

**RULES  
OF  
THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES  
SOCIAL SERVICES DIVISION**

**CHAPTER 0250-07-13  
ADOPTION PROCESS FORMS**

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**0250-07-13-.01 PURPOSE, SCOPE AND FORMAT OF RULES.**

- (1) These rules establish the mandatory forms promulgated by the Department of Children's Services pursuant to Executive Order #6, January 12, 1996 and Public Chapter 532 (1995), required: for use in obtaining medical social/histories of children being surrendered; for surrenders of children for adoption in Tennessee Courts or in another State or Territory or a foreign country or by an inmate of State or Federal correctional facility; for the use of parental consents to the adoption of children utilized in adoption petitions in Tennessee; for revocation of surrenders and parental consents; for vetoes of contact in the future by the adopted person with the surrendering person or others; for payment and fee disclosure requirements; for certification of social and legal counseling which may be requested by the surrendering or consenting parent or legal guardian; for consents for adoption by minors fourteen (14) years of age and by guardians ad litem of such minors and disabled adults; and for releases of information for updated medical information. These forms may be modified by the Department of Children's Services in these matters, pursuant to further Executive Orders or legislation.
- (2) The forms established by these rules are mandatory for use by the courts, the clerks, attorneys, prospective adoptive parents, state and private agencies and other persons or entities who may be involved in the adoption process; provided, however, that surrenders by a person residing in another state or territory of the United States and in conformity with the laws of another state or territory shall be accepted in Tennessee.
- (3) These forms may be reproduced in any page length or type size or style for use by any persons or entities who may need to use them, but must contain, without alteration, the language which is contained in the forms, except where otherwise noted in these rules or on the form itself.
- (4) (a) Copies of the forms necessary for use in the adoption process may be obtained from the Clerks of Courts in Tennessee which have authority pursuant to T.C.A. § 36-1-111 to accept surrenders, from the local county office of the Department of Children's Services in these matters, the Regional Offices of the Department's Legal Staff, or the Central Office Adoption Services office in the Cordell Hull Building, 8th Floor, 436 6th

(Rule 0250-07-13-.01, continued)

Avenue North, Nashville, TN 37243-1290, (615) 532-5637. Copies will also be supplied to licensed child-placing agencies in Tennessee.

- (b) Copies of the entire set of forms may be obtained on diskette in Microsoft Word from the Central Office by submitting two (2) formatted disks to this address with a self-addressed, postage-paid return envelope suitable for mailing diskettes, or by requesting full copies from the above address. A charge will be made for providing a full set of hard copies from the Central Office.

**Authority:** T.C.A. §§ 4-5-201, et seq., and 36-1-101, et seq.; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

## 0250-07-13-.02 MEDICAL/SOCIAL HISTORY OF CHILD'S FAMILY FORM.

- (1) This form must be completed pursuant to T.C.A. § 36-1-111(k)(1) under oath before the judge or other person authorized to conduct the surrender proceeding or at the judge's or person's direction, the clerk or an employee of the court or person conducting the surrender, prior to the execution of the surrender of a child or prior to the confirmation of the parental consent pursuant to T.C.A. § 36-1-117(g).
- (2) The completed form shall be kept in a separate file designated for the purpose of maintaining the form until it is forwarded to the court where the adoption petition is filed. The information contained in the form shall be confidential and shall not be disclosed to any other person without the written approval of the court; provided, however, a copy of the information with all identifying information deleted shall be furnished to the adoptive parent(s) or their attorney.
- (3) Form:

### MEDICAL/SOCIAL HISTORY FOR CHILD AND CHILD'S FAMILY TENNESSEE CODE ANNOTATED, § 36-1-111(k)

This form must be completed under oath prior to execution of the surrender, or prior to confirmation of the parental consent. T.C.A. § 36-1-111(k).

When being completed by both the birth mother and birth father, a form is required to be completed by each parent.

When one birth parent is completing this form, information about the other birth parent should be completed when that parent is unavailable or refuses to complete the form for her/himself.

The legal parents or legal guardians who are not the birth parents of the child should complete information known to them about the birth parents.

This form shall be kept by the court in a separate file designated for that purpose until it is forwarded to the court when the adoption petition is filed. The Medical/Social History for Child and Child's Family shall be confidential and shall not be inspected by any person without the written approval of the court.

A copy of this form, with all identifying information deleted shall be given to the prospective adoptive parents or their attorney. T.C.A. § 36-111(k)(1).

**NOTE:** This form may be modified for use outside the State of Tennessee as long as the information requested is provided in the modified form.

STATE OF TENNESSEE OR OTHER LOCATION ( \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ OR OTHER CITY OR PROVINCE ( \_\_\_\_\_ )

Being duly sworn according to law, affiant would state:

The following information is true and correct to the best of my knowledge:

#### PERSON COMPLETING THIS FORM:

( ) BIRTH ( ) LEGAL MOTHER'S NAME: \_\_\_\_\_

( ) BIRTH ( ) LEGAL FATHER'S NAME: \_\_\_\_\_

GUARDIAN(S) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET/RURAL ROUTE/P.O. BOX \_\_\_\_\_ CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE NO. \_\_\_\_\_ WORK TELEPHONE NO. \_\_\_\_\_

BIRTH MOTHER'S RACE \_\_\_\_\_ NATIONALITY \_\_\_\_\_

(Rule 0250-07-13-.02, continued)

BIRTH FATHER'S RACE \_\_\_\_\_ NATIONALITY \_\_\_\_\_

BIRTH MOTHER'S SOCIAL SECURITY # \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

BIRTH FATHER'S SOCIAL SECURITY # \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

(To indicate race, please use codes of AA (African American), AI (American Indian), AS (Asian), CA (Caucasian), HI (Hispanic) or other (specify) \_\_\_\_\_. To indicate a mixed racial heritage, write in more than one code, for example a child who is African American and Caucasian heritage, write in "AACA.")

IF NATIVE AMERICAN HERITAGE IS INDICATED, PLEASE SPECIFY:

TRIBE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

THE PARENT IS REGISTERED ( ) ELIGIBLE TO BE, BUT NOT REGISTERED ( )  
WITH THE ABOVE TRIBE.

