

# ADOPTION FILINGS

What documents do I need?

**Case Type : ADOPTION**

Document Category [ADOPTION FILINGS](#)

Document Type \*

Additional Text

Sealed

Confidential

Associated

Acceptable I

Document Location [Choose File](#) no

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# Contents of the Petition Tenn. Code Ann. 36-1-116

## Stepparent Adoption

The parties: Petitioner is the stepparent and the legal parent is Co-Petitioner

Tenn. Code Ann. § 36-1-117(f)

where the stepparent of a stepchild seeks to adopt a stepchild, the co-signing of the petition by the child's parent who is the spouse of the petitioner shall not affect the existing parent/child legal relationship between that parent and the parent's child who is the subject of the adoption petition by the stepparent of the child.

## Documents:

Marriage Certificate

Divorce Certificate (if previously married to someone else)

# Contents of the Petition Tenn. Code Ann. 36-1-116

## The Child

(B) The name used for the child in the proceeding.

(C) The birth date, state, and county or country of birth of the child, if known;

## Documents:

Child's Birth Certificate

# Content of the Petition Tenn. Code Ann. 36-1-116

Other Legal/Putative Parent

Do you have one?

Legal Parent Definition: 36-1-102(30)

Putative Father Definition 36-1-102(45)

Possibly?? Alleged biological father

Waiver of Interest and Notice 36-1-111(s)(5)

Was married to a man who is not the biological father?

Denial of Paternity and Notice by Legal Father 36-1-111(t)(5)

Credible proof not the biological father

Otherwise Documents needed:

Consent pursuant to Tenn. Code Ann. 36-1-116(f)

Death Certificate

## Payment Disclosure Form to be filed with Petition Tenn. Code Ann. § 36-1-116(b)(1)(P)

(P)(i) Whether the petitioners have paid, or promised to pay, any money, fees, contributions, or other remuneration or thing of value in connection with the birth, placement or the adoption of the child, and if so, to or from whom, the specific amount, and the specific purpose for which these were paid or promised;

(ii) The disclosure required by this subdivision (b)(1)(P) shall specifically include whether any attorney's fees or medical expenses or counseling fees and the other expenses permitted under [§§ 36-1-108](#) and [36-1-109](#) or any other fees, remuneration, or contribution, were paid or promised in connection with the child's birth, placement, or adoption and if so, to whom, the specific amount and the specific purpose for which they were paid or promised;

(iii) The disclosure required by this subdivision (b)(1)(P) shall also specifically include the amount of fees paid to any licensed child-placing agency or licensed clinical social worker in connection with the placement of the child;

**PAYMENT DISCLOSURE FORM FOR USE IN PETITION FOR ADOPTION  
TENNESSEE CODE ANNOTATED, § 36-1-116(b)(16)**

This form must be filed with the adoption petition. See, T.C.A. § 36-1-116(b)(16).

STATE OF TENNESSEE )  
COUNTY OF DAVIDSON )

being duly sworn according to law, affiant(s) would state:

I, (Name of Prospective Adoptive Mother) **Jane Doe**, and (Name of Prospective Adoptive Father) **John Doe**, the petitioners seeking the adoption of (Name of Child) **Suzy Que (DOB: 12/30/2001)** pursuant to a petition for adoption filed in the Circuit Court for Davidson County, Tennessee.

have paid or promised to pay the following money, fees, contributions, or other remuneration in connection with the birth, placement, or adoption of this child (Attach additional sheets if necessary):

Medical or Hospital expenses of birth mother and child. (Attach Additional Sheets If Necessary)  
Entities or Persons who received payments, contributions, fees, or other things of value;  
The specific amount of payments, contributions, fees, or value of things given; and,  
The specific purpose of payments, contributions, fees, or other things of value:

*None.*

Other birth related expenses (Attach Additional Sheets If Necessary):

Entities or Persons who received payments, contributions, fees, or other things of value;  
The specific amount of payments, contributions, fees, or value of things given; and,  
The specific purpose of payments, contributions, fees, or other things of value:

*None.*

Expenses paid to or on behalf of the child's parent(s) including, but not limited to, housing and utility clothing, child's clothing, utilities, transportation (Attach Additional Sheets If Necessary):

Entities or Persons who received payments, contributions, fees, or other things of value;  
The specific amount of payments, contributions, fees, or value of things given; and,  
The specific purpose of payments, contributions, fees, or other things of value:

