

ALABAMA DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES DIVISION
ADMINISTRATIVE CODE

CHAPTER 660-5-30
TERMINATION OF PARENTAL RIGHTS

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660-5-30-.01 Purpose. The termination of parental rights (TPR) is one avenue towards achieving permanence for children, and TPR should be pursued when there is a reasonable expectation that permanency can be achieved. This policy provides procedural guidelines for TPR which creates the possibility for a new parental relationship and permanent family.

Author: Shawanda Harris

Statutory Authority: Code of Ala. 1975, §§12-15-317 through 12-15-319, 38-2-6(10), (14), 12-15-315, 12-15-312; and the Adoption and Safe Families Act of 1997 (ASFA), Public Law 105-89. R.C. v Hornsby, No 88-H-1170-N, Consent Decree (M.D. Ala. Approved December 18, 1991), (Terminated January 16, 2007).

History: Amended: Published September 30, 2020; effective November 14, 2020.

660-5-30-.02 Legal Base. Both federal and state laws, as well as best child welfare practice, require that permanent homes be expeditiously found for children who are unable to safely remain with their biological family. Child welfare staff must be familiar with these laws as they identify specific circumstances and clear timeframes under which TPR must be considered and subsequently pursued.

(1) Legal Bases.

(a) Code of Ala. 1975, §§12-15-319, provides the grounds for termination of parental rights.

(b) §12-15-102 through §12-15-701, Code of Ala. 1975 governs all juvenile court proceedings and provides that the custody of a child may be transferred to the Department of Human Resources by court order.

(c) §38-2-6(10) and (14), Code of Ala. 1975, provides that the Department of Human Resources shall seek out and protect minor children who are in need of its care and protection, and place such children in family homes or other suitable child care facilities.

(d) The Adoption and Safe Families Act of 1997 (ASFA), Public Law 105-89, prompted amendments to the Code of Ala. 1975, including those addressing reasonable efforts (§12-15-312) and permanency hearings (§12-15-315).

(e) The guiding principles of the Practice Model impacting termination of parental rights include promoting safety and protection while achieving timely permanency for a child; promoting children having experiences that enhance their sense of love and belongings.

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Statutory Authority: Code of Ala. 1975, §§12-15-317 through 12-15-319, 38-2-6(10), (14), 12-15-315, 12-15-312; and the Adoption and Safe Families Act of 1997 (ASFA), Public Law 105-89. R.C. v Hornsby, No 88-H-1170-N, Consent Decree (M.D. Ala. Approved December 18, 1991), Terminated January 16, 2007).

History: New Rule: Filed August 12, 2004; effective September 16, 2004. **Amended:** Published September 30, 2020; effective November 14, 2020.

660-5-30-.03 Termination Of Parental Rights Process.

(1) Making The Decision To Pursue Termination of Parental Rights.

(a) The decision to file a petition to terminate parental rights is made when:

1. a child cannot be safely returned home or permanently placed with relatives; the court has determined that reasonable efforts are not required because the child has been

subjected to an aggravated circumstance such as, but not limited to, abandonment, substance abuse, sexual abuse, chronic abuse or torture; or when a parent has committed certain crimes against the child or another child of the parent; or, the child has been in foster care for 12 cumulative months of the most recent 22 months, unless one of three statutory exceptions exists including a compelling reason not to pursue termination.

2. Once the ISP team has established adoption as the permanency goal for the child or the court finds that no reunification efforts are required, ASFA mandates that the petition to terminate parental rights be filed within 60 days. For children who have been in care 15 of the last 22 months, a TPR petition must be filed unless there is a compelling reason not to do so (refer to *Permanency Planning Policies And Procedures*). For children who have been abandoned for 4 months, a TPR petition must be filed within 14 calendar day.

3. For those children receiving permanency through adoption, ASFA sets the timeframe for achieving this permanency goal as 24 months from the date the child entered care. Permanency is achieved when the final decree of adoption is signed.

(2) The Petition To Terminate Parental Rights.

(a) The TPR petition is to be prepared and filed in the juvenile or family court clerk's office by the local attorney who has been approved by SDHR Legal to represent the county department.

(3) Procedures After The Court Hearing Until The Adoptive Placement.

