

## BIRTH PARENTS' RIGHTS AND RESPONSIBILITIES IN ILLINOIS

*This document does not constitute legal advice. Legal advice is dependent on the specific circumstances of each situation and jurisdiction. The information in this document is an overview and does not cover all cases or facets of adoption law in Illinois. It cannot replace the advice of an attorney licensed in your state.*

### RIGHTS OF BIRTH PARENTS IN AGENCY ADOPTIONS

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

1. To be treated with dignity and respect at all times and to make decisions free from coercion or pressure.
2. To work with social service agencies, including those providing public assistance, while you are in the process of deciding whether to place your child for adoption or to parent your child. These agencies may be able to provide you with assistance regardless of your decision.
3. 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.([www.dph.illinois.gov](http://www.dph.illinois.gov))
4. To receive counseling before and after relinquishing your parental rights.
5. To be advised that your and your families' non-identifying social, medical and mental health information will always be shared in an agency-assisted adoptions.
6. To request to choose your child's adoptive parents and request to meet them prior to placement; or, to choose another agency if your request cannot be honored.
7. To request contact with your child and/or the child's prospective adoptive parents, with the understanding that any promise regarding contact with your child or receipt of information about the child after signing a Surrender, Designated Surrender or Unborn Surrender cannot be enforced under Illinois law.
8. To have access to your child in the hospital and/or before signing a Surrender or Designated Surrender.  
**Please note:** If you are a birth father and are not married to the birth mother, you will generally need the permission and agreement of the birth mother to have access to the child.
9. To receive copies of all documents that you sign and have them provided to you in your preferred language.

Birth Parent's Initials \_\_\_\_\_

Witness' Initials \_\_\_\_\_

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- 10. To work with an adoption agency of your choice, or change said agency, provided you promptly inform all of the parties involved.
- 11. To request help with reasonable pregnancy related expenses permitted by law and to receive, upon request, a written list of any promised support. If you have received financial assistance during your pregnancy from an agency or adoptive parent, you are under no obligation to place your child for adoption or to repay financial support received.
- 12. To receive a copy of the agency’s Department of Children and Family Services (“DCFS”) annual report ([www.DCFS.illinois.gov](http://www.DCFS.illinois.gov)) and a copy of the agency’s written grievance/complaint policy and adoption services.
- 13. To request your own attorney of your choice at no cost to you. In some cases the parties with whom you are working may be able to pay your legal expenses or provide you with an attorney. Having an attorney provided to you, or retained by you at your own expense, is not required. If you do work with an attorney, you should ask if he or she has any financial, business or other relationship with the agency or adoptive parents. An attorney may not represent both you and the adoptive parents or the agency at the same time.

**FINAL AND IRREVOCABLE SURRENDERS AND CONSENTS TO ADOPTION IN ILLINOIS**

**14. Birth Mothers:** Under Illinois law, the first point at which you may relinquish your parental rights is 72 hours after the birth of your child. You may sign:

- A Final and Irrevocable Surrender or Consent for the Purposes of Adoption (“Surrender” or “Consent”).
- A Final and Irrevocable Designated Surrender or Consent for the Purposes of Adoption (“Designated Surrender or Designated Consent”), or
- A Final and Irrevocable Consent to Adoption by Specified Person or Persons, Non-DCFS case (“Specified Consent”)

Before signing one of the above documents, you should know that:

- A. Once you have signed the document relinquishing your rights as indicated above, it is final and irrevocable.
- B. You are not obligated to relinquish your rights for adoption if you have any hesitation or doubt about your decision to place your child for adoption.
- C. You can request more time to make your decision and you can request that the agency you are working with provide you with short-term temporary care of your child during your decision-making time. However, the agency is not required to provide this service to you.

**15. Birth mother’s identification of birth father:** In order to have a secure adoption plan, it is in the best interests of the child for you to identify the child’s father. It is important to tell the truth about who the father is when a child is placed for adoption.

- When you sign an Illinois surrender or consent to adoption, as a birth mother, you will also fill out an “Affidavit of Identification” that addresses the identity of your child’s father as part of the adoption process. This affidavit is considered by the court to be a sworn statement.

Birth Parent’s Initials \_\_\_\_\_

Witness’ Initials \_\_\_\_\_

**BIRTH PARENTS' RIGHTS AND RESPONSIBILITIES IN ILLINOIS**

- Please correctly identify the father of the child unless you absolutely do not know his identity or are unwilling to identify the father for a specific reason.
- It is important that the child you place for adoption know his/her biological and family history from both the mother and father’s sides of the family.