THE CHILD IS REGISTERED ( ) ELIGIBLE TO BE, BUT NOT REGISTERED ( )  
WITH THE ABOVE TRIBE.

**MARRIAGES:**

(IF PARENT HAS BEEN MARRIED, COMPLETE THE FOLLOWING INFORMATION)

NAME OF SPOUSE (INCLUDE MAIDEN NAME)	DATE OF MARRIAGE	CITY/STATE WHERE MARRIAGE OCCURRED	COUNTY OF LICENSE

**DIVORCES:**

INCLUDE ANNULMENTS/SEPARATIONS/ANY TYPE DISSOLUTIONMENTS OF MARRIAGE)

NAME OF SPOUSE	DATE AND TYPE OF DISSOLUTIONMENT	CITY/STATE OF DIVORCE DECREE	COURT

IF MARRIAGE ENDED WITH THE DEATH OF A SPOUSE, PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME OF SPOUSE	DATE OF DEATH	CITY/COUNTY/STATE WHERE DEATH OCCURRED

BACKGROUND INFORMATION FOR \_\_\_\_\_  
(NAME OF CHILD)

INFORMATION	CHILD'S BIRTH MOTHER	CHILD'S BIRTH FATHER
FULL LEGAL NAME		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		

(Rule 0250-07-13-.02, continued)

HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
PRESENT OCCUPATION: NAME/ADDRESS OF EMPLOYER		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		

BACKGROUND INFORMATION FOR \_\_\_\_\_  
(NAME OF CHILD)

INFORMATION	BIRTH MOTHER'S MOTHER	BIRTH MOTHER'S FATHER
FULL LEGAL NAME		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		

(Rule 0250-07-13-.02, continued)

IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

BACKGROUND INFORMATION FOR \_\_\_\_\_  
(NAME OF CHILD)

INFORMATION	BIRTH FATHER'S MOTHER	BIRTH FATHER'S FATHER
FULL LEGAL NAME		
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

BACKGROUND INFORMATION FOR \_\_\_\_\_  
(NAME OF CHILD)

INFORMATION	BIRTH MOTHER'S MATERNAL GRANDMOTHER	BIRTH MOTHER'S MATERNAL GRANDFATHER
FULL LEGAL NAME		
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		

(Rule 0250-07-13-.02, continued)

GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

BACKGROUND INFORMATION FOR \_\_\_\_\_  
(NAME OF CHILD)

INFORMATION	BIRTH FATHER'S GRANDMOTHER	MATERNAL GRANDFATHER
FULL LEGAL NAME		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

(Rule 0250-07-13-.02, continued)

BACKGROUND INFORMATION FOR \_\_\_\_\_  
(NAME OF CHILD)

INFORMATION	BIRTH MOTHER'S PATERNAL GRANDMOTHER	BIRTH MOTHER'S PATERNAL GRANDFATHER
FULL LEGAL NAME		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

BACKGROUND INFORMATION FOR \_\_\_\_\_  
(NAME OF CHILD)

INFORMATION	BIRTH FATHER'S PATERNAL GRANDMOTHER	BIRTH FATHER'S PATERNAL GRANDFATHER
FULL LEGAL NAME		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		

(Rule 0250-07-13-.02, continued)

MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES ____ NO ____	YES ____ NO ____

BACKGROUND INFORMATION FOR \_\_\_\_\_  
(NAME OF CHILD)

**BIRTH MOTHER'S SIBLINGS**

FULL LEGAL NAME		
RELATIONSHIP		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES ____ NO ____	YES ____ NO ____

BACKGROUND INFORMATION FOR \_\_\_\_\_  
(NAME OF CHILD)



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**BIRTH FATHER'S SIBLINGS**

FULL LEGAL NAME		
RELATIONSHIP		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

BACKGROUND INFORMATION FOR \_\_\_\_\_  
(NAME OF CHILD)

**OTHER CHILDREN BORN TO THE BIRTH MOTHER**

FULL LEGAL NAME		
RELATIONSHIP		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		

(Rule 0250-07-13-.02, continued)

DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

BACKGROUND INFORMATION FOR \_\_\_\_\_  
(NAME OF CHILD)

**OTHER CHILDREN BORN TO THE BIRTH FATHER**

FULL LEGAL NAME		
RELATIONSHIP		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

USE ADDITIONAL PAGES, IF NEEDED, TO DESCRIBE OTHER CHILDREN BORN TO THE BIRTH MOTHER OR BIRTH FATHER

**PRENATAL HISTORY:**

MONTH PRENATAL CARE BEGAN \_\_\_\_\_  
DURING THIS PREGNANCY DID YOU

- TAKE ANY MEDICATIONS? Yes ( ) No ( )
- EXPERIENCE PHYSICAL COMPLICATIONS? Yes ( ) No ( )

(Rule 0250-07-13-.02, continued)

- HAVE ANY X-RAY, ELECTROCARDIOGRAM OR RADIATION EXPOSURE? Yes ( ) No ( )  
IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN:

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DID YOU HAVE ANY OF THE FOLLOWING DURING THIS PREGNANCY?

- GERMAN MEASLES Yes ( ) No ( ) DATE \_\_\_\_\_
- VENEREAL DISEASE Yes ( ) No ( ) DATE \_\_\_\_\_
- VIRUS TYPE \_\_\_\_\_ Yes ( ) No ( ) DATE \_\_\_\_\_
- INFECTIONS TYPE \_\_\_\_\_ Yes ( ) No ( ) DATE \_\_\_\_\_

WERE YOU INVOLVED IN ANY ACCIDENTS DURING THIS PREGNANCY?

Yes ( ) No ( )

WERE YOU SEXUALLY OR PHYSICALLY ABUSED DURING THIS PREGNANCY? Yes ( ) No ( )

IF YES TO EITHER OF THESE QUESTIONS, PLEASE EXPLAIN:

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DELIVERY HISTORY:

DURATION OF LABOR \_\_\_\_\_

TYPE OF DELIVERY \_\_\_\_\_

WERE THERE OTHER PREGNANCIES OF THE BIRTH MOTHER: Yes ( ) No ( )

IF YES, PLEASE DESCRIBE THE PREGNANCY AND HOW THE PREGNANCY ENDED (ABORTION, STILLBIRTH, MISCARRIAGES, ETC.)