(a) Provide termination visit with birth parents when appropriate

1. For many children, a termination visit with the birth parents is needed or desirable. No child should be allowed to visit parents or relatives after parental rights have been terminated without the decision being made by the ISP team. The decision must be based on best interests of the child and whether it will support the child's permanency goal and ensure safety not only in the immediate time, but in the future. Termination visits must be based on the attachment to the birth parent and documentation to support that termination of any contact would cause irreparable harm to the child.

2. The child's County DHR worker is to maintain the casework relationship with the child. This relationship is needed to prepare the child for placement in consideration with the Office of Adoption Placement Consultant and to participate in the adoption pre-placement and placement process with the Placement Consultant.

3. Decisions on publicity for children in the permanent custody of the Department require permission from the Office of Adoption. These decisions are to be made on a case-by-case basis depending on each child's individual circumstances (e.g., the exact nature of the publicity; the age of the child; the proximity of the birth family).

Author: Shawanda Harris

Statutory Authority: Code of Ala. 1975, §§12-15-317 through 12-15-319, 38-2-6(10), (14), 12-15-315, 12-15-312; and the Adoption and Safe Families Act of 1997 (ASFA), Public Law 105-89. R.C. v Hornsby, No 88-H-1170-N, Consent Decree (M.D. Ala. Approved December 18, 1991), Terminated January 16, 2007).

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660-5-30-.04 Relinquishments.

(1) The Code of Ala. 1975, §26-10A-7, provides for a parent to relinquish physical custody of a child to the Department of Human Resources or a licensed child-placing agency for purposes of adoption. Legal custody is transferred to the adoptive parents through the Interlocutory Order which occurs several months following the adoptive placement.

(2) The concurrence of the Office of Adoption must be given prior to the County Department taking a relinquishment.

(3) The County Director is the individual appointed to take Relinquishment of Minor for Adoption. He or she may delegate that authority to the program supervisor (if there is one) or the line supervisor responsible for placement of children for adoption from the County Department. In any case involving the relinquishment of a child for adoption by a minor parent, the County Department must request, by filing a motion with the Probate Court, that the court appoint a GAL for that minor parent prior to taking the relinquishment. The GAL must

be present when the relinquishment is taken. If possible, the parents of the minor parent who is relinquishing a child should also be present when the relinquishment is taken.

(4) When a child is relinquished to the Department, the adoptive placement can be made after the expiration of the fourteen (14) day withdrawal period.

Author: Shawanda Harris

Statutory Authority: Code of Ala. 1975, §§12-15-317 through 12-15-319, 38-2-6(10), (14), 12-15-315, 12-15-312; and the Adoption and Safe Families Act of 1997 (ASFA), Public Law 105-89. R.C. v Hornsby, No 88-H-1170-N, Consent Decree (M.D. Ala. Approved December 18, 1991), Terminated January 16, 2007).

History: New Rule: Filed August 12, 2004; effective September 16, 2004. **Amended:** Published September 30, 2020; effective November 14, 2020.

ALABAMA DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES DIVISION
ADMINISTRATIVE CODE

CHAPTER 660-5-30
APPENDIX A

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Relinquishment Of Minor For Adoption
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Termination Of Parental Rights/Foster Parent Adoption
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RELINQUISHMENT OF MINOR FOR ADOPTION

THE STATE OF ALABAMA

_____ COUNTY

KNOW ALL MEN BY THESE PRESENT, that:

1. I, _____ (name of person relinquishing)

the parent / legal guardian of the minor

_____ (state all names by which the minor has been known)

born _____, _____ relinquish the said minor to
(month and day) (year)

_____ (name and address of agency)

for the purpose of adoption in order that said minor may have all the privileges which may be accorded to (him) (her) by the laws of Alabama upon (his) (her) legal adoption.

- 2. I am executing this document voluntarily and unequivocally thereby relinquishing said minor.
- 3. I understand that by signing this document I will forfeit all rights and obligations and that I understand the relinquishment and execute it freely and voluntarily.
- 4. I understand that the relinquishment may be irrevocable, and I should not execute it if I need or desire psychological or legal advice, guidance or counseling;
- 5. I have received or been offered a copy of this document.
- 6. I waive the right to know the identity of each petitioner who petitions to adopt the said minor child.
- 7. I waive further notice of the adoption proceedings by the execution of this relinquishment to the named agency.
- 8. I understand that notice of withdrawal of relinquishment must be mailed to

_____ (name and address of agency with whom document is filed)
and that such withdrawal must be mailed within five days after the birth of said minor or the execution of this document whichever comes last.

