

STATE OF MAINE

PROBATE COURT

County: \_\_\_\_\_

Docket No. \_\_\_\_\_

DISTRICT COURT

LOCATION: \_\_\_\_\_

Docket No. \_\_\_\_\_

**In the Matter of the Adoption Petition of:**

\_\_\_\_\_  
*Name of Adoptee*

\_\_\_\_\_  
*Name of Petitioner*

\_\_\_\_\_  
*Name of Petitioner*

**PETITION FOR ADOPTION  
AND CHANGE OF NAME**  
18-C M.R.S. §§ 9-301, 9-303

**1. Petitioner Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Middle Last*

Legal Residence: \_\_\_\_\_  
*Street City/Town Zip*

Mailing Address: \_\_\_\_\_  
*Street City/Town Zip*

Telephone: \_\_\_\_\_ Date/Place of Marriage: \_\_\_\_\_

**2. Petitioner Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Middle Last*

Legal Residence: \_\_\_\_\_  
*Street City/Town Zip*

Mailing Address: \_\_\_\_\_  
*Street City/Town Zip*

Telephone: \_\_\_\_\_ Date/Place of Marriage: \_\_\_\_\_

**3. Adoptee Information:**

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Birth Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Proposed New Name: \_\_\_\_\_  
*First Middle Last*

With whom and where adoptee resides: \_\_\_\_\_

**4. This Court is the proper venue because (choose A or B):**

A. The adoptee IS placed by a licensed child placing agency or the Department of Health and Human Services (DHHS) and:

- Petitioner(s) reside in this county;
- Adoptee resides or was born in this county;
- An office of the agency that placed the minor adoptee for adoption or of DHHS is located in this county; or
- Parental rights of the adoptee's parents have been terminated in a court in this county.

**OR**

B. The adoptee **IS NOT** placed by a licensed child placing agency or DHHS and:

- Minor adoptee resides in this county; and/or
- Petitioner(s) resides in this county.

**5. Adoptee is in the legal custody of (choose one):**

- \_\_\_\_\_, a licensed child placing agency pursuant to a court order or a duly executed and lawful surrender and release;
- DHHS pursuant to a court order or a duly executed lawful surrender and release;
- Petitioner(s). *Attach all documents proving legal custody, including divorce decrees or other court order; or*
- Other. *Attach an affidavit with an explanation of legal custody and all documents proving legal custody.*

**6. During the past five years, the minor adoptee has lived at the following addresses with the following people:**

Name of custodian(s)	Address of custodian(s) when adoptee was present	Date of adoptee's residence with custodian(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**7. The custodian(s) named above currently live(s) at the following address(es):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. I/We (check all that apply):**

- have/has participated as a party, witness, or in some other capacity in other litigation concerning the custody of the adoptee in Maine or another state;
- have/has information of a custody proceeding concerning the adoptee pending in a court in Maine or some other state; and/or
- know(s) of a person, not a party to this case, who has physical custody of the adoptee or claims to have custody of the adoptee.

*If any of the above have been checked, you must attach an affidavit to this petition with additional information concerning that issue.*

**9. CHOOSE ONE:**

- A certified copy of the birth record of the adoptee is attached; or
- A delayed birth registration of the adoptee is attached.

**10. List names and addresses of all persons or agencies known to the petitioner that affect the custody of, visitation with, or access to the adoptee:**

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**11. Identify the relationship, if any, of petitioner(s) to the adoptee:**

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**12. Address of DHHS office involved with this adoption, if any:**

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**13. Name and address of the licensed child placing agency involved with this adoption, if any:**

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**14. Consent to the adoption is required from the following (check all that apply and indicate whether a consent form is attached):**

	Name	Address	Consent Attached
<input type="checkbox"/> Adoptee (14 or older)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Legal parent (if rights have not been terminated)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Legal parent (if rights have not been terminated)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other: _____ _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Guardian or Custodian			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DHHS or other public agency			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Licensed child placing agency: _____ _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

**I/We understand that this petition will not be considered until all of the required documents have been filed, all of the required investigation has occurred, and until the Court is satisfied that I/we have complied with all statutory requirements. To complete this filing, the following information is provided and/or documents are attached (check all that apply):**

