



FAMILY COURT

In the matter of _____

Family Court No.: _____

Petition No.: _____

POST-ADOPTION PRIVILEGES
DECREE

Whereas, the best interest of the child would be served by granting post-adoption privileges to the birth mother/father, _____, and,
(NAME)

Whereas, a significant emotional attachment exists between the child and the birth mother/father, _____, and
(NAME)

Whereas, in consideration hereto, the birth mother/father, _____,
(NAME)
consents to the adoption of said child,

We, the undersigned, do hereby consent to, agree to, recommend and approve the following post-adoption privileges agreement:

Visitation

The parties agree that there shall be _____ visit(s) per year, each to be scheduled to last _____
(NUMBER) (NUMBER)
hour(s). The visit(s) shall be scheduled in _____
(MONTHS)

- Visit(s) shall occur at _____ to be agreed upon _____ week(s) prior to
(SITE) (NUMBER)
the proposed visit; parties shall plan visit(s) by _____
(PHONE, EMAIL, TEXT, REGULAR MAIL)

- Mechanics of Notice: _____

Supervision

- Visit(s) shall be supervised by _____
(NAME(S))

(PLEASE DESCRIBE ANY IMPORTANT DETAILS OF SUPERVISION)

Pictures

(DESCRIBE AGREED DETAILS OF PHOTO SHARING)

- Pictures are for birth parent's enjoyment and shall not be posted on any internet and social network or social media sites (including but not limited to Facebook, My Space, Twitter, FLICKR, Google, blogs).
- If pictures provided by the adoptive parents are found posted on any social media or social networking sites, the adoptive parent's obligation to provide photos shall cease.
- _____
(OTHER)

Information Sharing

Routine Medical Information

Routine medical information shall be mutually exchanged at visits. Adoptive parent agrees to promptly inform the birth mother/father of any and all life-changing medical or health incidents or issues related to the child. The birth mother/father agrees to promptly inform the adoptive parents of any family history that may be relevant to the child's medical treatment or care.

Either party to this agreement shall inform the other party of any genetic or inherited condition discovered after the adoption is finalized.

- This would include medical/genetic conditions discovered in any blood relatives of the birth parents or any future children born to the birth mother/father.

Education

Education information shall be exchanged at visits.

- Progress Reports
- Grades
- Update on any Special Needs

Information communicated by the adoptive parents about the child to the birth parent is for his/her benefit and appreciation. The birth parent shall not publicize any information about the child on any social media or social networking or blog sites.

Other

The birth parent hereby acknowledges that, notwithstanding other rights created by this agreement, the decree of adoption is irrevocable even if the adoptive parents do not abide by the agreement. The adoptive parents hereby acknowledge that this agreement grants the birth parent the right to seek enforcement of the post-adoption privileges set forth in this agreement.

The agreement may not be voided or modified except by the Rhode Island Family Court upon a filing of a petition, notice to the undersigned parties and proof that such modification is in the best interest of the child.

WHEREFORE, pursuant to the Rhode Island General Laws §15-7-14.1, this agreement is made a Decree of the Rhode Island Family Court.

Birth Parent:

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

Witness:

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

Adoptive Parent:

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

Adoptive Parent:

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

Witness:

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

Child (If 12 Years or Older):

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

Department of Children, Youth & Families:

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

Guardian ad litem for child:

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

ENTERED as a Decree of this Honorable Court on this _____ day of _____, 20__.

APPROVED:

ENTER:

Chief Judge, Associate Justice, General Magistrate,
Magistrate

Clerk

Date

Date

A copy of the signed Decree shall be distributed to all persons who signed above.