9. I do hereby request that the Probate Judge make all such orders and decrees as may be necessary or proper to legally effectuate said adoption.

Given under my hand at _____ o'clock, _____ day of _____,
(time) (month) (year)

at _____
(address of filing)

Affiant's Signature (SEAL)

I, _____, sign by name to this instrument this _____ day of _____, _____, and being first duly sworn, do hereby declare to the undersigned authority that I execute it as my free and voluntary act for the purposes therein expressed, and that I am _____ years of age or older, of sound mind, and under no constraint or undue influence.

_____ (SEAL)

DHR-FCS-1755
May 2004

STATE OF ALABAMA

Affiant's Signature

_____ COUNTY

Subscribed, sworn to and acknowledged before me by _____

this _____ day of _____, _____.

(Signed) _____

(Official Capacity of Officer)

I acknowledge receipt of two copies of this document.

_____ (SEAL)

Date

I _____, on this
(affiant)

_____ day of _____, _____ at _____ a.m./p.m.

in the presence of the two witnesses whose signatures and addresses are subscribed below, hereby withdraw the adoption relinquishment previously signed by me.

Affiant's Signature

Witness

Witness

Address

Address

CONSENT TO RELEASE OF IDENTIFYING INFORMATION

I, _____, hereby
(Name)

consent to the disclosure of identifying information relating to me and my family contained in the adoption files of the Department of Human Resources including a copy of the birth certificate as it relates to me to be given to

(Birth Name of Adoptee)
at age 19 according to the Code of Alabama, 1975, Section 26-10A-31(h).

I, _____, sign my
name to this instrument this _____ day of _____, 20 __, and
being duly sworn, do hereby declare to the undersigned authority that I execute it as my free and
voluntary act for the purposes therein expressed, and that I am _____ years of age or older,
of sound mind, and under no constraint or undue influence.

Affiant's Signature

STATE OF _____

COUNTY OF _____

Subscribed, sworn to and acknowledged before me by _____,

this _____ day of _____, 20 __.

(Signed) _____
Notary Public

DHR-FCS-1769
May 2004

FAMILY BACKGROUND INFORMATION

Names of Child's Maternal and Paternal Relatives and Siblings (all relationships are to the child)

Name of Child/Family: _____ County: _____
 _____ DHR C.N. _____

Name of Child: _____	DOB: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/>
Male		
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American/Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other, Specify: _____		

MATERNAL RELATIVES	
Name:	Date of Birth:
Child's Mother: _____	_____
Grandmother: <i>(Mother's Mother)</i> _____	_____
Grandfather: <i>(Mother's Father)</i> _____	_____
Aunts /Uncles: <i>(Mother's Sisters & Brothers)</i> _____	_____
_____	_____
_____	_____
_____	_____

PATERNAL RELATIVES	
Name:	Date of Birth:
Child's Father: _____	_____
Grandmother: <i>(Father's Mother)</i> _____	_____
Grandfather: <i>(Father's Father)</i> _____	_____
Aunts /Uncles: <i>(Father's Sisters & Brothers)</i> _____	_____
_____	_____
_____	_____
_____	_____

CHILD'S BROTHERS AND SISTERS		
Name:	Sex:	Relationship:
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Full-Sibling <input type="checkbox"/> Half-Sibling
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Full-Sibling <input type="checkbox"/> Half-Sibling
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Full-Sibling <input type="checkbox"/> Half-Sibling
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Full-Sibling <input type="checkbox"/> Half-Sibling

DHR-FCS-2119
 May 2004

FAMILY BACKGROUND INFORMATION

Name of Child/Family: _____ County: _____ DHR C.N. _____

Source(s) of Information (including name and relationship to child): _____

Date Information Obtained: _____

THIS INFORMATION PERTAINS TO THE FOLLOWING RELATIVE OF CHILD: MATERNAL PATERNAL
 OR (if applicable) CHILD'S GROWN SIBLING (Duplicate form, as needed, to list all relatives - 1 sheet per relative)

RELATIVE'S RELATIONSHIP TO CHILD (mother, maternal aunt, paternal grandfather, etc.): _____

Record background information on maternal and paternal relatives (i.e., child's mother, child's father, child's maternal/paternal grandparents, child's maternal/paternal aunts and uncles, etc.) If the person is deceased, complete information as it pertained during person's lifetime. If there is additional information in case record, make notation of the page/section of record where information is located.

