must be given prior to the County Department taking a relinquishment.

(3) The County Director is the individual appointed to take Relinquishment of Minor for Adoption. He or she may delegate that authority to the program supervisor (if there is one) or the line supervisor responsible for placement of children for adoption from the County Department. In any case involving the relinquishment of a child for adoption by a minor parent, the County Department must request, by filing a motion with the Probate Court, that the court appoint a GAL for that minor parent prior to taking the relinquishment. The GAL must be present when the relinquishment is taken. If possible, the parents of the minor parent who is relinquishing a child should also be present when the relinquishment is taken.

(4) When a child is relinquished to the Department, the adoptive placement can be made after the expiration of the fourteen (14) day withdrawal period.

**Author:** Shawanda Harris

**Statutory Authority:** Code of Ala. 1975, §§12-15-317 through 12-15-319, 38-2-6(10), (14), 12-15-315, 12-15-312; and the Adoption and Safe Families Act of 1997 (ASFA), Public Law 105-89. R.C. v Hornsby, No 88-H-1170-N, Consent Decree (M.D. Ala. Approved December 18, 1991), Terminated January 16, 2007).

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660-5-30-A            Appendix Forms.

ALABAMA DEPARTMENT OF HUMAN RESOURCES  
SOCIAL SERVICES DIVISION  
ADMINISTRATIVE CODE

CHAPTER 660-5-30  
APPENDIX A

TABLE OF CONTENTS

Relinquishment Of Minor For Adoption  
Affiant's Signature  
Consent To Release Of Identifying Information  
Family Background Information  
Termination Of Parental Rights/Foster Parent Adoption Placement  
Form

RELINQUISHMENT OF MINOR FOR ADOPTION

THE STATE OF ALABAMA

\_\_\_\_\_ COUNTY

KNOW ALL MEN BY THESE PRESENT, that:

1. I, \_\_\_\_\_ (name of person relinquishing)

the  parent /  legal guardian of the minor

\_\_\_\_\_ (state all names by which the minor has been known)

born \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (month and day) (year) relinquish the said minor to

\_\_\_\_\_ (name and address of agency)

for the purpose of adoption in order that said minor may have all the privileges which may be accorded to (him) (her) by the laws of Alabama upon (his) (her) legal adoption.

- 2. I am executing this document voluntarily and unequivocally thereby relinquishing said minor.
3. I understand that by signing this document I will forfeit all rights and obligations and that I understand the relinquishment and execute it freely and voluntarily.
4. I understand that the relinquishment may be irrevocable, and I should not execute it if I need or desire psychological or legal advice, guidance or counseling.
5. I have received or been offered a copy of this document.
6. I waive the right to know the identity of each petitioner who petitions to adopt the said minor child.
7. I waive further notice of the adoption proceedings by the execution of this relinquishment to the named agency.
8. I understand that notice of withdrawal of relinquishment must be mailed to

\_\_\_\_\_ (name and address of agency with whom document is filed) and that such withdrawal must be mailed within five days after the birth of said minor or the execution of this document whichever comes last.

9. I do hereby request that the Probate Judge make all such orders and decrees as may be necessary or proper to legally effectuate said adoption.

Given under my hand at \_\_\_\_\_ o'clock, \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (time) (month) (year)

at \_\_\_\_\_ (address of filing)

\_\_\_\_\_ (SEAL) Affiant's Signature

I, \_\_\_\_\_, sign by name to this instrument this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and being first duly sworn, do hereby declare to the undersigned authority that I execute it as my free and voluntary act for the purposes therein expressed, and that I am \_\_\_\_\_ years of age or older, of sound mind, and under no constraint or undue influence.

\_\_\_\_\_ (SEAL)

DHR-FCS-1755 May 2004

Affiant's Signature

STATE OF ALABAMA  
 \_\_\_\_\_ COUNTY  
 Subscribed, sworn to and acknowledged before me by \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_,  
 (Signed) \_\_\_\_\_  
 \_\_\_\_\_  
 (Official Capacity of Officer)

I acknowledge receipt of two copies of this document.

\_\_\_\_\_(SEAL)  
 \_\_\_\_\_  
 Date

\*\*\*\*\*

I \_\_\_\_\_, on this  
 (affiant)  
 \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m.  
 in the presence of the two witnesses whose signatures and addresses are subscribed below, hereby withdraw the  
 adoption relinquishment previously signed by me.

\_\_\_\_\_  
 Affiant's Signature

Witness	Witness
_____	_____
Address	Address
_____	_____
_____	_____

CONSENT TO RELEASE OF IDENTIFYING INFORMATION

I, \_\_\_\_\_, hereby  
(Name)

consent to the disclosure of identifying information relating to me and my family contained in the adoption files of the Department of Human Resources including a copy of the birth certificate as it relates to me to be given to

\_\_\_\_\_  
(Birth Name of Adoptee)

at age 19 according to the Code of Alabama, 1975, Section 26-10A-31(h).