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MEDICAL HISTORY FOR \_\_\_\_\_

**NAME OF BIRTH MOTHER ( ) BIRTH FATHER ( )**

NAME OF CHILD: \_\_\_\_\_

PLEASE INDICATE BY A CHECK MARK (X) IF YOU OR ANY BIRTH RELATIVE LISTED ON PAGES 3 THROUGH 13 HAVE EVER BEEN DIAGNOSED WITH THE FOLLOWING MEDICAL PROBLEMS. EXPLAIN IN THE "COMMENTS" SECTION THE SPECIFICS OF THE ILLNESS, THE SEVERITY OF THE ILLNESS, AGE AT ONSET OF ILLNESS, TYPE OF TREATMENT AND OUTCOME.

MEDICAL CONDITION	SELF		YES - OTHER RELATIVE (SPECIFY)	COMMENTS
	YES	NO		
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)				
ALCOHOLISM				
ALLERGIES				
ARTHRITIS				
BONE DISEASE				
CANCER				
CEREBRAL PALSY				
CLEFT PALATE				
CONGENITAL DEFECTS				

(Rule 0250-07-13-.02, continued)

CORONARY (HEART) PROBLEMS				
CYSTIC FIBROSIS				
DEAFNESS				
MEDICAL CONDITION	SELF		YES - OTHER RELATIVE (SPECIFY)	COMMENTS
	YES	NO		
DIABETES				
EAR INFECTIONS				
ECZEMA				
EPILEPSY/ SEIZURES				
GONORRHEA/ SYPHILIS				
HAY FEVER/ ASTHMA				
HEARING PROBLEMS				
HEART PROBLEMS				
HEMOPHILIA				
HERPES				
HODGKIN'S				
HORMONE DISORDER				
HYPERTENSION				
KIDNEY DISEASE				
MENTAL ILLNESS				
MENTAL RETARDATION				
MIGRAINES				
MULTIPLE SCLEROSIS				
MUSCULAR DYSTROPHY				
NARCOTIC ADDICTION				

MEDICAL CONDITION	SELF		YES - OTHER RELATIVE (SPECIFY)	COMMENTS
	YES	NO		
OTHER PARALYSIS				
OTHER MEDICAL CONDITION: (SPECIFY)				
OTHER SUBSTANCE ABUSE				
RESPIRATORY DISEASE				
SPEECH PROBLEMS				
SICKLE-CELL ANEMIA				
STROKE				
VISUAL PROBLEMS				

**SUBSTANCE USE HISTORY - BIRTH MOTHER****TOBACCO:**

DO YOU SMOKE? YES ( ) NO ( )

IF YES, DESCRIBE HOW MUCH YOU SMOKE: \_\_\_\_\_

DID YOU SMOKE DURING THIS PREGNANCY? YES ( ) NO ( )

IF YES, FREQUENCY OF HABIT: \_\_\_\_\_

(Rule 0250-07-13-.02, continued)

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**ALCOHOL:**

DO YOU DRINK ALCOHOL? YES ( ) NO ( )

DID YOU DRINK DURING THIS PREGNANCY? YES ( ) NO ( )

IF YES TO EITHER QUESTION, DESCRIBE YOUR DRINKING HABITS, (I.E.  
FREQUENCY, TYPE ALCOHOL USED, HISTORY OF ALCOHOL USE).

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**DRUGS:**

HAVE YOU EVER USED DRUGS? YES ( ) NO ( )

IF YES, DESCRIBE YOUR DRUG USE, (I.E. TYPE OF DRUG YOU USED, FREQUENCY OF USE, HISTORY OF DRUG USE  
INCLUDING EXPERIMENTAL USE).

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DID YOU USE DRUGS DURING THIS PREGNANCY? YES ( ) NO ( )

IF YES, DESCRIBE YOUR DRUG USE (INCLUDING PRESCRIPTION DRUGS) TYPE OF DRUG, FREQUENCY OF USE AND  
WHEN THE DRUG WAS USED.

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**SUBSTANCE USE HISTORY - BIRTH FATHER****ALCOHOL:**

DO YOU DRINK ALCOHOL? YES ( ) NO ( )

IF YES, DESCRIBE YOUR DRINKING HABITS, (I.E., FREQUENCY, TYPE ALCOHOL USED, HISTORY OF ALCOHOL USE).

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**DRUGS:**

HAVE YOU EVER USED DRUGS? YES ( ) NO ( )

IF YES, DESCRIBE YOUR DRUG USE, (I.E. TYPE OF DRUG YOU USE, FREQUENCY OF USE, HISTORY OF DRUG USE)  
DESCRIBE SPECIFIC DRUGS AND TIME FRAMES OF YOUR USE OF EACH DRUG. (INCLUDE EXPERIMENTAL USE.)

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(Rule 0250-07-13-.02, continued)

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PSYCHIATRIC HISTORY: BIRTH MOTHER ( ) BIRTH FATHER ( )

HAVE YOU EVER RECEIVED PSYCHOLOGICAL OR PSYCHIATRIC TREATMENT? YES ( ) NO ( )

HAVE YOU EVER TAKEN PSYCHIATRIC MEDICATION? YES ( ) NO ( )

IF YES TO EITHER QUESTION, DESCRIBE TREATMENT ISSUES, DIAGNOSIS, LENGTH OF TREATMENT AND LIST MEDICATIONS USED DURING TREATMENT:

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OTHER INFORMATION YOU WOULD LIKE TO SHARE ABOUT YOURSELF, YOUR SOCIAL/MEDICAL HISTORY, YOUR BIRTH RELATIVES OR ABOUT THE CIRCUMSTANCES IMPACTING YOUR DECISION TO PLACE YOUR CHILD FOR ADOPTION:

(IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SHEETS.)

