

# STATE OF MAINE

PROBATE COURT  
COUNTY OF \_\_\_\_\_ County where court is located

City where court is located

Location of Court

DOCKET NO. \_\_\_\_\_

In the Matter of the Adoption Petition of:

Original legal name of child (NOT their new adoptive name)

(Name of Adoptee)

Sally Jane Smith

(Name of Petitioner)<sup>1</sup>

John Michael Smith

(Name of Co-Petitioner)

## PETITION FOR ADOPTION AND CHANGE OF NAME

1. **Petitioner Information.**

- a. Full name of petitioner(s):<sup>1</sup> Sally Jane Smith and John Michael Smith
- b. Date of birth of petitioner(s): Sally: 04/28/1975 John: 07/19/1972
- c. Legal residence of petitioner(s): 123 My Street, My Town, ME 00000
- d. Mailing address of petitioner(s): Same as above
- e. Telephone number of petitioner(s): (207) 000-0000
- f. Date and place of marriage: June 15, 1991 - Lewiston, Maine

2. **Adoptee Information.**

- a. Date of birth of adoptee, if known: February 16, 2006
- b. Place of birth of adoptee, if known: Lewiston, Maine
- c. Birth name of adoptee, if known: Child's full original legal name
- d. Other names by which adoptee has been known: None
- e. Adoptee's proposed new name, if any: John Michael Smith, Jr.
- f. With whom and where does adoptee reside at the time of the filing of this petition:  
Resides with petitioners at their address in My Town, ME

A certified copy of the birth record or delayed birth registration of the adoptee must be filed with this petition.<sup>2</sup> If not filed with this petition, explain what steps will be taken to secure and file a birth record or delayed birth registration with this Court prior to the hearing: Your DHHS worker will provide you with this certified copy.

3. **This Court is the proper place to file this petition because:**<sup>3</sup>

If the adoptee is placed by a licensed child placing agency or Department of Human Services:

- a. Petitioner(s) resides in this county. Check all that apply.
- b. Adoptee resides or was born in this county.
- c. An office of the agency that placed the adoptee for adoption is located in this county.

If the adoptee is **not** placed by a licensed child placing agency or Department of Human Services:

- \_\_\_\_\_ a. Adoptee resides in this county. Leave these blank - adoptions through DHHS  
are covered by the section above
- \_\_\_\_\_ b. Petitioner(s) resides in this county.
- \_\_\_\_\_ c. Consent to this adoption has been or will be filed in this county.

4. **Legal Custody of Adoptee.**

The adoptee is in the legal custody of the following:

- \_\_\_\_\_ a. \_\_\_\_\_, a licensed child placing agency pursuant to a court order or a duly executed and lawful surrender and release.
- b. Department of Human Services pursuant to a court order or a duly executed and lawful surrender and release.
- \_\_\_\_\_ c. Petitioner(s). (Attach all documents proving legal custody, including divorce decrees or other court orders.)
- \_\_\_\_\_ d. Other. Explain.

5. **Names and addresses of all persons or agencies known to the petitioner(s) that affect the custody, visitation or access to the adoptee. Explain the relationship of each to the adoptee:**

Name of Child's Caseworker - DHHS Caseworker & Legal Guardian  
Maine Department of Health and Human Services  
200 Main Street  
Lewiston, ME 04240 (Insert address of your local DHHS Office)

6. **Relationship, if any, of petitioner(s) to the adoptee:**

If you are related to the child that you are adopting, state the relationship (i.e., grandparents). If not related, simply put N/A.

7. **Address of the office of the Department of Human Services involved with this adoption, if any:**

See # 5, above

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

See #5, above.

9. **Consent to the adoption requested is required from the following:<sup>4</sup>**

\_\_\_\_\_ a. Adoptee (if 14 years of age or older). **If child is a teen they also must consent.**

\_\_\_\_\_ b. Mother.<sup>5</sup>

\_\_\_\_\_ c. Father.<sup>6</sup>

\_\_\_\_\_ d. Guardian or legal custodian of adoptee.

e. Department of Human Services or other appropriate public agency.

\_\_\_\_\_ f. \_\_\_\_\_, a licensed child placing agency.

Any required consent forms must be properly executed and filed with this petition or filed with this court prior to or at the hearing.

10. Petitioner(s) has filed with this petition or will file with this Court prior to the hearing a Child Custody Affidavit.<sup>7</sup>
  11. Petitioner(s) has filed with this petition or will file with this Court prior to the hearing a State of Maine Department of Human Services Certificate of Adoption (Form VS-9) to apply for an amended birth record with the State Registrar of Vital Statistics.<sup>8</sup>
  12. Petitioner(s) acknowledges that unless exempted by Maine law the Court shall notify the department or a licensed child placing agency, which shall investigate the conditions and antecedents of the child to determine whether the child is a proper subject for adoption and whether the proposed home is suitable for the child; that the department or agency shall submit the report to the court. The court may order an adoption study, investigation and home study if one of the petitioners is a blood relative.<sup>9</sup>
  13. Petitioner(s) has filed with this petition or will file with this Court prior to the hearing 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 (not required if the petitioner(s) is a blood relative or the adoptee is an adult).<sup>10</sup> Petitioner(s) has filed with this petition details of any agreement relating to support of this child after adoption, including a subsidy agreement.
  14. Indicate whether petitioner(s) intends to share any information about the adoptee with the birth parents after the adoption takes place, and if so, explain in detail what information is to be shared, under what circumstances it is to be shared, and how that information will be updated:<sup>11</sup>  

