

# STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice  
District Court Division**IN THE MATTER OF**

Name Of Juvenile

**NOTICE TO COURT THAT****DEPARTMENT OF SOCIAL SERVICES WILL ACCEPT  
RELINQUISHMENT OF JUVENILE FOR ADOPTION  
AND REQUEST TO REFER TO MEDIATION**

G.S. 7B-909.2

Name And Address Of Parent 1 Of Minor In Custody Of Department Of Social Services

Name And Address Of Parent 2 Of Minor In Custody Of Department Of Social Services

☐ Mother ☐ Father☐ Mother ☐ Father

Name And Address Of Other Party To Case 1

Name And Address Of Other Party To Case 2

☐ GAL ☐ DSS ☐ Foster Parent ☐ Other: \_\_\_\_\_☐ GAL ☐ DSS ☐ Foster Parent ☐ Other: \_\_\_\_\_

Name And Address Of Other Party To Case 3

Name And Address Of Other Party To Case 4

☐ GAL ☐ DSS ☐ Foster Parent ☐ Other: \_\_\_\_\_☐ GAL ☐ DSS ☐ Foster Parent ☐ Other: \_\_\_\_\_**NOTICE TO COURT**

The \_\_\_\_\_ County Department of Social Services (DSS) informs the Court that it will accept a relinquishment of the above named juvenile for adoption which specifies the following named prospective adoptive parent(s): (*name below*)

Name Of Prospective Adoptive Parent 1: \_\_\_\_\_

Name Of Prospective Adoptive Parent 2: \_\_\_\_\_

Date

Signature

☐ DSS Attorney☐ Authorized Representative/DSS Director**REQUEST TO REFER TO MEDIATION TO REACH A VOLUNTARY POST-ADOPTION CONTACT AGREEMENT**

I, the parent of the above-named juvenile, have been informed that DSS will accept a relinquishment that specifies the above named prospective adoptive parent(s). Further, I agree to voluntarily participate in mediation with the prospective adoptive parent(s) to reach a voluntary post-adoption contact agreement and request the court refer the matter to mediation pursuant to G.S. 7B-909.2.

Date

Name Of Parent 1 Of Minor Child

Signature Of Parent 1 Of Minor Child

Date

Name Of Parent 2 Of Minor Child

Signature Of Parent 2 Of Minor Child

I, the prospective adoptive parent of the above-named juvenile, have been informed that DSS will accept a relinquishment that specifies me (and spouse, if applicable) as the adoptive parent. Further, I agree to voluntarily participate in mediation with the parent(s) to reach a voluntary post-adoption contact agreement and request the court refer the matter to mediation pursuant to G.S. 7B-909.2.

Date

Name Of Prospective Adoptive Parent 1

Signature Of Prospective Adoptive Parent 1

Date

Name Of Prospective Adoptive Parent 2

Signature Of Prospective Adoptive Parent 2

Original-File   Copy-Parent 1   Copy-Parent 2   Copy-Prospective Adoptive Parent 1   Copy-Prospective Adoptive Parent 2   Copy-Other Juvenile Case Parties

(Over)

**CERTIFICATE OF SERVICE**

I certify that this Notice To Court And Request To Refer To Mediation and a copy of any other paper attached hereto were served as follows:

<b>PARENT 1:</b>	Date Served	Name Of Person Served
<input type="checkbox"/> By sending it by email from ICMS/File & Serve to <input type="checkbox"/> the person's attorney at an email address of record with the court, specifically: _____ <input type="checkbox"/> the person at an email address of record with the court in the case ( <i>only if a consent to receive service by electronic filing or case management system is filed with the court</i> ), specifically: _____		
<input type="checkbox"/> By sending it by email to the person's attorney at an email address of record with the court in the case ( <i>use when the court's electronic filing or case management system is not available</i> ), specifically: _____		
<input type="checkbox"/> By sending it by email to the person at an email address of record with the court in the case ( <i>only if a consent to receive email at this address is filed with the court</i> ), specifically: _____		
<input type="checkbox"/> By depositing it in a post-paid, properly addressed wrapper in a post office or official depository under the exclusive care and custody of the U.S. Postal Service, addressed to the person at the address shown above for that person.		
<input type="checkbox"/> By hand delivery to the person. <input type="checkbox"/> Other manner of service: _____		
<b>PARENT 2:</b>	Date Served	Name Of Person Served
<input type="checkbox"/> By sending it by email from ICMS/File & Serve to <input type="checkbox"/> the person's attorney at an email address of record with the court, specifically: _____ <input type="checkbox"/> the person at an email address of record with the court in the case ( <i>only if a consent to receive service by electronic filing or case management system is filed with the court</i> ), specifically: _____		
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<input type="checkbox"/> By hand delivery to the person. <input type="checkbox"/> Other manner of service: _____		
Name Of Person Completing Certificate Of Service (type or print)		Signature Of Person Completing Certificate Of Service

**CERTIFICATE OF SERVICE (continued)**

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