*None.*

d. Fees or payments paid to any attorney at law and other costs of legal proceedings in connection with the birth, placement, or litigation for the adoption of this child (Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;
- (2) The specific amount of payments, contributions, fees, or value of things given; and,
- (3) The specific purpose of payments, contributions, fees, or other things of value:

1. Rutherford Law
2. \$2,500.00
3. Flat fee for the preparation of petition, motions, orders and related administrative documents for filing and finalization of adoption.
  1. Circuit Court Clerk
  2. \$159.00
  3. Filing Fee

e. Counseling paid for on behalf of the birth or prospective adoptive parent(s) or child (Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;
- (2) The specific amount of payments, contributions, fees, or value of things given; and,
- (3) The specific purpose of payments, contributions, fees, or other things of value:

*None.*

f. Fees or payments paid to any licensed child-placing agency or licensed clinical social worker (Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;
- (2) The specific amount of payments, contributions, fees, or value of things given; and,
- (3) The specific purpose of payments, contributions, fees, or other things of value:

*None.*

g. Any other money, fees, contributions, or other remuneration or thing of value in connection with the birth, placement, or adoption of this child, given or paid, to the child's parent(s) or family member(s) (Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;
- (2) The specific amount of payments, contributions, fees, or value of things given; and,
- (3) The specific purpose of payments, contributions, fees, or other things of value:

*None.*

FURTHER AFFIANT(S) SAITH NOT.

This the \_\_\_\_\_ day of \_\_\_\_\_, 2024.

Please Print: **Jane Doe**  
Prospective Adoptive Mother

Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

NOTARY PUBLIC

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

Please Print: **John Doe**  
Prospective Adoptive Father

Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

NOTARY PUBLIC

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

## Putative Father Registry Tenn. Code Ann. § 36-1-116(b)(M)

If paternity has been confirmed by DNA you do not have to do the putative father registry but you have to say so in your petition. Recommended that you file the DNA testing results with your petition or the Parentage Order that references that paternity was confirmed by DNA testing. If the child was conceived and born in Tennessee then you only have to check Tennessee.



## Request for Name and/or Address of Father with Claim of Paternity

REQUEST: (Please Print or Type)

Request Date  
5/8/2024

|  |  |
|--|--|
| Requesting Party                         | Address  |
| Name and Title: Wende J. Rutherford      | Street: 107 Music City Circle; Suite 105         |
| Agency: Attorney                         | City: Nashville State: Tennessee Zip Code: 37214 |
| Requesting Party                         | Reason For Request: Adoption                     |
| Telephone: 615-256-6681                  |  |
| Fax:                                     |  |
| Email Address: Wende@RutherfordTNLaw.com |  |

|  |                              |
|--|------------------------------|
| Child's Birth Name                         | Place of Birth               |
| Last: Que                                  | City: Franklin               |
| First: Suzy                                | County: Williamson           |
| Middle: Jane                               | State: Tennessee             |
| Sex of Child                               | Child's Birth Date           |
| <input type="checkbox"/> Male              | Month: 12 Day: 30 Year: 2022 |
| <input checked="" type="checkbox"/> Female |                              |

|               |                                     |               |
|---------------|-------------------------------------|---------------|
| Father's Name |                                     |               |
| Last:         | First:                              | Middle:       |
| Last: Smith   | Mother's Name<br>First: Sara        | Middle: Marie |
| Last: Smith   | Mother's Maiden Name<br>First: Sara | Middle: Marie |

RESPONSE:

|                        |                           |
|------------------------|---------------------------|
| Response Date          |                           |
| Putative Father's Name | Address                   |
| Date Change of Address | Staff Registrar           |
|                        | Registry Telephone Number |

Comments:

Scan one copy of the document to the Shared email: [EI-DCS.Putative-Father-Regist@tn.gov](mailto:EI-DCS.Putative-Father-Regist@tn.gov) OR

Mail one copy of the document to: Putative Father Registry---Attn: Registrar

Tennessee Department of Children's Services  
9<sup>th</sup> Floor, UBS Tower  
315 Deaderick Street  
Nashville, TN 37243

OR Fax: 615-532-6495 Putative Father Registry---Attn: Registrar



## Request for Name and/or Address of Father with Claim of Paternity

REQUEST: (Please Print or Type)