I, \_\_\_\_\_, sign my  
name to this instrument this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_, and  
being duly sworn, do hereby declare to the undersigned authority that I execute it as my free and  
voluntary act for the purposes therein expressed, and that I am \_\_\_\_\_ years of age or older,  
of sound mind, and under no constraint or undue influence.

\_\_\_\_\_  
Affiant's Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed, sworn to and acknowledged before me by \_\_\_\_\_,

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_.

(Signed) \_\_\_\_\_  
Notary Public

DHR-FCS-1769  
May 2004

FAMILY BACKGROUND INFORMATION

Names of Child's Maternal and Paternal Relatives and Siblings *(all relationships are to the child)*

Name of Child/Family: \_\_\_\_\_ County: \_\_\_\_\_  
 DHR C.N. \_\_\_\_\_

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  Female  Male  
 Race:  Caucasian  African-American/Black  Hispanic  Other, Specify: \_\_\_\_\_

MATERNAL RELATIVES	
Name:	Date of Birth:
Child's Mother: _____	_____
Grandmother: <i>(Mother's Mother)</i> _____	_____
Grandfather: <i>(Mother's Father)</i> _____	_____
Aunts /Uncles: <i>(Mother's Sisters &amp; Brothers)</i> _____	_____
_____	_____
_____	_____
_____	_____

PATERNAL RELATIVES	
Name:	Date of Birth:
Child's Father: _____	_____
Grandmother: <i>(Father's Mother)</i> _____	_____
Grandfather: <i>(Father's Father)</i> _____	_____
Aunts /Uncles: <i>(Father's Sisters &amp; Brothers)</i> _____	_____
_____	_____
_____	_____
_____	_____

CHILD'S BROTHERS AND SISTERS		
Name:	Sex:	Relationship:
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Full-Sibling <input type="checkbox"/> Half-Sibling
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Full-Sibling <input type="checkbox"/> Half-Sibling
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Full-Sibling <input type="checkbox"/> Half-Sibling
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Full-Sibling <input type="checkbox"/> Half-Sibling

DHR-FCS-2119  
 May 2004

FAMILY BACKGROUND INFORMATION

Name of Child/Family: \_\_\_\_\_ County: \_\_\_\_\_ DHR C.N. \_\_\_\_\_

Source(s) of Information (including name and relationship to child): \_\_\_\_\_

Date Information Obtained: \_\_\_\_\_

THIS INFORMATION PERTAINS TO THE FOLLOWING RELATIVE OF CHILD:  MATERNAL  PATERNAL  
OR (if applicable)  CHILD'S GROWN SIBLING (Duplicate form, as needed, to list all relatives - 1 sheet per relative)

RELATIVE'S RELATIONSHIP TO CHILD (mother, maternal aunt, paternal grandfather, etc.): \_\_\_\_\_  
Record background information on maternal and paternal relatives (i.e., child's mother, child's father, child's maternal/paternal grandparents, child's maternal/paternal aunts and uncles, etc.) If the person is deceased, complete information as it pertained during person's lifetime. If there is additional information in case record, make notation of the page/section of record where information is located.

Name of Child's Relative: _____		DOB: _____	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American/Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (Specify): _____			
Height: _____	Weight: _____	Build: _____	Skin Coloring: _____
Hair Color: _____	Texture: _____	Eye Color: _____	Social Sec. # _____
General Health: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Unknown			
Existing Illnesses/Disabilities/Limitations/Mental Health Diagnosis: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide information: _____ _____			
Glasses/Corrective Lenses: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Past Surgery/Hospitalization: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide information, including dates, if known: _____ _____			
If Deceased, Age at Time of Death: _____		Check box, if: <input type="checkbox"/> unknown or <input type="checkbox"/> not applicable	
Cause of Death: _____		Check box, if: <input type="checkbox"/> unknown or <input type="checkbox"/> not applicable	
Date of Death: _____		Check box, if: <input type="checkbox"/> unknown or <input type="checkbox"/> not applicable	
Grade Completed in School: _____		Special Education: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Academic Achievement: <input type="checkbox"/> Gifted <input type="checkbox"/> Above-Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Special Education <input type="checkbox"/> Unknown			
Favorite Subjects: _____			
Interests/Hobbies/Talents: _____		Religious Affiliation/Preference: _____	
Personality Traits, Strengths, Needs: _____			
Employment (work history, occupation, special training): _____			
Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, give information including charges, convictions, time served: _____ _____			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		Date and place of marriage: _____	
If married, name of spouse: _____		Date and place of divorce: _____	
Prior Marriage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Date and place of divorce: _____	
If yes, name of former spouse: _____		Date and place of divorce: _____	
Names of Person's Children (including age, if known, or approximate age): _____			
Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If applicable, list branch, dates of service, type discharge: _____ _____			
Additional Comments: _____ _____ _____			