**16. Birth Fathers:** If you are a birth father, you may sign a Surrender of Unborn Child for Purposes of Adoption (“Unborn Surrender”) or a Consent to Adoption of Unborn Child (“Unborn Consent”) before the child’s birth, but you may change your mind and revoke it, if your revocation is documented within 72 hours after the child’s birth. If you do change your mind, you must do so in writing and give the written statement to the person, agency or court that took the Unborn Surrender or Unborn Consent, before your child is 72 hours old. Once your child is 72 hours old, an Unborn Surrender or an Unborn Consent is final and irrevocable. If you did not sign the Unborn Surrender or Unborn Consent you must wait until the child is at least 72 hours old before relinquishing your parental rights. Alternatively, you may sign a Final and Irrevocable Waiver of Parental Rights before or after the birth of your child; however, it may not be revoked.

**PUTATIVE FATHER REGISTRY**

17. A “putative father” is a man who may be a child’s father, but who was not married to the child’s mother before the child was born, is not named on the child’s birth certificate, and/or has not established the fact that he is the father in a court proceeding. If the child’s mother wants to place the child for adoption, the putative father must take steps to show that he is the legal father if he wants to be notified of the adoption.

You must register with the Illinois Putative Father Registry before the child is 30 days old. You may register before the child is born. If you do not register with the Putative Father Registry before the 30-day deadline, the court may rule that you have waived your rights and permanently terminate your parental rights without notice to you. Your child may be permanently adopted without your consent. If you register, you must take further legal steps in order to establish parentage. You may wish to seek advice of legal counsel concerning procedures you must follow.

For more information, see the website [www.putativefather.org](http://www.putativefather.org) or call the Illinois Putative Father Registry at 866-PFR-DCFS (866-737-3237).

**BIRTH PARENT RESPONSIBILITIES**

18. As a birth parent in the State of Illinois, you have the responsibility:
- To work cooperatively and honestly with the agency that handles the adoption;
  - To voluntarily provide all known medical, background and family information about yourself and your immediate family to the agency;
  - To provide the necessary documentation regarding financial need to make an appropriate determination of pregnancy related expenses;
  - Not to accept reimbursement of pregnancy related expenses if you are not pregnant, or simultaneously from more than one source, as doing so is a crime;
  - Birth Mothers: to accurately complete an Affidavit of Identification.

Birth Parent’s Initials \_\_\_\_\_

Witness’ Initials \_\_\_\_\_

**BIRTH PARENTS' RIGHTS AND RESPONSIBILITIES IN ILLINOIS**

**SHARING INFORMATION AND CONNECTING IN THE FUTURE**

19. You have the right to voluntarily share your medical, background, and identifying information, including information on the original birth certificate of your child. This can be done through the Illinois Adoption Registry and Medical Information Exchange, and/or through completing the Birth Parent Preference Form. Please visit <http://www.dph.illinois.gov>, or [www.newillinoisadoptionlaw.com](http://www.newillinoisadoptionlaw.com), or call (217) 557-5160. In addition, the Confidential Intermediary Program provides a way for a court appointed person to connect and/or provide information between adoptees, adoptive parent and birth parents, and other biological family members, provided in most cases that mutual consent is given. Please visit [www.ci-illinois.org](http://www.ci-illinois.org) or call (800)526-9022 (x29).

**THIS DOCUMENT SHALL BE READ TO THE BIRTH PARENT(S) BY AN AGENCY EMPLOYEE AND PROVIDED TO THEM IN WRITING IN THEIR PREFERRED LANGUAGE.**

**SIGNATURES:**

**Birth Parents:**

\_\_\_\_\_  
Birth Parent's Printed Name                      Birth Parent's Signature                      Date

\_\_\_\_\_  
Birth Parent's Printed Name                      Birth Parent's Signature                      Date

\_\_\_\_\_  
Witness' Printed Name                      Witness' Signature                      Date

**Agency:**

\_\_\_\_\_  
Printed Agency Name

\_\_\_\_\_  
Authorized Representative's Printed Name                      Authorized Representative's Signature                      Date

Birth Parent's Initials \_\_\_\_\_

Witness' Initials \_\_\_\_\_