

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____
Case Number: _____

IN THE MATTER OF: _____ DOB: _____

**RIGHT TO AN ATTORNEY IN A TERMINATION OF PARENTAL RIGHTS CASE
REQUEST FOR COURT-APPOINTED ATTORNEY OR
WAIVER OF RIGHT TO AN ATTORNEY**

I, _____, of _____,
Name Address

being the _____ of _____, a minor
Relationship Child's Name(s)

child, have been notified to appear before the court to answer to a petition to terminate my parental rights pursuant to the RSA 170-C.

I have been advised of my right to be represented by an attorney at every point in the case and at every court hearing.

I have been advised that if I do not think that I can afford to pay an attorney that I may apply to the court for a court-appointed attorney to represent my interests. To apply for a court-appointed attorney, I understand that I must complete a **Financial Affidavit & Application for Court Appointed Counsel (NHJB 2313-DSSup)** form and this **Right to an Attorney** form and submit both to the court listed on the front of the petition. If I financially qualify to have an attorney represent me, I understand that the court will appoint one.

If an attorney is appointed to represent me, I understand that I may be asked to pay back some or all of the court-appointed attorney's fees. This will be based upon my ability to pay as determined by the court.

I understand that the processing of this case involves important legal, procedural and constitutional matters, including the examination of witnesses, offering of testimony and presentation of evidence. I further understand that if the court orders that my parental rights be terminated, I will no longer have any legal rights, privileges, duties or obligations regarding my child including, but not limited to, rights to custody, visitation and communication with my child. I understand that if my parental rights are terminated, I will receive no notice of any future legal proceedings concerning my child.

Case Number: _____

RIGHT TO ATTORNEY – TPR

Please check **one** (1) of the **three** (3) boxes below and sign and date the form.

- 1. I will hire an attorney to represent me.
- 2. I do not think that I can afford to hire an attorney and would like to apply for a court-appointed attorney. My completed **Financial Affidavit & Application for Court Appointed Counsel** form is enclosed.

Date

Signature of Parent

Printed Name of Parent

WAIVER OF RIGHT TO AN ATTORNEY

- 3. I do not want an attorney to represent me and waive my right at this time to hire an attorney or apply for a court-appointed attorney.

I have read and understand each of the statements below and have initialed each statement indicating I understand:

____ I am giving up my right to have an attorney assist me with the processing of this case which involves important legal, procedural and constitutional matters, including the examination of witnesses, offering of testimony and presentation of evidence.

____ If at the end of the case the court orders that my parental rights be terminated, I will no longer have any legal rights, privileges, duties or obligations regarding my child including, but not limited to, rights to custody, visitation and communication with my child. I understand that if my parental rights are terminated, I will receive no notice of any future legal proceedings concerning my child.

Date

Signature of Parent

Printed Name of Parent

The above named parent has waived her/his right to an attorney.

I have reviewed the content of this form with the parent and have determined that s/he understands the right to either hire an attorney or apply to have a court-appointed attorney represent her/him. I have determined s/he understands the rights s/he is giving up by waiving counsel and understands the consequences of a court order terminating her/his parental rights.

So Ordered:

Date

Signature of Judge

Printed Name of Judge