STATE OF MAINE

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:		ROBATE COURT				DISTRICT COU	JRT	
In the Matter of the Adoption Petition of: Name of Adoptee Name of Petitioner Name of Petitioner 1. Petitioner Information Name: First Middle Last		-						
Name of Adoptee Name of Adoptee	Γ	Oocket No				Docket No		
Name of Petitioner Name of Petitioner	In	the Matter of the A	doption Petition	ı of:		PETITION FO	OR ADOPTION	
Name of Petitioner 1. Petitioner Information Name: First Middle Last Legal Residence: Street City/Town Zip Mailing Address: Street Date/Place of Marriage: 2. Petitioner Information Name: First Middle Last Legal Residence: Street City/Town Zip Telephone: Date of Birth: First Middle Last Legal Residence: Street City/Town Zip Mailing Address: Street City/Town Zip Mailing Address: Street City/Town Zip Telephone: Date/Place of Marriage:	Nai	ne of Adoptee						
1. Petitioner Information Name:	Nai	me of Petitioner						
Name: Date of Birth:	Nai	me of Petitioner						
Legal Residence: Street City/Town Mailing Address: Street City/Town Telephone: Date/Place of Marriage: Petitioner Information Name: First Middle Last Legal Residence: Street City/Town Date of Birth: First Middle Last Legal Residence: Street City/Town Zip Mailing Address: Street City/Town Zip Mailing Address: Date/Place of Marriage: Street City/Town Zip Telephone: Date/Place of Marriage:	1.				Date of	Birth:		
Mailing Address: Street City/Town Zip		First	Middle	Last				
Mailing Address: Street City/Town Telephone: Date/Place of Marriage: 2. Petitioner Information Name: First Middle Last Legal Residence: Street City/Town Zip Mailing Address: Street City/Town Telephone: Date/Place of Marriage:		Legal Residence: _						
Telephone: Date/Place of Marriage:		Mailing Address:	Street		City/Town		-	
Telephone: Date/Place of Marriage:		Maning Address	Street		City/Town		Zip	
Name:		Telephone:		Date/Pla	ce of Marriage:			
Name:								
Street City/Town Zip	2.	Petitioner Informa	ition					
Street City/Town Zip		Name:			Date of	Birth:		
Mailing Address: Street City/Town Telephone: Date/Place of Marriage: 3. Adoptee Information		First Legal Residence: _	Middle	Last				
Telephone: Date/Place of Marriage: 3. Adoptee Information					•		•	
3. Adoptee Information			Street		City/Town		Zip	
		Telephone:		Date/Pla	ce of Marriage:			
	•							
	3.			Plac	ee of Birth:			
Birth Name: Other Names:								
Proposed New Name:		Proposed New Nam	ne:					
First Middle Last		F	irst	Middle				
With whom and where adoptee resides:		With whom and wh	ere adoptee resid	des:				
With whom and where adoptee resides:								

	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;
	Executed lawful surrender and release; DHHS pursuant to a court order or a duly
	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 Date of adoptee's
	adoptee was present 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,
10.	visitation with, or access to the adoptee:
	issumed with or access to the adopter.

11.	A. The petitioner knows that the adoptee is <u>not</u> an unmarried person under the age of 18 who (1) is a member of an Indian tribe or (2) is eligible for membership in an Indian tribe and the biological child of a member of an Indian tribe:
	B. The petitioner knows, or has reason to know, that the adoptee is an unmarried person under the age of 18 who (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.
	PLEASE NOTE: The petitioner(s) <u>must</u> provide notice of this petition and the petition to terminate parental rights (if applicable) to the adoptee's parent(s) or Indian custodian and the tribe named above. Such notice must comply with 25 C.F.R. § 23.111 and must be sent by certified mail, return receipt requested and via email, to the address and email address on file with the United States Department of the Interior, Bureau of Indian Affairs. The petitioner(s) must then file a copy of each notice with any return receipts or other proof of service (if applicable) and form AD-029, Statement Regarding Tribal Affiliation with the court;
	C. The petitioner(s), at the time of this petition do(es) not yet know or have reason to know if the adoptee is an Indian child. The petitioner(s) will conduct any remaining future inquiry required to determine Indian child status as required by 25 U.S.C. §§ 1901-1963 and 22 M.R.S. §§ 3941-3955.
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:
all c stat	e understand that this petition will not be considered until all of the required documents have been filed, of the required investigation has occurred, and until the Court is satisfied that I/we have complied with all utory requirements. To complete this filing, the following information is provided and/or documents are ched (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.

10.	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.
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:
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 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.
	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 <u>not</u> 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.
22.	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.
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.

Signature of Petitioner	Signature of Petitioner
Date:	Date:
Name:	Name:
Address:	Address:
Phone Number:	Phone Number:
Email:	Email:
Attorney for Petitioner(s), if any:	
Name: Address:	
Phone Number:Email:	
Email:	C OF MAINE
Email:	OF MAINE
Email: STATE	
Email: STATE COUNTY Personally appeared the above named,	and
Email: STATE COUNTY Personally appeared the above named,	