

(Insert letterhead)

[DATE]

NAME

ADDRESS

CITY, STATE, ZIP CODE

RE: Refusal 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], the Department for Children and Families determined the relinquishment would not be accepted. You still maintain legal and financial responsibility for your child(ren), including any child support obligation. If you have questions regarding this decision, 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