Request Date  
5/8/2024

|   |   |
|---|---|
| Requesting Party<br>Name and Title: Wende J. Rutherford<br>Agency: Attorney                     | Address<br>Street: 107 Music City Circle; Suite 105<br>City: Nashville      State: Tennessee      Zip Code: 37214 |
| Requesting Party<br>Telephone: 615-256-6681<br>Fax:<br>Email Address: Wende@RutherfordTNLaw.com | Reason For Request: Adoption  |

|  |  |
|--|--|
| Child's Birth Name<br>Last: Que<br>First: Suzy<br>Middle: Jane                           | Place of Birth<br>City: Franklin<br>County: Williamson<br>State: Tennessee |
| Sex of Child<br><input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | Child's Birth Date<br>Month: 12      Day: 30      Year: 2022               |

|                      |             |               |
|----------------------|-------------|---------------|
| Father's Name        |             |               |
| Last:                | First:      | Middle:       |
| Last: Smith          | First: Sara | Middle: Marie |
| Mother's Name        |             |               |
| Mother's Maiden Name |             |               |
| Last: Smith          | First: Sara | Middle: Marie |

RESPONSE:

Response Date

|                        |                 |                           |
|------------------------|-----------------|---------------------------|
| Putative Father's Name | Address         | Date Registered           |
| Date Change of Address | Staff Registrar | Registry Telephone Number |

Comments:

Scan one copy of the document to the Shared email: [EI-DCS.Putative-Father-Regist@tn.gov](mailto:EI-DCS.Putative-Father-Regist@tn.gov) OR  
 Mail one copy of the document to: Putative Father Registry--Attn: Registrar  
 Tennessee Department of Children's Services  
 9<sup>th</sup> Floor, UBS Tower  
 315 Deaderick Street  
 Nashville, TN 37243  
 OR Fax: 615-532-6495 Putative Father Registry--Attn: Registrar

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

## Putative Father Registry Tenn. Code Ann. § 36-1-116(b)(M)

If the child was conceived or born somewhere else, you will need to also check with that state – if the have a putative father registry. If that state will not permit you access, charges an unreasonable fee, or does not respond in 30 days, you can ask the Court to waive this requirement. But you have to show that you made diligent effort to identify a possible putative father.

These states do not maintain a registry for unmarried fathers to document their paternity:

Alaska, California, Colorado, Connecticut, Hawaii, Kentucky, Maine, Maryland, Mississippi, Nevada, New Jersey, North Carolina, North Dakota, Rhode Island, South Dakota, Vermont, Washington, West Virginia.



THE SOUTH CAROLINA  
DEPARTMENT of SOCIAL SERVICES

Michael Leach, State Director

Responsible Father Registry

## Responsible Father Registry Certificate of Diligent Search

A search of the registry has been conducted and no claim of paternity regarding that registrant or child was found. Your certificate number is **WR524241122A5242024XTMPY90X**.

Date: 5/24/2024

Mother's Name: [REDACTED]

ATTORNEY FEE DISCLOSURE AFFIDAVIT  
TENNESSEE CODE ANNOTATED, § 36-1-120(b)

This affidavit must be filed by the attorney representing the petitioners with the proposed adoption order prior to entry of the order by the Court. See, T.C.A. § 36-1-120(b).

STATE OF TENNESSEE )  
COUNTY OF DAVIDSON )

Being duly sworn according to law, affiant would state:

1. I am WENDE JANE RUTHERFORD, attorney for Petitioner(s)

[Redacted] and wife [Redacted],  
adoption proceeding styled:  
[Redacted] and wife [Redacted],  
Petitioners, vs. [Redacted], Respondent, and STATE OF TN  
DEPARTMENT OF CHILDREN'S SERVICES, Custodian. Docket # 24A44

which is filed in the Fourth Circuit Court of Davidson County, Tennessee in which Petitioner(s) seek to adopt [Redacted], and in which the Court has ordered the entry of an order of adoption pursuant to that petition.

2. The following are fees charged by me or persons who are employed, contracted by, or associated with me for services rendered for the placement of the child (ren) with the Petitioner(s). (Attach additional sheets if necessary):

- a. State first the service(s) rendered in the placement of the child (ren) with the petitioner(s) immediately followed by,
- b. The specific fees charged petitioner(s) for each service:

None

3. The following are fees charged by me or persons who are employed, contracted by, or associated with, me for legal services rendered to Petitioner(s) in the adoption proceedings involving the child (ren): (Attach additional sheets if necessary):

- a. State first the legal service(s) rendered in the proceedings for the adoption of the child(ren) by the petitioner(s) immediately followed by
- b. The specific fees charged petitioner(s) for each service:

Please see attached itemized billing for all services rendered.

