

(Insert letterhead)

[DATE]

NAME

ADDRESS

CITY, STATE, ZIP CODE

RE: Acceptance of relinquishment of parental rights

Dear NAME:

On {date}, you submitted written relinquishment of your parental rights regarding your child(ren), {initials of child} born {year of birth}. On {date}, DCF accepted the relinquishment and has assumed full legal and financial responsibility for your child(ren). As of the date of acceptance, your child support obligation has been terminated and you have no legal rights to or responsibility for the child(ren). If you have questions regarding the acceptance of your relinquishments, please contact the attorney who represented you during the Child in Need of Care case.

Sincerely,

WORKER NAME

TITLE

ADDRESS AND CONTACT INFORMATION

cc. file