DHR-FCS-2119  
May 2004

FAMILY BACKGROUND INFORMATION

Name of Child/Family: \_\_\_\_\_ County: \_\_\_\_\_ DHR C.N. \_\_\_\_\_

Source(s) of Information (including name and relationship to child): \_\_\_\_\_

Date Information Obtained: \_\_\_\_\_

**CHILD'S SIBLINGS** Use this form to record background information on each of child's sisters and brothers. If sibling is over age of eighteen (18), use "Relative" background information sheet. For additional information in the case record, note the page of narrative or section of record where information is located. (Duplicate form, as needed, to list all siblings - 1 sheet per child.)

Name of Child's Sibling: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  F  M  
 Full Sibling  Half Sibling *If Half-Sibling, indicate:*  Maternal or  Paternal Half-Sibling  
 Race:  Caucasian  African-American/Black  Hispanic  Other (Specify): \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_ Skin Coloring: \_\_\_\_\_  
 Hair Color: \_\_\_\_\_ Texture: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Social Sec. # \_\_\_\_\_  
 General Health:  Excellent  Good  Poor  Unknown  
 Existing Illnesses/Disabilities/Limitations/Mental Health Diagnosis:  Yes  No  Unknown *If yes, provide information:*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Glasses/Corrective Lenses:  Yes  No  Unknown  
 Past Surgery/Hospitalization:  Yes  No  Unknown *If yes, provide information, including dates, if known:*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 If Deceased, Age at Time of Death: \_\_\_\_\_ Check box, if:  unknown or  not applicable  
 Cause of Death: \_\_\_\_\_ Check box, if:  unknown or  not applicable  
 If Applicable, Date of Death: \_\_\_\_\_ Check box, if:  unknown or  not applicable  
 Childhood Development:  Normal  Delayed *If delayed, provide information:*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Current Grade in School (K through grade 12): \_\_\_\_\_ Special Education:  Yes  No  Unknown  
 Academic Achievement:  Gifted  Above-Average  Average  Below Average  Special Education  Unknown  
 Favorite Subjects: \_\_\_\_\_  
 Interests/Hobbies/Talents: \_\_\_\_\_ Religious Affiliation/Preference: \_\_\_\_\_  
 Personality Traits, Strengths, Needs: \_\_\_\_\_  
 \_\_\_\_\_  
**Information Regarding Sibling:**  
 Is Sibling in DHR Custody:  Yes  No *If yes, is Adoption the Plan for Sibling:*  Yes  No  
*If no, provide information regarding plan:* \_\_\_\_\_  
 Is Sibling Currently in Foster Care Placement:  Yes  No *If yes, is Sibling Placed in Same Foster Home:*  Yes  No  
*If child is not in foster care, where does child live (e.g., w/parents, relative):* \_\_\_\_\_  
 Additional Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DHR-FCS-2119  
 May 2004

FAMILY BACKGROUND INFORMATION

Name of Child/Family: \_\_\_\_\_ County: \_\_\_\_\_ DHR C.N. \_\_\_\_\_

Source(s) of Information (including name and relationship to child): \_\_\_\_\_

Date Information Obtained: \_\_\_\_\_

THIS INFORMATION PERTAINS TO THE FOLLOWING RELATIVE OF CHILD:  MATERNAL  PATERNAL

Note: complete one form on the child's mother's family and one form on the child's father's family. Circle any diseases/conditions which apply. \*For circled items, at bottom of sheet, name the family member and give brief description of the disease/condition, its effect, age of onset, and indicate if it resulted in person's death. For additional case record information, note narrative page or section where information is located. (Complete 1 form for maternal & 1 form for paternal relatives.)

