

**WAIVER OF RIGHT TO REVOKE CONSENT  
INDEPENDENT ADOPTION PROGRAM**

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

**NOTE TO BIRTH PARENT:** Do not sign this form unless you want the adopting parent(s) named below to adopt your child. By signing this form you are ending your right to revoke the independent adoption placement agreement or consent to adoption that you signed.

On \_\_\_\_\_, I signed an independent adoption placement agreement or a consent to adoption ("the  
DATE CONSENT SIGNED  
consent") in which I agreed to the adoption of my child, \_\_\_\_\_,  
CHILD'S NAME AS SHOWN ON CONSENT  
born on \_\_\_\_\_, by \_\_\_\_\_ . In this  
DATE OF BIRTH NAMES OF PETITIONER(S)/PROSPECTIVE ADOPTIVE PARENT(S)

consent, I stated that I understood that I may revoke the consent during the 30-day period beginning on the date the consent was signed.

**Birth parent must initial the following statements:**

\_\_\_\_\_  
INITIAL I understand that by signing this form I am waiving the 30-day waiting period and therefore making the consent a permanent and irrevocable consent to adoption.

\_\_\_\_\_  
INITIAL I understand that by signing this form I will not be able to gain custody of my child unless the petitioner(s)/prospective adoptive parent(s) agree(s) to withdraw the petition for adoption or the court denies the adoption petition.

**Birth parent must initial one of the following statements:**

\_\_\_\_\_  
INITIAL If signing in front of a Judicial Officer, Department or Delegated County representative within California, I understand this waiver becomes effective immediately.

\_\_\_\_\_  
INITIAL If signing in front of a Judicial Officer, Adoptions Service Provider (ASP) or an adoption agency representative outside of California, I understand this waiver becomes effective immediately.

\_\_\_\_\_  
INITIAL If signing this form in front of an ASP within California, I understand I have until \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_, which is the end of the business day following the signing of this  
DAY OF WEEK MONTH/DAY/YEAR  
waiver, to request the waiver be withdrawn. If I decide to withdraw this consent, I must contact the ASP by phone at ( ) \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF BIRTH PARENT DATE SIGNED

**- PLEASE TURN PAGE OVER -**

**WAIVER OF RIGHT TO REVOKE CONSENT  
INDEPENDENT ADOPTION PROGRAM - CONTINUED**

**THIS SECTION TO BE COMPLETED BY WITNESS**

I, \_\_\_\_\_, have witnessed the signing of this Waiver of Right to Revoke Consent by \_\_\_\_\_ on \_\_\_\_\_  
BIRTH PARENT DATE  
in \_\_\_\_\_, \_\_\_\_\_  
CITY STATE

(See Family Code Section 8814.5)

**Witness in California: I am**

- A representative of the California Department of Social Services. Date of interview with birth parent: \_\_\_\_\_.
- A representative of the \_\_\_\_\_, a delegated county adoption agency. Date of interview with birth parent: \_\_\_\_\_.
- A judicial officer of \_\_\_\_\_ California court of record.
- An ASP. (The waiver may be signed in the presence of an ASP only if the birth parent or parents are represented by independent legal counsel). I have informed the birth parent or parents of the time period that he/she/they may request the waiver be withdrawn. The interview was conducted by \_\_\_\_\_, the independent legal counsel for the birth parent(s), on \_\_\_\_\_. (A copy of the independent legal counsel's certification is attached).

**Witness outside of California: I am**

- A representative of \_\_\_\_\_, an adoption agency licensed or otherwise approved under the laws of the state of \_\_\_\_\_, the state where the waiver of right to revoke consent is being signed.
- An individual licensed or otherwise certified as a clinical social worker under the laws of \_\_\_\_\_, the state where the waiver of right to revoke consent is being signed.
- A judicial officer of the \_\_\_\_\_, a court of record in the state of \_\_\_\_\_, the state where the waiver of right to revoke consent is being signed and where the birth parent is represented by independent legal counsel.

**NOTE:** The waiver may be signed outside of California only if the birth parent resides outside of California or is located outside of California for an extended period of time unrelated to the adoption.

NAME OF WITNESS	SIGNATURE OF WITNESS
ADDRESS:	TELEPHONE:

**To be completed by independent legal counsel for the birth parent(s) when signing in front of a California ASP.**

I am the independent legal counsel who represents the birth parent and I have reviewed this waiver

NAME	SIGNATURE
ADDRESS	PHONE NUMBER ( )