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.

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 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