Petitioners maintain an open relationship with birth parents and anticipate that visits and ongoing contact will continue. OR Petitioners will share information with birth parents through DHHS staff.
  15. Petitioner(s) acknowledges that before the adoption is decreed, the Court shall ensure that the petitioner is informed of the existence of the adoption registry and the services available under 22 M.R.S.A. § 2706-A.<sup>12</sup>
  16. Petitioner(s) acknowledges that the adoptee may inherit from the birth parents and their kin if the adoption decree so provides pursuant to Maine law and will so inherit if either Petitioner is a parent of the adoptee.<sup>13</sup>
  17. Petitioner(s) acknowledges that if neither petitioner is a parent of the adoptee, and if neither birth parent of the adoptee has asked the Court to preserve the adoptee's inheritance rights with regard to the birth parents and their kin, the Court in its discretion may place in the decree of adoption a special entry which will preserve the adoptee's right to inherit from either or both of the birth parents and their kin. If Petitioner(s) wants such a special entry to be included in the decree, state here the nature of the entry sought and the reasons why it is sought.
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18. The birth parents \_\_\_\_\_ have \_\_\_\_\_ have not requested a special entry with respect to the inheritance rights of the adoptee (if known).

Your caseworker will let you know whether this is the case. In most instances children do retain inheritance rights from their birth parents. This simply means that if the child's birth parent should die without a will, then the child will inherit from the parent's estate as if the parental rights had not been terminated.

19. This child  is \_\_\_\_\_ is not a special needs child.<sup>14</sup> If it is, the needs are described in the attached written statement.

If you are receiving adoption subsidy then the child is considered a Special Needs Child. Your DHHS worker will provide the appropriate written statement describing those needs.

20. This adoption  is \_\_\_\_\_ is not being funded under the Adoption Assistance Program.<sup>15</sup> If it is, an explanation of this funding is attached.

Most adoptions through DHHS have some form of Adoption Assistance. The Adoption Assistance Agreement that you have signed with DHHS should be attached here.

21. A written statement relating to the child's cultural, ethnic or racial background is attached.

This is a standard form that is simply a check-off list.

22. Petitioner(s) acknowledges and represents to this Court that the petitioner(s) intends to establish a parent and child relationship with the adoptee and is a fit and proper person able to care and provide for the adoptee's welfare.

23. Petitioner(s) understand that this Court will take into account the adoptee's cultural, ethnic or racial background, but that the adoption may not be delayed or denied solely because the adoptive parent(s) and the child do not share the same race, color or national origin.<sup>16</sup>



WHEREFORE, Petitioner(s) prays that this Honorable Court grant the adoption and the change of name of the adoptee requested in this petition.

Dated:                      **Date and Sign in front of the Notary**  
\_\_\_\_\_ Petitioner

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

STATE OF MAINE  
COUNTY OF                      **County where document is signed** Dated: \_\_\_\_\_

Then personally appeared the above-named                      **Adoptive Parent # 1 and Adoptive Parent #2**  
\_\_\_\_\_, who under penalty of perjury, affirmed under oath the truth of the facts in the foregoing petition as far as known or informed.<sup>17</sup>

Before me,

**NOTARY will fill in this section.**

Print Name: \_\_\_\_\_  
Notary Public/Attorney-at-Law/Register of Probate

Attorney for Petitioner(s):

\_\_\_\_\_  
(Signature of Attorney and Maine Bar Registration Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

<sup>1</sup> A husband and wife jointly or an unmarried person, resident or nonresident of the State, may petition to adopt a person, regardless of age, and to change that person's name. 18-A M.R.S.A. § 9-301.  
<sup>2</sup> 18-A M.R.S.A. § 9-304(g)  
<sup>3</sup> 18-A M.R.S.A. § 9-104  
<sup>4</sup> 18-A M.R.S.A. § 9-302  
<sup>5</sup> If established parental rights of either parent have not been terminated and such parent has not consented to this adoption or executed a surrender and release, a petition for termination of those rights must also be filed. See 18-A M.R.S.A. § 9-204. In the case of an illegitimate child, if the putative father has not consented to this adoption or executed a surrender and release, a mother's affidavit must be submitted. See 18-A M.R.S.A. § 9-201. The record of any surrender and release or termination of parental rights must be filed with this Court prior to the hearing together with the mailing address of the parent surrendering  
<sup>6</sup> See Footnote 5  
<sup>7</sup> 19-A M.R.S.A. § 1710  
<sup>8</sup> 18-A M.R.S.A. § 9-304(g)  
<sup>9</sup> 18-A M.R.S.A. § 9-304(a)  
<sup>10</sup> 18-A M.R.S.A. § 9-306(b)  
<sup>11</sup> 18-A M.R.S.A. § 9-303(b)  
<sup>12</sup> 18-A M.R.S.A. § 9-304(e)  
<sup>13</sup> 18-A M.R.S.A. § 9-105  
<sup>14</sup> 18-A M.R.S.A. § 9-401  
<sup>15</sup> 18-A M.R.S.A. § 9-402  
<sup>16</sup> 18-A M.R.S.A. § 9-308(b) (2)  
<sup>17</sup> 18-A M.R.S.A. § 1-310