Birth/Legal Mother:

Birth/Legal Father:

Legal Guardian(s):

FURTHER AFFIANT SAITH NOT.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Rule 0250-07-13-.02, continued)

**Signature:** \_\_\_\_\_  
Parent or Legal Guardian

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

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

OR

**Please Print:** \_\_\_\_\_  
 \_\_\_\_\_ Chancellor \_\_\_\_\_ Circuit Judge \_\_\_\_\_ Juvenile Court Judge  
 \_\_\_\_\_ Warden or \_\_\_\_\_ Judge or \_\_\_\_\_ Clerk of Court of Record In  
 \_\_\_\_\_ another State; or \_\_\_\_\_ U.S. Foreign Service Officers or  
 \_\_\_\_\_ Officers of the United States Armed Forces  
 \_\_\_\_\_ Authorized to Administer Oaths

**Signature:** \_\_\_\_\_

When this form is being completed by DCS staff for pre-placement information purposes, and not as a part of the surrender process, the person completing the form should sign and date the form.

**Signature:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-111(k), and 36-117(g); Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

#### **0250-07-13-.03 REPEALED.**

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125(a), 36-1-141, 37-5-105, and 37-5-106; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001. Emergency rule filed September 11, 2015; expired March 9, 2016. Repeal filed May 16, 2024; effective August 14, 2024.

#### **0250-07-13-.04 REPEALED.**

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, 37-5-105, and 37-5-106; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001. Emergency rule filed September 11, 2015; expired March 9, 2016. Repeal filed May 16, 2024; effective August 14, 2024.

#### **0250-07-13-.05 REPEALED.**

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, 37-5-105, and 37-5-106; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001. Emergency rule filed September 11, 2015; expired March 9, 2016. Repeal filed May 16, 2024; effective August 14, 2024.

**0250-07-13-.06 REPEALED.**

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, 37-5-105, and 37-5-106; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001. Emergency rule filed September 11, 2015; expired March 9, 2016. Repeal filed May 16, 2024; effective August 14, 2024.

**0250-07-13-.07 REPEALED.**

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, 37-5-105, and 37-5-106; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001. Emergency rule filed September 11, 2015; expired March 9, 2016. Repeal filed May 16, 2024; effective August 14, 2024.

**0250-07-13-.08 REPEALED.**

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, 37-5-105, and 37-5-106; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001. Emergency rule filed September 11, 2015; expired March 9, 2016. Repeal filed May 16, 2024; effective August 14, 2024.

**0250-07-13-.09 REPEALED.**

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, 37-5-105, and 37-5-106; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001. Emergency rule filed September 11, 2015; expired March 9, 2016. Repeal filed May 16, 2024; effective August 14, 2024.

**0250-07-13-.10 REPEALED.**

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, 37-5-105, and 37-5-106; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001. Emergency rule filed September 11, 2015; expired March 9, 2016. Repeal filed May 16, 2024; effective August 14, 2024.

**0250-07-13-.11 REPEALED.**

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-117(g), 36-1-125, 36-1-141, 37-5-105, and 37-5-106; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001. Repeal filed May 16, 2024; effective August 14, 2024.

**0250-07-13-.12 CERTIFICATION OF SOCIAL COUNSELING FORM.**

- (1) The following form is used for certification of the completion of any social counseling requested pursuant to T.C.A. §36-1-111(k)(2)(E) by the person who is surrendering the child for adoption, or who is executing a parental consent to unrelated persons, and must be filed with the surrender or parental consent before the surrender is executed before the court by the surrendering person, or before an order of guardianship is entered based upon any surrender, or parental consent to unrelated persons.
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. §§ 36-1-101 et seq.
- (3) Form:



(Rule 0250-07-13-.12, continued)

**CERTIFICATION OF COMPLETION OF SOCIAL COUNSELING RELATED  
TO ADOPTION PLACEMENT DECISION BY PARENT(S)  
TENNESSEE CODE ANNOTATED, § 36-1-111(l)(1)**

If the person surrendering the child(ren) for adoption has requested that the prospective adoptive parent(s) provide social counseling with regard to the decision of that person to surrender the child for adoption, this certification form must be completed by the person who provided such counseling before the surrender is executed. See, T.C.A. § 36-1-111(l)(1). **NOTE:** This form may be modified for use outside the State of Tennessee as long as the information requested is provided in the modified form.

**STATE OF TENNESSEE OR ( \_\_\_\_\_ )**  
**COUNTY OF \_\_\_\_\_**

Being duly sworn according to law, affiant would state:

1. I am \_\_\_\_\_, (Name of Person Providing Social Counseling).
2. I was employed by, \_\_\_\_\_ (Name of person(s) employing counselor to provide social counseling to surrendering person) to provide counseling to \_\_\_\_\_ (Name of person to whom was provided) regarding the social issues \_\_\_\_\_ surrounding the decision by this person to place \_\_\_\_\_ (Name(s) of the child(ren)) for adoption.

This is to certify that during the course of social counseling the following issues have been addressed with

\_\_\_\_\_  
(Name of Birth/Legal Mother)

\_\_\_\_\_  
( Name of Birth/Legal Father)

\_\_\_\_\_  
(Legal Guardian)

who is before the Court (\_\_\_\_), Warden (\_\_\_\_), Officer (\_\_\_\_) to surrender the child

\_\_\_\_\_ for the purpose of adoption.  
(Name of Child)

Options/Decisions	Yes	No
To parent the child		
To place the child for the purpose of adoption		
Consequences of Decisions		
<b>Exploration of Support Systems</b>		
Family		
Friends		
Financial		
Employment/Education		
Child Support		
Public Assistance		
Birth Father/Mother Other (Identify)		
<b>Grief/Loss Issues Related to Options for:</b>		
Self		
Child		
Present Issues		
Future Issues		
Referral for further counseling		
<b>Exploring Parenting Option</b>		
Concept of Parenting		
Single Parenting		
Marriage Issues		
Present		
Future		
Financial/Employment/Child Support		

(Rule 0250-07-13-.12, continued)

Medical Insurance		
Housing		
Education plan for self		
Child care		
Future life goals/plans		
Needs of the child		
Basic (food, clothing, housing)		
Special needs		
Physical safety		
Emotional Development		
<b>Exploring Adoptive Placement</b>		
Agency placement (DHS & private)		
Independent placement		
Plan of birth/legal mother or father		
Identification/information about birth parent, custodial person/guardian		
Background information		
Termination of parental rights		
Voluntary/involuntary		
Revocation of surrender		
Involvement in adoption process		
Selection of family		
Openness		
Meeting adoptive family		
Continued contact		
Direct placement/foster care placement		
Adoptive family preparation		
Agency selection of family		
Oral/physical presentation of child		
Pre-placement activity process		
Placement/post-placement services		
Finalization/court process		
Post legal adoption services		
Access of adoption records		
Contact veto registry		

**SUMMARY OF COUNSELOR'S ASSESSMENT/RECOMMENDATION**

(If report is a separate document, please write "See attached" and attach report with this certification.)

