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**IN THE DISTRICT COURT OF \_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, KANSAS**

**IN THE INTEREST OF:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year of Birth \_\_\_\_\_\_\_\_\_\_\_\_ A minor child**

**CONSENT TO APPOINTMENT OF SOUL FAMILY LEGAL PERMANENCY**

Pursuant to K.S.A. 38-2268 and 38-2272a

**NOTICE TO PARENT:** **This is an important legal document. When you sign this consent, SOUL family legal permanency will be appointed for your child. The SOUL family legal permanency custodian(s) shall exercise all of the rights and responsibilities of a parent, except consenting to adoption, paying child support or medical support, or as limited by the Court. You may still be responsible for paying child support.**

 My name is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am the ☐**mother** ☐ **father** of the child named above and I state to the Court:

1. My child, named above, was born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I presently reside at:

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

1. I am \_\_\_\_\_ years of age and was born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(year of birth)*
2. I understand that my parental rights are not being terminated and I can be ordered to pay child support and medical support for my child.
3. I understand that to exercise any rights I still have I must keep the court up to date about how to contact me, with my current address and telephone number.
4. I understand that if I want information about my child’s health or education, I will have to keep the court up to date about how to contact me, because the information will be sent to the latest address the court has.
5. I understand that I may be able to have some contact with my child, but only if the SOUL family legal permanency custodian(s) decides it is in the child’s best interests and if the court allows the contact.
6. I understand that unless the court orders differently, the SOUL family legal permanency custodian(s) has the right to make decisions about the day-to-day care of my child.
7. I understand that unless the court makes a finding of parental unfitness or other limitation, I may be able to share parental responsibilities with the SOUL family legal permanency custodian(s) if the SOUL family legal permanency custodian(s) determines that sharing parental responsibilities is in the best interests of my child.
8. I understand the SOUL family legal permanency custodian(s) will have full authority and all the rights of a birth parent or legal guardian over the child, except the power to consent to adoption, being ordered to pay child support or medical support, and as otherwise limited by the court.
9. I consent to the appointment of a SOUL family legal permanency custodian(s) by the court.
10. I have read and understand the above and I am signing it as my free and voluntary act.
11. I understand this consent is final upon my signature.

Dated this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, in the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of Kansas at \_\_\_\_\_\_\_\_ ☐ a.m. ☐ p.m.

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

Signature of Parent

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax # (if you have one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATE OF ATTORNEY**

 I am a licensed attorney representing the parent named above and have explained to that parent that by signing this consent the SOUL family legal permanency custodian(s) will exercise all parental rights to the child, except the right to consent to adoption or be ordered to pay child support or medical support, and that parent confirmed that intention and desire.

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

Signature of Attorney

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supreme Court Registration #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATE OF ATTORNEY FOR MINOR PARENT**

 I am a licensed attorney representing the parent named above, who is a minor. I have fully explained that by signing this consent to appointment of a SOUL family legal permanency custodian(s) that parent is permanently giving up all parental rights to the child, except the right to consent to adoption, and the right to pay child support and medical support, and that parent has confirmed that intention and desire. I was present at the execution of this consent.

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

Signature of Attorney

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supreme Court Registration #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGMENT BEFORE JUDGE OF DISTRICT COURT**

STATE OF KANSAS

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

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Judge of the District Court, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Judicial District, hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, known to me to be the same person whose name is subscribed to the foregoing consent, appeared before me this day in person and acknowledged the consent and it was a free and voluntary act.

 I have fully explained that by signing such consent the custodian will exercise all of the parental rights to such child as explained in the consent form and the parent executing this consent confirmed that intention and desire.

Dated , at : **☐** a.m. **☐** p.m.

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

 Judge of the District Court

**OR**

**ACKNOWLEDGEMENT BEFORE NOTARY PUBLIC**

STATE OF KANSAS

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

 I certify that , known to me to be the same person whose name is subscribed to the foregoing consent, appeared before me this day in person and acknowledged that (she)(he) signed such relinquishment as (her)(his) free and voluntary act, for the specified purpose.

Dated , at : **☐** a.m. **☐** p.m.

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

 Notary

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

Authority

K.S.A. 38-2268 and 38-2272a

Notes on Use

 With the consent of the guardian *ad litem* and the secretary, a parent may consent to appointment of SOUL family legal permanency. The consent shall be acknowledged before a judge or a notary. If the consent is acknowledged before a judge, it shall be the duty of the court to advise the consenting parent of the consequences of the consent. K.S.A. 38-2272a(l) lists consequences of the consent. If a parent consents to appointment of SOUL family legal permanency based on a belief that the other parent would so consent or be found unfit, and neither occurs, the consent shall be null and void. A consent is final when executed, unless the consenting parent proves by clear and convincing evidence, prior to the appointment of a SOUL family legal permanency, that the consent was not freely and voluntarily given.

 When a SOUL family legal permanency is appointed, the secretary’s custody of the child shall cease. The court’s jurisdiction over the child will continue unless the court enters an order terminating jurisdiction.

 If the person cannot read and understand English, specifically state how they were informed of all their rights and the consequences of this consent.

 K.S.A. 38-2205(b)(2) requires an attorney be appointed for a minor or parent and when the parent is mentally ill or otherwise has a disabling condition.