4. The following are fees paid by me or persons who are employed, contracted by, or associated with, me to any other person or entity for services rendered in securing the placement of the child(ren) with the petitioners or for securing any services related to securing any home studies or surrender of the child(ren):

- a. State first the services rendered by persons or entities whose services assisted in securing the child's (children's') placement, or for securing a home study or surrender of the child(ren) followed immediately by,
- b. The specific amount of the fees paid for each service to that person or entity:

None

This the 13<sup>th</sup> day of January, 2025.  
FURTHER AFFIANT SAITH NOT.

Please Print: Wende Jane Rutherford  
Attorney for Petitioner  
Address: 107 Music City Cr., Ste. 200  
Nashville, TN 37214

Signature: [Handwritten Signature]

Sworn to and subscribed before me this 13<sup>th</sup> day of January, 2025.

Katherine Rogers  
NOTARY PUBLIC  
My Commission Expires: 03/09/27





STATE OF TENNESSEE  
DEPARTMENT OF HEALTH, OFFICE OF VITAL RECORDS  
CERTIFICATE OF ADOPTION

| USE THIS FORM FOR ADOPTIONS OF TENNESSEE BIRTHS AND REPORTS OF FOREIGN BIRTH.   |  |                                   |   |  |  |  |
|---|--|-----------------------------------|---|--|--|--|
| <b>PART I</b><br><br>Adoptive parents should verify all personal data for accuracy and sign this form before Part II is completed.<br><br>If stepparent adoption, information for both parent must also be completed. | <b>INFORMATION ABOUT CHILD AFTER ADOPTION</b>  |                                   |   |  |  |  |
|   | Full name of child after adoption (as decreed by court):   |                                   |   |  |  |  |
|   | FIRST  | MIDDLE                            | LAST  | SUFFIX   |  |  |
|   | <b>FATHER (CHECK ONE)</b>  |                                   |   |  |  |  |
|   | <input type="checkbox"/> Adoptive Parent<br><input type="checkbox"/> Single Parent<br><input type="checkbox"/> Birth Parent<br><input type="checkbox"/> Step-Parent  |                                   |   |  |  |  |
|   | Full Name of Father (as decreed by court)  |                                   |   |  |  |  |
| Date of Birth (Mo/Day/Year)   |  | State or Foreign Country of Birth |   | Social Security Number   |  |  |
| <b>MOTHER (CHECK ONE)</b>   |  |                                   |   |  |  |  |
| <input type="checkbox"/> Adoptive Parent<br><input type="checkbox"/> Single Parent<br><input type="checkbox"/> Birth Parent<br><input type="checkbox"/> Step-Parent   |  |                                   |   |  |  |  |
| Full Legal Name of Mother (as decreed by court)   |  |                                   |   |  |  |  |
| Maiden Surname of Mother  |  |                                   |   |  |  |  |
| Date of Birth (Mo/Day/Year)   |  | State or Foreign Country of Birth |   | Social Security Number   |  |  |
| Residence of adoptive mother's mailing address at time of the adoption:   |  |                                   |   |  |  |  |
| Number and Street   | City, Town, or Location  | County                            | State   | Zip Code   | Inside the City Limits?                                  |  |
|   |  |                                   |   |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| I have reviewed the information entered in Part I and verify that it is accurate.   |  |                                   |   |  |  |  |
| Mother's Signature  |  |                                   | Date  |  |  |  |
| Father's Signature  |  |                                   | Date  |  |  |  |
| Do you want a new birth certificate prepared? <input type="checkbox"/> YES <input type="checkbox"/> NO.   |  |                                   |   |  |  |  |
| If a single parent adoption: Do you want the word "Adoption" to be entered in the space provided for the other parent? <input type="checkbox"/> YES <input type="checkbox"/> NO                                       |  |                                   |   |  |  |  |
| <b>PART II</b><br><br>Should be completed by the attorney, clerk of court, or the child placing agency.   | <b>INFORMATION ABOUT CHILD BEFORE ADOPTION TO LOCATE THE BIRTH RECORD</b>  |                                   |   |  |  |  |
|   | Name of Child at Birth   |                                   |   | Sex  | Birth Certificate No. (if known)                         |  |
|   |  |                                   |   | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |  |  |
|   | Date of Birth (Mo/Day/Year)  |                                   | Place of Birth (Hospital, City, State or Foreign Country) |  |  |  |
| Full Maiden Name of Mother  |  |                                   | Full Name of Father                                       |  |  |  |
| <b>ENTER THE ADDRESS TO WHICH THE BIRTH CERTIFICATE SHOULD BE MAILED</b>  |  |                                   |   |  |  |  |
| NAME: _____   |  |                                   |   |  |  |  |
| ADDRESS: _____  |  |                                   |   |  |  |  |
| CITY, STATE, ZIP CODE: _____  |  |                                   |   |  |  |  |
| DAYTIME PHONE NUMBER: (    ) _____  |  |                                   |   |  |  |  |
| EMAIL ADDRESS: _____  |  |                                   |   |  |  |  |
| <b>PART IV</b>  | <b>MAIL THE CERTIFICATE OF ADOPTION, A CERTIFIED COPY OF THE ADOPTION ORDER, AND \$30.00 FEE TO:</b>   |                                   |   |  |  |  |
|   | Tennessee Vital Records, Andrew Johnson Tower, 1 <sup>st</sup> Floor, 710 James Robertson Parkway, Nashville, TN 37243<br>Additional copies may be purchased for \$15.00 each. Make check or money order payable to TENNESSEE VITAL RECORDS. |                                   |   |  |  |  |