15.  DHHS Certificate of Adoption (Form VS-9) to apply for an amended birth record with the Office of Data, Research and Vital Statistics is attached.
16.  A Confidential Statement Form (AD-007) is attached, providing background information regarding the petitioner(s).
17. Petitioner(s) acknowledge(s) that, upon the filing of this petition, the Court is required to request a background check of the petitioner(s) and an investigation of the conditions and antecedents of the adoptee to determine whether the adoptee is a proper subject for adoption and whether the proposed home is suitable for the adoptee; and that DHHS or the involved agency will be required to submit a report to the court. **The petitioner(s) acknowledge(s) that the Court may waive the adoption study, investigation, and home study if one of the petitioners is a blood relative.**
18. Disbursements (CHOOSE ONE):
- A full accounting of all disbursements of anything of value made or agreed to be made or by or on behalf of the petitioner(s) in connection with the adoption is attached.
  - No accounting is attached because the petitioner(s) is/are a blood relative or the adoptee is an adult.
19. Pursuant to 18-C M.R.S. § 9-303(2), the petitioner(s) has/have been informed that there is no legal obligation to provide information to the birth/legal parents and/or birth family of the adoptee. The petitioner(s) further understand(s) that information may be shared directly or indirectly with the birth/legal parents and/or birth family at the discretion of the petitioner(s). Based on this information and understanding, and after thoughtful consideration (CHOOSE ONE):
- The petitioner(s) do(es) not intend to share information with the birth/legal parents and/or birth family after the adoption, **OR**
  - The petitioner(s) intend(s) to share information about the adoptee with the birth/legal parent(s) and/or birth family after the adoption takes place, and a detailed explanation of what information is to be shared, under what circumstances it is to be shared, and how that information will be updated as follows:
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20.  I/We acknowledge that I/we have been informed of the existence of the adoption registry and the services available through the State Registrar of Vital Statistics pursuant to 22 M.R.S. § 2706-A.
21.  I/We acknowledge that the minor adoptee may inherit from birth parents and birth parents' kin **only if the adoption decree so provides** or if a petitioner is a legal parent of the minor adoptee. However, even if neither petitioner is a legal parent of the minor adoptee, and if neither birth parent of the adoptee or the petitioner has asked to preserve the adoptee's inheritance rights, this court may nonetheless place in the decree of adoption a special entry that will preserve the adoptee's right to inherit from either or both of the birth parents and the birth parents' kin.
- A. IF KNOWN: The birth parents  have  have not requested the court make an entry in the adoption decree preserving the minor adoptee's rights to inherit from one or both of the parents or the parents' kin.
  - B. Petitioners  request  do not request that the court make an entry in the adoption decree preserving the minor adoptee's rights to inherit from one or both of the parents or the parents' kin.

- 22.  The adoptee is a special needs child as defined in 18-C M.R.S. § 9-401(2) & (4) for purposes of the Adoption Assistance Program. The adoptee's needs are described in an attached written statement.
- 23.  This adoption is being funded under the Adoption Assistance Program. An explanation of this funding is attached.
- 24.  A written statement relating to the adoptee's cultural, ethnic, or racial background is attached.
- 25.  **I/We acknowledge(s) and represent(s) that I/we intend to establish a parent-child relationship with the adoptee and am/are fit, proper, and able to care and provide for the adoptee's welfare.**
- 26.  **This petition is for the adoption of a minor child, and in accordance with 18-C M.R.S. § 9-304(10) and 17-A M.R.S. § 553, I/we acknowledge that the transfer of the long-term care and custody of the child without a court order is prohibited.**

WHEREFORE, the petitioner(s) pray(s) that the court grant the adoption and the change of name of the adoptee requested in this petition.

\_\_\_\_\_  
**Signature of Petitioner**  
 Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Petitioner**  
 Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Attorney for Petitioner(s), if any:**

\_\_\_\_\_  
 Signature of Attorney and Maine Bar Registration Number  
 Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

**STATE OF MAINE**

\_\_\_\_\_ COUNTY

Personally appeared the above named, \_\_\_\_\_ and \_\_\_\_\_, and made oath that the foregoing statements are true under penalty of perjury.

Before me,

Date: \_\_\_\_\_

\_\_\_\_\_  
 Attorney at Law / Notary Public / Register / Clerk