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

FURTHER, AFFIANT SAITH NOT.

Please Print: \_\_\_\_\_  
 Person Providing Social Counseling  
 to Surrendering Person

Title: \_\_\_\_\_

Name of Agency, if Appropriate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

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

(Rule 0250-07-13-.12, continued)

## PARENT'S STATEMENT

The above counseling issues have been discussed with me. As a result of the issues addressed during this process and in what I believe to be the best interest of my child \_\_\_\_\_, I \_\_\_\_\_,

(Name of Child) (Birth/Legal Mother)

\_\_\_\_\_, or \_\_\_\_\_ have made the

(Birth/Legal Father) (Legal Guardian)

following plan for my child/ward. (Please Describe Your Decision/Plan):

**Please Print:** \_\_\_\_\_

(Name of Parent/Legal Guardian)

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-111(k)(l)(1)(m) and (o), 36-1-117(g), 36-1-125, and 36-1-141; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

**0250-07-13-.13 CERTIFICATION OF LEGAL COUNSELING.**

- (1) The following form is used for certification of the completion of any legal counseling requested pursuant to T.C.A. § 36-1-111(k)(2)(F) by the person who is surrendering the child for adoption or who is executing a parental consent to unrelated persons and must be filed with the surrender or parental consent before the surrender is executed before the court by the surrendering person, or before an order of guardianship is entered based upon a surrender or a parental consent to unrelated persons.
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. §§ 36-1-101 et seq.
- (3) Form:

**CERTIFICATION OF COMPLETION OF LEGAL COUNSELING RELATED  
TO ADOPTION PLACEMENT DECISION BY PARENT(S)  
TENNESSEE CODE ANNOTATED, § 36-1-111(l)(2) and (o)**

If the person surrendering the child(ren) for adoption, or executing a parental consent to unrelated persons, has requested that the prospective adoptive parent(s) provide legal counseling with regard to the decision of that person to surrender the child for adoption, this certification form must be completed by the attorney who provided such counseling before the surrender is executed or before an Order of Guardianship is entered based upon a surrender or parental consent. See, T.C.A. § 36-1-111(l)(2) and (o). **NOTE:** This form may be modified for use outside the State of Tennessee as long as the information requested is provided in the modified form.

**STATE OF TENNESSEE OR ( \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_**

Being duly sworn according to law, affiant would state:

1. I am \_\_\_\_\_, (Name of attorney providing legal counseling to surrendering person). I am licensed to practice law in the State of Tennessee (or such other State or Country as may be applicable. Please specify.) \_\_\_\_\_.  
My Board of Professional Responsibility Number (or other licensing registration number) is \_\_\_\_\_.
2. I was employed by, \_\_\_\_\_ (Name of person(s) employing attorney to provide legal counseling to surrendering person) to provide legal advice to \_\_\_\_\_ (Name of person to whom legal advice was rendered) regarding the legal issues surrounding the decision by this person to place \_\_\_\_\_ (Name(s) of the child(ren) for adoption.)

(Rule 0250-07-13-.13, continued)

3. I certify that I have completed an explanation of any questions posed by \_\_\_\_\_  
(Name of person to whom legal advice was rendered), and that legal counseling has been completed, and they have stated to me that they understand such issues and their rights, and that they wish to proceed with the plan to surrender the above-named child.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

FURTHER AFFIANT SAITH NOT.

Please Print: \_\_\_\_\_  
Attorney Providing Legal Counsel to  
Surrendering Person

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

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

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-111(k)(l)(2)(m) and (o), 36-1-117(g), 36-1-125, and 36-1-141; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

#### 0250-07-13-.14 PAYMENT DISCLOSURE FORM.

- (1) The following form contains information required by T.C.A. §36-1-116(b)(16) to be filed by the prospective adoptive parents with the adoption petition concerning payments made to birth parents and other persons related to the birth of the child, fees paid to child-placing agencies, to attorneys, for counseling for the parents, and for any other fees and expenses in relation to the child's placement with them, and may be filed as an exhibit to the petition.
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. §§ 36-1-101 et seq.
- (3) Form:

#### PAYMENT DISCLOSURE FORM FOR USE IN PETITION FOR ADOPTION TENNESSEE CODE ANNOTATED, § 36-1-116(b)(16)

This form must be filed with the adoption petition. See, T.C.A. § 36-1-116(b)(16).

STATE OF TENNESSEE

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

Being duly sworn according to law, affiant(s) would state:

1. I am/We are \_\_\_\_\_ (Name of Prospective Adoptive Mother) and \_\_\_\_\_ (Name of Prospective Adoptive Father), the petitioner(s) seeking the adoption of \_\_\_\_\_ (Name of Child) pursuant to a petition for adoption filed in the \_\_\_\_\_ Court for \_\_\_\_\_, County, Tennessee.
2. I/We have paid or promised to pay the following money, fees, contributions, or other remuneration or thing of value in the connection with the birth, placement, or adoption of this child (Attach additional sheets as necessary):

(Rule 0250-07-13-.14, continued)

a. Medical or hospital expenses of birth mother and child.(Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;
- (2) The specific amount of payments, contributions, fees, or value of things given; and,
- (3) The specific purpose of payments, contributions, fees, or other things of value:

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b. Other birth-related expenses (Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;
- (2) The specific amount of payments, contributions, fees, or value of things given; and,
- (3) The specific purpose of payments, contributions, fees, or other things of value:

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c. Expenses paid to or on behalf of the child's parent(s) including, but not limited to, housing, food, maternity clothing, child's clothing, utilities, transportation (Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;
- (2) The specific amount of payments, contributions, fees, or value of things given; and,
- (3) The specific purpose of payments, contributions, fees, or other things of value:

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d. Fees or payments paid to any attorney-at-law and other costs of legal proceedings in connection with the birth, placement, or litigation for the adoption of this child (Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;
- (2) The specific amount of payments, contributions, fees, or value of things given; and,
- (3) The specific purpose of payments, contributions, fees, or other things of value:

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e. Counseling paid for on behalf of the birth or prospective adoptive parent(s) or child (Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;
- (2) The specific amount of payments, contributions, fees, or value of things given; and,
- (3) The specific purpose of payments, contributions, fees, or other things of value:

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f. Fees or payments paid to any licensed child-placing agency or licensed clinical social worker (Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;

(Rule 0250-07-13-.14, continued)

- (2) The specific amount of payments, contributions, fees, or value of things given; and,  
 (3) The specific purpose of payments, contributions, fees, or other things of value:

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- g. Any other money, fees, contributions, or other remuneration or thing of value in connection with the birth, placement, or adoption of this child, given or paid, to the child's parent(s) or family member(s) (Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;  
 (2) The specific amount of payments, contributions, fees, or value of things given; and,  
 (3) The specific purpose of payments, contributions, fees, or other things of value:

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FURTHER AFFIANT(S) SAITH NOT.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Please Print: \_\_\_\_\_  
 Prospective Adoptive Mother

Signature: \_\_\_\_\_

Please Print: \_\_\_\_\_  
 Prospective Adoptive Father

Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC

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

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-116(b)(16), 36-1-125, and 36-1-141; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

### 0250-07-13-.15 ADOPTION CONSENT FORM FOR MINOR WHO IS FOURTEEN (14) YEARS OF AGE.

- (1) The following form is used to obtain the consent of a child who is fourteen (14) years of age or older to his or her adoption as required by T.C.A. § 36-1-117(i).  
 (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. §§ 36-1-101 et seq.  
 (3) Form:

(Rule 0250-07-13-.15, continued)

**CONSENT TO ADOPTION BY MINOR WHO IS FOURTEEN (14) YEARS OF  
AGE OR OLDER  
TENNESSEE CODE ANNOTATED, § 36-1-117(i)**

**STATE OF TENNESSEE****COUNTY OF \_\_\_\_\_**

Being duly sworn according to law, affiant would state:

1. I am \_\_\_\_\_, (Use the Name of Minor Child Prior to Any Name Change Requested in the Petition, Fourteen (14) Years of Age or Older), Born \_\_\_\_\_ (Date of Birth).
2. I understand that \_\_\_\_\_, (Name of Prospective Adoptive Mother), and \_\_\_\_\_, (Name of Prospective Adoptive Father) have filed a Petition to adopt me.
3. I understand that if the Court enters an order of adoption based upon the Petition, that I will become the legal child of \_\_\_\_\_, (Name of Prospective Adoptive Mother), and \_\_\_\_\_, (Name of Prospective Adoptive Father), and that they will become my parent(s) for all purposes, just the same as if I had originally been born to them (him/her).
4. I understand that, while I remain under eighteen (18) years of age, my adoptive parent(s) will have the right to determine if I should contact or visit with anyone in my birth family.
5. I understand that I will have the right to inherit property from my adoptive parent(s), and their (his/her) descendants will have the right to inherit property from me or my descendants but only for property I acquire after the adoption order is entered. After the order of adoption is entered, I will not inherit property from my birth family, nor will they inherit property from me after the order of adoption is entered. I may inherit from or through a parent whose rights were not terminated before his or her death.
6. No one has pressured me to agree to this adoption, and I believe that my adoption by \_\_\_\_\_, (Name of Prospective Adoptive Mother), and \_\_\_\_\_, (Name of Prospective Adoptive Father), is in my best interests. I wish for the adoption to take place.
7. I freely and voluntarily, without pressure from anyone, consent to this adoption.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

FURTHER AFFIANT SAITH NOT

Please Print: \_\_\_\_\_  
Name of Minor Child

Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Please Print: \_\_\_\_\_  
\_\_\_\_ Chancellor \_\_\_\_ Circuit Judge of the  
\_\_\_\_ Court for \_\_\_\_\_  
County, Tennessee.

Signature: \_\_\_\_\_

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-117(i), 36-1-125, and 36-1-141; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001. Amendment filed March 10, 2005; effective July 29, 2005.

**0250-07-13-.16 ADOPTION CONSENT FORM FOR USE BY GUARDIAN AD LITEM FOR MINOR WHO IS FOURTEEN (14) YEARS OF AGE AND WHO IS MENTALLY DISABLED.**

- (1) The following form is used to obtain the consent of a guardian ad litem of a mentally disabled child who is fourteen (14) years of age or older for the adoption of that child as required by T.C.A § 36-1-117(i).

(Rule 0250-07-13-.16, continued)

- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. §§ 36-1-101 et seq.
- (3) Form:

**CONSENT BY GUARDIAN AD LITEM TO ADOPTION OF MENTALLY  
DISABLED MINOR WHO IS FOURTEEN (14) YEARS OR OLDER  
TENNESSEE CODE ANNOTATED, § 36-1-117(i)**

**STATE OF TENNESSEE**  
**COUNTY OF \_\_\_\_\_**

Being duly sworn according to law, affiant would state:

1. I am, \_\_\_\_\_, Guardian Ad Litem for the minor child,  
\_\_\_\_\_, who is fourteen (14) years of age or older and is mentally disabled.
2. I have been appointed by this Court to represent the best interests of this child in the petition for his/her adoption by  
\_\_\_\_\_, (Name of Prospective Adoptive Mother), and  
\_\_\_\_\_, (Name of Prospective Adoptive Father). \* See Note Below
3. I have investigated the circumstances of the proposed adoption, and have attached hereto my written report giving the basis  
for my decision to give or withhold consent to the adoption of this child by the petitioners.
4. Based upon my investigation and report, I ☐ give consent / ☐ withhold consent to the adoption of  
\_\_\_\_\_, (Name of Child) by the petitioners.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

FURTHER AFFIANT SAITH NOT.

Please Print: \_\_\_\_\_  
(Name of Guardian Ad Litem)  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

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

**NOTE TO THE COURT:**

A guardian ad litem must be appointed by the court to represent the child before this consent is received, and must be present at the time the consent is received by the Court. The consent shall be filed with the record of this case. The consent must be recited in the order of adoption T.C.A. § 36-1-117(i).

