

STATE OF MAINE

PROBATE COURT

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

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

DISTRICT COURT

Location: \_\_\_\_\_

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

In the Matter of the Adoption Petition of:

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

CERTIFICATE OF COUNSELING

18-C M.R.S. § 9-202(2)(A)

1. I, \_\_\_\_\_, am

A caseworker/counselor with the Maine Department of Health and Human Services and am qualified to provide counseling to parents considering whether to the adoption of their child.

**OR**

A caseworker/counselor with \_\_\_\_\_, a duly licensed child-placing agency in Maine, and am qualified to provide counseling to parents considering whether to consent to an adoption of their child.

2. In accordance with 18-C M.R.S. § 9-202(2)(A), I hereby certify that (insert name here) \_\_\_\_\_ has received counseling from me regarding:

This parent's consent to the above-captioned adoption;

**OR**

This parent's surrender and release of the above-named child to (insert name here) \_\_\_\_\_ for the purpose of adoption;

**OR**

(insert name here) \_\_\_\_\_ has refused to accept counseling regarding this parent's consent or surrender and release.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title of Counselor

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