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

For District Court filings only:
☐ I swear under penalty of perjury that the above statements are true and correct. I understand that these statements are made for use as evidence in court and that I am subject to prosecution for perjury punishable by up to 5 years in prison and a fine of up to $5,000 if I give false information to the court.

_____
Signature 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