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-117(i), 36-1-125, and 36-1-141; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001. Amendment filed March 10, 2005; effective July 29, 2005.

**0250-07-13-.17 ADOPTION CONSENT FORM FOR USE BY GUARDIAN AD LITEM, GUARDIAN OR CONSERVATOR FOR ADULT WHO IS BEING ADOPTED AND WHO IS MENTALLY DISABLED.**

- (1) The following form is used to obtain the consent of a guardian ad litem or guardian or conservator to the adoption of a mentally disabled adult as required by T.C.A § 36-1-117(j).



(Rule 0250-07-13-.17, continued)

- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. §§ 36-1-101 et seq.
- (3) Form:

**CONSENT BY GUARDIAN AD LITEM, GUARDIAN OR CONSERVATOR  
TO ADOPTION OF MENTALLY DISABLED ADULT  
TENNESSEE CODE ANNOTATED, § 36-1-117(j)**

**STATE OF TENNESSEE**  
**COUNTY OF \_\_\_\_\_**

Being duly sworn according to law, affiant would state:

1. I am, \_\_\_\_\_, Guardian Ad Litem, Guardian or Conservator for, \_\_\_\_\_, an adult who is mentally disabled.
2. (Guardian Ad Litem only) I have been appointed by this Court to represent the best interests of this disabled adult in the petition for his/her adoption by \_\_\_\_\_, (Name of Prospective Adoptive Mother), and \_\_\_\_\_, (Name of Prospective Adoptive Father).
3. (Guardian Ad Litem only) I have investigated the circumstances of the proposed adoption, and have attached hereto my written report giving the basis for my decision to give or withhold consent to the adoption of this disabled adult by the petitioners.
4. (Guardian Ad Litem only) Based upon my investigation and report, I  
☐ give consent / ☐ withhold consent to the adoption of \_\_\_\_\_, (Name of Disabled Adult) by the petitioners.
5. As Guardian or Conservator, I ☐ give consent/ ☐ withhold consent to the adoption of \_\_\_\_\_, (Name of Disabled Adult) by the petitioners.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

FURTHER AFFIANT SAITH NOT.

Please Print: \_\_\_\_\_  
(Name of Guardian Ad Litem,  
Guardian or Conservator)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

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

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-117(j), 36-1-125, and 36-1-141; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

**0250-07-13-.18 FEE DISCLOSURE FORM FOR AGENCY OR LICENSED CLINICAL SOCIAL WORKER.**

- (1) The following form is to be used by a licensed child-placing agency or a licensed clinical social worker to disclose, as required by T.C.A. § 36-1-120(b), the fees charged to the

(Rule 0250-07-13-.18, continued)

prospective adoptive parents, and must be filed with the proposed order of adoption prior to the entry of the order by the Court.

- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. §§ 36-1-101 et seq.

- (3) Form:

**LICENSED CHILD-PLACING AGENCY OR LICENSED CLINICAL SOCIAL  
WORKER FEE DISCLOSURE STATEMENT  
TENNESSEE CODE ANNOTATED, § 36-1-120(b)**

This affidavit must be filed by the licensed child-placing agency or the licensed clinical social worker with the proposed adoption order prior to entry of the order by the Court.

See, T.C.A. 36-1-120(b).

**STATE OF TENNESSEE  
COUNTY OF \_\_\_\_\_**

Being duly sworn according to law, affiant would state:

1. I am \_\_\_\_\_, an authorized representative of \_\_\_\_\_, (Name of Licensed Child-Placing Agency) [or] \_\_\_\_\_, (Name of Licensed Clinical Social Worker).
2. My agency [or I] has [have] charged \_\_\_\_\_  
(Names of Prospective Adoptive Parent(s)) the following fees or other charges involving the placement of the child(ren):  
\_\_\_\_\_  
(Names of Child(ren))  
a. State first the service(s) rendered in the placement of the child(ren) with the petitioner(s) immediately followed by  
b. The fees charged petitioner(s) for each specific service. (Attach additional sheets if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. My agency [or I] has [have] charged \_\_\_\_\_  
(Names of Prospective Adoptive Parent(s)) the following fees or other charges involving home studies of the prospective adoptive parent(s):  
a. State first the service(s) rendered in conducting home studies of the petitioner(s) immediately followed by  
b. The fees charged petitioner(s) for each specific service. (Attach additional sheets if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. My agency [or I] has [have] charged \_\_\_\_\_  
(Names of Prospective Adoptive Parent(s)) the following fees or other charges involving supervision of the placement of the child(ren) in the home of the prospective adoptive parent(s):  
a. State first the service(s) rendered in conducting supervision of the child's (children's) placement in the home of the petitioner(s) immediately followed by  
b. The fees charged petitioner(s) for each specific service. (Attach additional sheets if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

FURTHER AFFIANT SAITH NOT.

(Rule 0250-07-13-.18, continued)

Please Print: \_\_\_\_\_  
 Authorized Representative of Licensed  
 Child-Placing Agency/or Licensed  
 Clinical Social Worker

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC

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

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-120(b), 36-1-125, and 36-1-141; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

#### 0250-07-13-.19 FEE DISCLOSURE FORM FOR ATTORNEY.

- (1) The following form is used to by an attorney to disclose, as required by T.C.A. § 36-1-120(b), the fees charged to the prospective adoptive parents, and must be filed with the proposed order of adoption prior the entry of the order by the Court.
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. §§ 36-1-101 et seq.
- (3) Form:

#### ATTORNEY FEE DISCLOSURE AFFIDAVIT TENNESSEE CODE ANNOTATED, § 36-1-120(b)

This affidavit must be filed by the attorney representing the petitioners with the proposed adoption order prior to entry of the order by the Court. See, T.C.A. § 36-1-120(b).