<b>1. Allergies</b> a) drugs b) foods c) asthma d) hay fever e) other f) if other	<b>8. Cardiovascular Disease</b> a) atherosclerosis b) congenital heart defect c) heart attack d) hyperlipidemia e) stroke f) other	<b>18. Visual Disorders</b> a) cataracts b) dyslexia c) glaucoma d) retinitis pigmentosa e) strabismus
<b>2. Alcoholism/Drug Addiction</b>	<b>9. Respiratory Diseases</b> a) emphysema b) bacterial pneumonia c) tuberculosis d) other	<b>19. Pregnancy Complications</b> a) premature birth b) still births c) incompetent cervix d) ectopic pregnancies  e) eclamptogenic toxemia f) spontaneous abortion g) multiple births h) other
<b>3. Blood Diseases</b> a) hemophilia b) RH disease c) sickle cell disease/trait  d) thalassemia (cooley's anemia) e) other	<b>10. Mental Illness</b> a) manic-depressive b) schizophrenia c) other	<b>20. Migraine Headache</b> <b>21. Congenital Birth Abnormalities</b> <b>22. Cleft Lip</b>  <b>23. Cleft Palate</b> <b>24. Cystic Fibrosis</b> <b>25. Diabetes</b> <b>26. Dwarfism</b> <b>27. Huntington's Disease</b> <b>28. Sudden Infant Death</b> <b>29. Systemic Lupus Erythematosus</b> <b>30. Thyroid Disorders</b> <b>31. Tay-Sachs Disease</b> <b>32. Myasthenia Gravis</b> <b>33. Obesity</b> <b>34. Multiple Sclerosis</b> <b>35. Multiple Dystrophy</b> <b>36. Any other diseases which have occurred repeatedly in family (specify)</b>  <b>37. Biological mother's age at onset of menses</b>
<b>4. Bone Diseases</b> a) arthritis b) curvature of spine c) other structural malformation d) other	<b>11. Mental Retardation</b> a) Downs Syndrome b) PKU c) Lesch-Nyham Syndrome d) Hunters e) tuberous sclerosis f) other	
<b>5. Cancer</b> a) breast b) bowel c) colon d) ovarian e) skin f) stomach g) lungs h) leukemia i) other	<b>12. Speech Disorders</b> a) stuttering b) tongue tie c) sound omissions/distortions d) delayed speech e) other	
<b>6. Skin Disorders</b> a) psoriasis b) other	<b>13. Learning Disability (specify)</b> <b>14. Hearing Disorders</b> <b>15. Hyperactivity</b> <b>16. Epilepsy</b> <b>17. Liver Disease</b>	
<b>7. Immune System Disease</b> a) HIV Positive b) AIDS	<p><i>*At bottom of page or on back, identify number and code (such as "5, g" for cancer of lungs) and identify name of relative, if known, who had this disease and relationship to child (such as maternal aunt). Provide known information such as age of onset, if disease resulted in person's death, etc.</i></p>	

DHR-FCS-2119  
May 2004



TERMINATION OF PARENTAL RIGHTS / FOSTER PARENT ADOPTION PLACEMENT FORM

I. TPR INFORMATION TPR Date \_\_\_\_\_ County \_\_\_\_\_

Child

Birth Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

County of Residence \_\_\_\_\_ Ward Number (assigned by Office of Adoption) \_\_\_\_\_

Parents

Birth Last Name First Name Middle Name Maiden Name

Mother \_\_\_\_\_

Birth Last Name First Name Middle Name Suffix

Father \_\_\_\_\_

Parents' Marital Status At Time Of Child's Birth \_\_\_\_\_

Legal Father (check one)  Same as birth father or  Other (enter name on next line)

Last Name First Name Middle Name Suffix

Worker \_\_\_\_\_ Date Submitted \_\_\_\_\_

II. PLACEMENT/DISRUPTION INFORMATION Placement Date \_\_\_\_\_

A. Placement Type  Foster Parent Adoption  Non - Foster Parent Adoption

Child's Name Last Name First Name Middle Name

After Adoption \_\_\_\_\_

Child's T Number (to be assigned by the Office of Adoption) \_\_\_\_\_

Adoptive Last Name First Name Middle Name Social Security #

Mother \_\_\_\_\_

Adoptive Last Name First Name Middle Name Social Security #

Father \_\_\_\_\_

Adoptive Family Approval Date \_\_\_\_\_ County of Residence \_\_\_\_\_

Placement Worker \_\_\_\_\_ Date Submitted \_\_\_\_\_

B. Date Placement Disrupted \_\_\_\_\_ Worker \_\_\_\_\_ Date Submitted \_\_\_\_\_

III. SUBSIDY INFORMATION

Type  Federal  State Begin Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Adoptive Last Name First Name Middle Initial SSN

Parent \_\_\_\_\_

Address \_\_\_\_\_

Subsidy Changes  Change in Amount effective \_\_\_\_\_ to \$ \_\_\_\_\_

Address Change effective \_\_\_\_\_ to \_\_\_\_\_

Approved: \_\_\_\_\_

County Director \_\_\_\_\_ Date \_\_\_\_\_

DHR-FCS-29  
Revised May 2004

**Author:**  
**Statutory Authority:**  
**History:**