

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