STATE OF TENNESSEE  
 COUNTY OF \_\_\_\_\_

Being duly sworn according to law, affiant would state:

1. I am \_\_\_\_\_, attorney for petitioners  
 \_\_\_\_\_ (Names of Prospective Adoptive Parents) in the adoption  
 proceeding styled: \_\_\_\_\_ which is filed in the  
 \_\_\_\_\_ Court for \_\_\_\_\_, County, Tennessee in which they (he/she) have sought to adopt  
 \_\_\_\_\_  
 (Name(s) of Child(ren)), and in which the Court has ordered the entry of an order of adoption pursuant to that petition.
2. The following are fees charged by me or persons who are employed, contracted by, or associated with me for services rendered for the placement of the child(ren) with the Petitioner(s). (Attach additional sheets if necessary):
  - a. State first the service(s) rendered in the placement of the child(ren) with the petitioner(s) immediately followed by
  - b. The specific fees charged petitioner(s) for each service:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Rule 0250-07-13-.19, continued)

3. The following are fees charged by me or persons who are employed, contracted by, or associated with, me for legal services rendered to Petitioner(s) in the adoption proceedings involving the child(ren): (Attach additional sheets if necessary):

- a. State first the legal service(s) rendered in the proceedings for the adoption of the child(ren) by the petitioner(s) immediately followed by
- b. The specific fees charged petitioner(s) for each service:

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4. The following are fees paid by me or persons who are employed, contracted by, or associated with, me to any other person or entity for services rendered in securing the placement of the child(ren) with the petitioners or for securing any services related to securing any home studies or surrender of the child(ren):

- a. State first the services rendered by persons or entities whose services assisted in securing the child's (children's) placement, or for securing a home study or surrender of the child(ren) followed immediately by,
- b. The specific amount of the fees paid for each service to that person or entity:

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This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

FURTHER AFFIANT SAITH NOT.

Please Print: \_\_\_\_\_  
 Attorney for Petitioner(s)  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC

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

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-120(b), 36-1-125, and 36-1-141; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

#### 0250-07-13-.20 RELEASE OF INFORMATION FORM FOR UPDATED MEDICAL INFORMATION.

- (1) The following form is used when a request for medical information is made by an adopted person or by a biological or legal relative or the legal representative of the adopted person and they have provided written evidence from a licensed health care professional or a licensed health care facility of a medically established need for additional or updated medical information pursuant to T.C.A. § 36-1-135, and the Department of Children's Services in these matters, is contacting the persons who have access or who may have access to those records.
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. §§ 36-1-101 et seq.

(Rule 0250-07-13-.20, continued)

(3) Form:

**RELEASE OF INFORMATION FOR UPDATED MEDICAL INFORMATION  
TENNESSEE CODE ANNOTATED, § 36-1-135(c)**

This Release of Information should be used when a request for medical information has been made by an adopted person or by a biological or legal relative or the legal representative of the adopted person and they have provided written evidence from a licensed health care professional or a licensed health care facility of a medically established need for additional or updated medical information about an adopted person, or their biological or legal relatives and the Department of Children's Services is contacting the persons who have access to or have or may have knowledge of such information. See, T.C.A. 36-1-135.

I, \_\_\_\_\_, (Name of Person Executing the Release) have been told by the Tennessee Department of Children's Services that a person eligible to request updated medical, psychological, or psychiatric information has requested additional or updated medical, psychological, or psychiatric information to which I may have access or of which I may have knowledge.

I understand that if I have authority to release such information, that such release is entirely voluntary on my part.

1. I hereby release the following specific information to the Tennessee Department of Children's Services and its authorized agents to provide such information about me to the treating professionals or health care facilities for the purpose of assisting with the medical, psychological, or psychiatric care of the requesting party (Attach additional sheets if necessary):

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2. Names and addresses of treating professionals or health care facilities from whom the information may be released pursuant to my approval (Attach additional names if necessary):

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

f. \_\_\_\_\_

3. Other than the specific information given above, I wish to share other medical information about me and/or other relatives: (If information is given about other relatives, please specify their relationship to you.)

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4. This release shall expire in four (4) months from date of my signature unless otherwise stated here \_\_\_\_\_. Thereafter a new release must be executed for further release of additional or updated medical information.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Please Print: \_\_\_\_\_  
Name of Person Signing Release

Signature: \_\_\_\_\_

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-125, 36-1-135, and 36-1-141; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

**0250-07-13-.21 CONSENT BY A LICENSED CHILD-PLACING AGENCY OR BY THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES FOR ADOPTION OF A CHILD**

- (1) The following form is to be used by a licensed child-placing agency, the Tennessee Department of Children's Services or an agency such as another state or federal agency to

(Rule 0250-07-13-.21, continued)

give consent to the adoption of a child by the prospective adoptive parent(s) to the extent that the agency or Department has either full or partial guardianship based upon a surrender, or other relinquishment of parental rights, or by a termination of those rights by involuntary court action.

(2) Form:

**CONSENT BY A LICENSED CHILD-PLACING AGENCY OR BY THE TENNESSEE  
DEPARTMENT OF CHILDREN'S SERVICES FOR ADOPTION OF A CHILD  
T.C.A. §§ 36-1-116(b)(11) and 117(h)**

STATE OF ( )  
COUNTY OF ( )

First being duly sworn according to law, affiant would state:

1. I am, \_\_\_\_\_, Executive Head of \_\_\_\_\_  
\_\_\_\_\_ (a licensed child-placing agency); or an authorized representative of the  
Tennessee Department of Children's Services; or an authorized representative of  
\_\_\_\_\_, a state or federal agency with the right to place the child for  
adoption \_\_\_\_\_, (Legal Name of Child) D.O.B. \_\_\_\_\_.
2. My agency or department holds \_\_\_ full or \_\_\_ partial guardianship of the child by a surrender or relinquishment of rights by one  
or both parents or guardians of the child, or by termination of the parental or guardianship rights of one or both parents or  
guardians.
3. I am authorized by my agency to give consent to the adoption of this child by:  
  
\_\_\_\_\_ Prospective Adoptive Mother  
  
\_\_\_\_\_ Prospective Adoptive Father
4. On behalf of my agency, and to the extent of my agency's full or partial guardianship of:  
\_\_\_\_\_ (Child's Name), I give consent to the adoption of this child by the  
above prospective adoptive parent(s).

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

FURTHER AFFIANT SAITH NOT.

**Print Name:**\_\_\_\_\_  
Name of Person Authorized to Give Consent\_\_\_\_\_  
Title**Signature:**

\_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

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

**Authority:** T.C.A. §§ 4-5-201, et seq., 36-1-116(b)(11), 36-1-117(h), and 36-1-141; Public Chapter 532 (1995); and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.