

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 adoptee for adoption or of DHHS is located in this county; or
- Parental rights of the adoptee's parents have been terminated by a court in this county.

OR

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

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 adoptee has lived at the following address 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:

8. Custody Proceedings. 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. Birth Record or Delayed Birth Registration (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:

11. Indian Child Welfare Act.

I/We has/have taken the following steps to determine whether the adoptee (1) is a member of an Indian tribe or (2) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe: _____

Based on that inquiry, I/we assert:

- The adoptee (1) is a member of an Indian tribe or (2) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe:

Name of tribe: _____

PLEASE NOTE: The petitioner(s) **must** provide notice of this petition to the tribe named above, file a copy of that notice with the court, and file form AD-029, *Statement Regarding Tribal Affiliation* with the court.

- The adoptee is **not** (1) a member of an Indian tribe or (2) eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe.

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

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

14. Name and address of child placing agency involved with this adoption, if any:

15. 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 (12 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

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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):

16. 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.
17. A Confidential Statement Form (AD-007) is attached, providing background information regarding the petitioner(s).
18. 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.**
19. **Disbursements (CHOOSE ONE):**
- A full accounting of all disbursements of anything of value made or agreed to be made 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.
20. 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:
-
-
21. 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.
22. I/We acknowledge that the 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 adoptee. However, even if neither petitioner is a legal parent of the 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.

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- A. IF KNOWN: The birth parents have have not requested that the Court make an entry in the adoption decree preserving the adoptee's right 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 adoptee's rights to inherit from one or both of the parents or the parents' kin.
23. The adoptee is a special needs child as defined in 18-C M.R.S. § 9-401(2) and (4) for purposes of the Adoption Assistance Program. The adoptee's needs are described in an attached written statement.
24. This adoption is being funded under the Adoption Assistance Program. An explanation of this funding is attached.
25. A written statement relating to the adoptee's cultural, ethnic, or racial background is attached.
26. **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.**
27. **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 change the 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