Name of Child's Relative: _____ DOB: _____ Sex: F M

Race: Caucasian African-American/Black Hispanic Other (Specify): _____

Height: _____ Weight: _____ Build: _____ Skin Coloring: _____

Hair Color: _____ Texture: _____ Eye Color: _____ Social Sec. # _____

General Health: Excellent Good Poor Unknown

Existing Illnesses/Disabilities/Limitations/Mental Health Diagnosis: Yes No Unknown *If yes, provide information:*

Glasses/Corrective Lenses: Yes No Unknown

Past Surgery/Hospitalization: Yes No Unknown *If yes, provide information, including dates, if known:*

If Deceased, Age at Time of Death: _____ Check box, if: unknown or not applicable

Cause of Death: _____ Check box, if: unknown or not applicable

Date of Death: _____ Check box, if: unknown or not applicable

Grade Completed in School: _____ Special Education: Yes No Unknown

Academic Achievement: Gifted Above-Average Average Below Average Special Education Unknown

Favorite Subjects: _____

Interests/Hobbies/Talents: _____ Religious Affiliation/Preference: _____

Personality Traits, Strengths, Needs: _____

Employment (work history, occupation, special training): _____

Criminal History: Yes No Unknown *If yes, give information including charges, convictions, time served:*

Marital Status: Single Married Separated Divorced Widowed Unknown

If married, name of spouse: _____ *Date and place of marriage:* _____

Prior Marriage: Yes No Unknown

If yes, name of former spouse: _____ *Date and place of divorce:* _____

Names of Person's Children (including age, if known, or approximate age): _____

Military Service: Yes No Unknown *If applicable, list branch, dates of service, type discharge:* _____

Additional Comments: _____

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 May 2004

FAMILY BACKGROUND INFORMATION

Name of Child/Family: _____ County: _____ DHR C.N. _____

Source(s) of Information (including name and relationship to child) : _____

Date Information Obtained: _____

CHILD'S SIBLINGS Use this form to record background information on each of child's sisters and brothers. If sibling is over age of eighteen (18), use "Relative" background information sheet. For additional information in the case record, note the page of narrative or section of record where information is located. (Duplicate form, as needed, to list all siblings - 1 sheet per child.)

Name of Child's Sibling: _____ DOB: _____ Sex: F M

Full Sibling Half Sibling If Half-Sibling, indicate: Maternal or Paternal Half-Sibling

Race: Caucasian African-American/Black Hispanic Other (Specify): _____

Height: _____ Weight: _____ Build: _____ Skin Coloring: _____

Hair Color: _____ Texture: _____ Eye Color: _____ Social Sec. # _____

General Health: Excellent Good Poor Unknown

Existing Illnesses/Disabilities/Limitations/Mental Health Diagnosis: Yes No Unknown If yes, provide information: _____

Glasses/Corrective Lenses: Yes No Unknown

Past Surgery/Hospitalization: Yes No Unknown If yes, provide information, including dates, if known: _____

If Deceased, Age at Time of Death: _____ Check box, if: unknown or not applicable

Cause of Death: _____ Check box, if: unknown or not applicable

If Applicable, Date of Death: _____ Check box, if: unknown or not applicable

Childhood Development: Normal Delayed If delayed, provide information: _____

Current Grade in School (K through grade 12): _____ Special Education: Yes No Unknown

Academic Achievement: Gifted Above-Average Average Below Average Special Education Unknown

Favorite Subjects: _____

Interests/Hobbies/Talents: _____

Religious Affiliation/Preference: _____

Personality Traits, Strengths, Needs: _____

Information Regarding Sibling:

Is Sibling in DHR Custody: Yes No If yes, is Adoption the Plan for Sibling: Yes No

If no, provide information regarding plan: _____

Is Sibling Currently in Foster Care Placement: Yes No If yes, is Sibling Placed in Same Foster Home: Yes No

If child is not in foster care, where does child live (e.g., w/parents, relative): _____

Additional Information: _____

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FAMILY BACKGROUND INFORMATION

Name of Child/Family: _____ County: _____ DHR C.N. _____

Source(s) of Information (including name and relationship to child) : _____

Date Information Obtained: _____

THIS INFORMATION PERTAINS TO THE FOLLOWING RELATIVE OF CHILD: MATERNAL PATERNAL

Note: complete one form on the child's mother's family and one form on the child's father's family. Circle any diseases/conditions which apply. *For circled items, at bottom of sheet, name the family member and give brief description of the disease/condition, its effect, age of onset, and indicate if it resulted in person's death. For additional case record information, note narrative page or section where information is located. (Complete 1 form for maternal & 1 form for paternal relatives.)

