

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
COUNTY DEPARTMENT, COUNTY DIVISION

IN THE MATTER OF THE ADOPTION OF

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

No. \_\_\_\_\_

FINAL AND IRREVOCABLE CONSENT TO ADOPTION  
BY A SPECIFIED PERSON OR PERSONS; NON-DCFS CASE  
(2723  Father 2724  Mother)

I, \_\_\_\_\_ state:

1. That I am the mother/father of \_\_\_\_\_, a female/male child born on the \_\_\_\_\_ day of \_\_\_\_\_ in the City of \_\_\_\_\_, in the County of \_\_\_\_\_, State of \_\_\_\_\_.
2. That I live at \_\_\_\_\_, City/Town of \_\_\_\_\_, County of \_\_\_\_\_, and State of \_\_\_\_\_.
3. That I am \_\_\_\_\_ years old.
4. That I hereby enter my appearance in this proceeding and waive service of summons on me.
5. That I hereby acknowledge that I have been provided a copy of the Birth Parents' Rights and Responsibilities - Private Form before signing this Consent and that I have had time to read it, or have had it read to me, and that I understand the Rights and Responsibilities described in this Form. I understand that if I do not receive any of the rights described in said Form that does not constitute a basis to revoke this Final and Irrevocable Consent to Adoption by a Specified Person or Persons; Non-DCFS Case.
6. That I do hereby consent and agree to the adoption of such child named above by Petitioner(s) \_\_\_\_\_ only (hereinafter "petitioner(s)").
7. That I wish to and understand that upon signing this consent I do irrevocably and permanently give up all custody and other parental rights I have to such child if such child is adopted by petitioner(s). I hereby transfer all of my rights to the custody, care and control of such child to petitioner(s).
8. That I understand the child named above will be adopted by the petitioner(s) and that I cannot under any circumstances, after signing this document, change my mind and revoke or cancel this consent or obtain or recover custody or any other rights to this child if petitioner(s) adopt(s) this child PROVIDED the petitioner(s) have filed or shall file, within 60 days a petition for adoption of the child named above.
9. That if the petitioner(s) does/do not file a petition for adoption within the time-frame specified above, or, if said petition for adoption is filed within the time-frame specified above but the adoption petition is dismissed with prejudice or the adoption proceeding is otherwise concluded without an order declaring the child to be the adopted child of the petitioner(s), I understand that I may request that the Court declare this consent voidable and return the child to me. I further understand that the Court will make the final decision as to whether or not the child will be returned to me.

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

- 10. That I understand that I must request the return of the child named above to me within ten (10) business days from the date that written notice is sent to me. If I do not make this request within ten (10) days of the date of notice, then I expressly waive any other notice or service of process in any legal proceeding for the adoption of the child.
- 11. That I expressly acknowledge that nothing in this Consent impairs the validity and absolute finality of this Consent under any circumstance other than those described in paragraph 9 of this Consent.
- 12. That I acknowledge that this Consent is valid even if the specified person(s) separate or divorce or one of the specified person(s) dies prior to the entry of the final judgment for adoption.
- 13. That I understand that I have a remaining duty and obligation to keep  
\_\_\_\_\_  
\_\_\_\_\_  
(insert name and contact information for attorney representing adoptive parent(s)), informed of my current address or other preferred contact information until this adoption has been finalized. My failure to do so may result in the termination of my parental rights and the child being placed for adoption in another home.
- 14. That I do expressly waive any other notice or service of process in any of the legal proceedings for the adoption of the child as long as the adoption proceeding by the specified person or persons is pending.
- 15. That I have read and understand the above and I am signing it as my free and voluntary act.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_ o'clock a.m./p.m.

\_\_\_\_\_  
Signature of Biological Parent

\_\_\_\_\_  
Address of Biological Parent

\_\_\_\_\_  
Telephone Number of Biological Parent

\_\_\_\_\_  
Personal Email of Biological Parent

I, \_\_\_\_\_ (name of judge) Judge of the Circuit Court of Cook County, Illinois, do hereby certify \_\_\_\_\_, personally known to me to be the same person who subscribed to the foregoing Final and Irrevocable Consent for Adoption by a Specified Person or Persons-non-DCFS Case, appeared before me this day in person and acknowledged that s/he signed and delivered such consent as his/her free and voluntary act, for the specified purpose. I am further satisfied that, before signing this Consent, he or she has read, or has had read to him or her, the Birth Parent Rights and Responsibilities - Private Form.

I have fully explained that by signing such consent s/he is irrevocably relinquishing all parental rights to such child and s/he has stated that such is her/his intention and desire.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Judge's No.

\_\_\_\_\_  
Seal of Court or Clerk

**Birth Parent's Rights and Responsibilities-Private Form**

As a Birth Parent in the State of Illinois, you have the right:

1. To have your own attorney represent you. The prospective adoptive parents may agree to pay for the costs of your attorney in a manner consistent with Illinois law, but they are not required to do so.
2. To be treated with dignity and respect at all times and to make decisions free from coercion and pressure.
3. To receive counseling before and after signing a Final and Irrevocable Consent to Adoption ("Consent"), a Final and Irrevocable Consent to Adoption by a Specified Person or Persons: Non DCFS Case ("Specific Consent"), or a Consent to Adoption of Unborn Child ("Unborn Consent"). The prospective adoptive parents may agree to pay for the cost of counseling in a manner consistent with Illinois law, but they are not required to do so.
4. To ask to be involved in choosing your child's prospective adoptive parents and ask to meet them.
5. To ask your child's prospective adoptive parents any questions that pertain to your decision to place your child with them.
6. To see your child before signing a Consent or Specific Consent.
7. To request contact with your child and/or the child's prospective adoptive parents, with the understanding that any promises regarding contact with your child or receipt of information about the child after signing a Consent, Specific Consent, or Unborn Consent cannot be enforced under Illinois law.
8. To receive copies of all documents that you sign and have those documents provided to you in your preferred language.
9. To request that your identifying information remain confidential, unless required otherwise by Illinois law or court order, and to register with the Illinois Adoption Registry and Medical Information Exchange.
10. To work with an adoption agency or attorney of your choice, or change said agency or attorney, provided you promptly inform all of the parties currently involved.
11. To receive, upon request, a written list of any promised support, financial or otherwise, from your attorney or the attorney for your child's prospective adoptive parents.
12. To delay signing a Consent, Specific Consent or Unborn Consent if you are not ready to do so.
13. To decline to sign a Consent, Specific Consent, or Unborn Consent even if you have received financial support from the prospective adoptive parents. If you do not receive any of the rights described in this Form, it shall not be a basis to revoke a Consent, Specific Consent, or Unborn Consent.

As a Birth Parent in the State of Illinois, you have the responsibility:

1. To carefully consider your reasons for choosing adoption.
2. To voluntarily provide all known medical, background and family information about yourself and your immediate family to your child's prospective adoptive parents or their attorney. For the health of your child, you are strongly encouraged, but not required, to provide all known medical, background, and family history information about yourself and your family to your child's prospective adoptive parents or their attorney.
3. (Birth mothers only) To accurately complete an Affidavit of Identification, which identifies the father of the child when known, with the understanding that a birth mother has a right to decline to identify the birth father.
4. To not accept financial support or reimbursement of pregnancy related expenses simultaneously from more than one source.

---

Initials