

**WAIVER OF RIGHT TO REVOKE RELINQUISHMENT
AGENCY ADOPTION PROGRAM**

*Original: CDSS
Copy: Birth Parent
Copy: Case Record*

NOTE TO BIRTH PARENT: Do not sign this form unless you want to permanently relinquish your child for adoption. By signing this form you are ending your right to revoke the relinquishment that you signed.

On _____, I signed a relinquishment for adoption ("the relinquishment") in which I agreed to
DATE
relinquish my child, _____,
CHILD'S NAME AS SHOWN ON RELINQUISHMENT
born on _____, to _____.
DATE OF BIRTH NAMES OF ADOPTION AGENCY

In the Statement of Understanding, I understand I have options for when my relinquishment may be filed and acknowledged by the California Department of Social Services (CDSS). If I choose to have the relinquishment filed immediately, I understand it may take up to 10-business days for the CDSS to file and acknowledge my relinquishment. During this period, prior to the CDSS issuing an acknowledgement, I indicate that I understand I may revoke my relinquishment.

Birth parent must initial the following statements:

INITIAL I understand that by signing this form I am waiving the holding period and therefore making the relinquishment for adoption permanent and irrevocable effective immediately, or at the close of the next business day as noted in "Birth parent must initial one of the following statements."

INITIAL I understand this waiver will become void if either of the following occurs: the relinquishment is determined to be invalid or the relinquishment is revoked during any holding period indicated in the Statement of Understanding I signed.

INITIAL I understand that by signing this form I will not be able to gain custody of my child unless, after CDSS has acknowledged my relinquishment, I request that it be rescinded and the adoption agency agrees that my relinquishment may be rescinded.

Birth parent must initial one of the following statements:

INITIAL If signing in front of a Judicial Officer, the CDSS or delegated county representative within or outside of California, I understand this waiver becomes effective immediately.

INITIAL If signing this form in front of an authorized representative of a licensed private adoption agency within or outside of California, I understand I have until _____ on _____, _____,
TIME DAY OF WEEK MONTH/DAY/YEAR
which is the end of the next business day following the signing of the waiver, to request the waiver be withdrawn. If I decide to withdraw this waiver, I must contact the adoption agency by phone at
() _____ or in person at _____.
ADDRESS

SIGNATURE OF BIRTH PARENT DATE SIGNED

- PLEASE TURN PAGE OVER -