# Relative Adoption

Not everyone is a relative

Tenn. Code Ann. § 36-1-102(46)

“Related” means grandparents or any degree of great-grandparents, aunts or uncles, or any degree of great-aunts or great-uncles, or stepparent, or cousins of the first degree, or first cousins once removed, or any siblings of the whole or half degree or any spouse of the above listed relatives;

## Documents

Petitioner is single but previously married

- Divorce Decree or Death Certificate

Petitioners are married

- Marriage Certificate
- Child
- Child's birth Certificate

# Non-Relative Adoption Home Study

## Tenn Code Ann. 36-1-116

(a)(1) Prior to filing a petition for the adoption of a child, the prospective adoptive parents shall, except as otherwise provided by law, contact a licensed child-placing agency, or a licensed clinical social worker, or if indigent under federal poverty guidelines, they shall, except as otherwise provided by law, contact the department, and request a home study or a preliminary home study concerning the suitability of their home and themselves as adoptive parents; provided, that the court may waive this requirement when the child is to be adopted by related persons.

(2) To be valid for use in response to the order of reference issued pursuant to subsection (e), the home study must have been completed or updated within one (1) year prior to the date of the order of reference. The preliminary home study must have been completed within thirty (30) days prior to the filing of the petition.

IN THE FOURTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE

X.Y. and wife, X.X.,

Petitioners,

vs.

Ex Parte.

)  
)  
)  
)  
)

Petition No: \_\_\_\_\_

ORDER OF REFERENCE

TO: ADOPTON ASSISTANCE  
512 S. Church Street  
Murfreesboro, TN 37130

Upon the sworn Petition for Termination of Parental Rights and Adoption filed by Petitioners, X.Y. and wife, X.X., it appears to the Court that Adoption assistance, a licensed child placing agency, has conducted a home study concerning the suitability of Petitioners' home and has regularly updated said study and provided supervision of the child in Petitioners' home;

**IT IS THEREFORE ORDERED** that Adoption Assistance shall submit to this Court a preliminary court report, any supplemental court reports as may be necessary, and a final court report concerning the circumstances of the child, the child's antecedents and the proposed adoptive home prior to final hearing on this matter.

Enter this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

\_\_\_\_\_  
THE HONORABLE STEPHANIE J. WILLIAMS, Judge

# Prior to Finalization

Motion to Waive Home Study and Six (6) Month waiting period  
Tenn. Code Ann. 36-1-119 if Relative or Stepparent Adoption

Home Study if Non-Relative Adoption

Attorney Fee Affidavit

Certificate of Adoption

File Final Decree of Adoption

Final Decree Contents

Tenn. Code Ann. 36-1-120

## After Finalization

Send Certified copy of Final decree to Vital Records with Certificate of Adoption and \$30.00

Instruct Petitioners that after they receive New Birth Certificate, they must go to Social Security Office with New Birth Certificate and Certified Copy of Adoption Decree and obtain New Social Security Card

