

STATE OF MAINE

PROBATE COURT

County: _____

Docket No. _____

DISTRICT COURT

Location: _____

Docket No. _____

In the Matter of the Adoption Petition of:

Name of Adoptee

**PETITION FOR ANNULMENT
OF ADOPTION DECREE
18-C M.R.S. §§ 9-315**

NOW COME(S) the petitioner(s) who request(s) that the court reverse and annul the adoption decree in the above-captioned matter. In support of that request, the petitioner(s) state(s) as follows:

1. Petitioner Information:

Name: _____ Date of birth: _____

First Middle Last

Legal Residence: _____

Street City/Town Zip

Mailing Address: _____

Street City/Town Zip

Telephone: _____

2. Petitioner Information:

Name: _____ Date of birth: _____

First Middle Last

Legal Residence: _____

Street City/Town Zip

Mailing Address: _____

Street City/Town Zip

Telephone: _____

3. Adoptee Information:

Name: _____ Date of birth: _____

First Middle Last

Legal Residence: _____

Street City/Town Zip

Mailing Address: _____

Street City/Town Zip

4. Relationship of petitioner(s) to the adoptee: _____

5. The adoption of the above-named adoptee was established by decree on: _____

6. Notice of Proceeding

Names, addresses, and telephone numbers of all persons who must be notified of this proceeding. The following must be notified:

- a. The parents, except those whose parental rights have been terminated through a proceeding pursuant to 22 M.R.S. § 4055;
- b. The adoptive parents;
- c. An adoptee who is 14 years of age or older;
- d. The agency involved in the adoption; and
- e. Any other parties to the adoption.

NAME	ADDRESS & TELEPHONE NUMBER

7. The decree of adoption should be reversed and annulled for the following reasons:

(please attach an additional page if necessary)

WHEREFORE, the petitioner(s) request(s) that said adoption decree be reversed and annulled.

Signature of Petitioner

Date: _____
Name: _____
Address: _____

Phone Number: _____
Email: _____

Signature of Co-Petitioner

Date: _____
Name: _____
Address: _____

Phone Number: _____
Email: _____

Attorney for Petitioner(s), if any:

Signature of Attorney and Maine Bar Registration Number
Date: _____
Name: _____
Address: _____

Phone Number: _____
Email: _____

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
Page 2 of 2