1. Allergies a) drugs b) foods c) asthma d) hay fever e) other f) if other	8. Cardiovascular Disease a) atherosclerosis b) congenital heart defect c) heart attack d) hyperlipidemia e) stroke f) other	18. Visual Disorders a) cataracts b) dyslexia c) glaucoma d) retinitis pigmentosa e) strabismus
2. Alcoholism/Drug Addiction	9. Respiratory Diseases a) emphysema b) bacterial pneumonia c) tuberculosis d) other	19. Pregnancy Complications a) premature birth b) still births c) incompetent cervix d) ectopic pregnancies e) eclamptogenic toxemia f) spontaneous abortion g) multiple births h) other
3. Blood Diseases a) hemophilia b) RH disease c) sickle cell disease/trait d) thalassemia (cooley's anemia) e) other	10. Mental Illness a) manic-depressive b) schizophrenia c) other	20. Migraine Headache 21. Congenital Birth Abnormalities 22. Cleft Lip 23. Cleft Palate 24. Cystic Fibrosis 25. Diabetes 26. Dwarfism 27. Huntington's Disease 28. Sudden Infant Death 29. Systemic Lupus Erythematosus 30. Thyroid Disorders 31. Tay-Sachs Disease 32. Myasthenia Gravis 33. Obesity 34. Multiple Sclerosis 35. Multiple Dystrophy 36. Any other diseases which have occurred repeatedly in family (specify) 37. Biological mother's age at onset of menses
4. Bone Diseases a) arthritis b) curvature of spine c) other structural malformation d) other	11. Mental Retardation a) Down's Syndrome b) PKU c) Lesch-Nyham Syndrome d) Hunters e) tuberous sclerosis f) other	
5. Cancer a) breast b) bowel c) colon d) ovarian e) skin f) stomach g) lungs h) leukemia i) other	12. Speech Disorders a) stuttering b) tongue tie c) sound omissions/distortions d) delayed speech e) other	
6. Skin Disorders a) psoriasis b) other	13. Learning Disability (specify) 14. Hearing Disorders 15. Hyperactivity 16. Epilepsy 17. Liver Disease	
7. Immune System Disease a) HIV Positive b) AIDS	<p><i>*At bottom of page or on back, identify number and code (such as "5, g" for cancer of lungs) and identify name of relative, if known, who had this disease and relationship to child (such as maternal aunt). Provide known information such as age of onset, if disease resulted in person's death, etc.</i></p>	

DHR-FCS-2119
May 2004

TERMINATION OF PARENTAL RIGHTS / FOSTER PARENT ADOPTION PLACEMENT FORM

I. TPR INFORMATION TPR Date _____ County _____

Child
Birth Name _____
Date of Birth _____ Race _____ Sex _____
County of Residence _____ Ward Number (assigned by Office of Adoption) _____

Parents
Birth Last Name First Name Middle Name Maiden Name
Mother _____
Last Name First Name Middle Name Suffix
Birth
Father _____

Parents' Marital Status At Time Of Child's Birth
Legal Father (check one) Same as birth father or Other (enter name on next line)
Last Name First Name Middle Name Suffix

Worker _____ Date Submitted _____

II. PLACEMENT/DISRUPTION INFORMATION Placement Date _____

A. Placement Type Foster Parent Adoption Non - Foster Parent Adoption

Child's Name Last Name First Name Middle Name
After Adoption _____
Child's T Number (to be assigned by the Office of Adoption) _____

Adoptive Last Name First Name Middle Name Social Security #
Mother _____
Last Name First Name Middle Name Social Security #
Adoptive Father _____

Adoptive Family Approval Date _____ County of Residence _____
Placement Worker _____ Date Submitted _____

B. Date Placement Disrupted _____ Worker _____ Date Submitted _____

III. SUBSIDY INFORMATION

Type Federal State Begin Date _____ Amount \$ _____
Last Name First Name Middle Initial SSN

Adoptive Parent Address _____

Subsidy Changes Change in Amount effective _____ to \$ _____
 Address Change effective _____ to _____

Approved: _____
County Director Date

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