

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, Address)  TELEPHONE NO: _____ FAX NO.(Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	Reserved for Clerk's Office Stamp
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO</b> Youth Services Center, Juvenile Court 222 Paul Scannell Drive San Mateo, CA 94402	
IN RE:	
<b>ADULT ADOPTION REQUEST</b>	<b>CASE NUMBER:</b>

1. Name(s) of adopting parent(s) (please use full legal name):

- a. \_\_\_\_\_
- b. \_\_\_\_\_

Your address:

Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone number: (    ) \_\_\_\_\_  
 Email address \_\_\_\_\_

Your lawyer (if you have one): *(Name, address, phone number ,State Bar number)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Person to be adopted (name):

\_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



11. The  mother  father of the adult to be adopted is deceased.
12. If there are any living adult children of the adopting parent(s) you **must** list their names and addresses below. *(attach additional pages if necessary):*  
 Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Additional page(s) attached*

13. If the adopting parent(s) has/have adopted other adult(s) you **must** list name(s) and date(s) and place(s) of the adoption(s). **You may only adopt one unrelated adult in a 12 month period.** *(attach additional pages if necessary):*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Additional page(s) attached*

14.  The adult to be adopted is married and their spouse is in agreement with the adoption as stated on the Local Form, Adopt-11.
15.  My spouse is not adopting the adult listed in section 2 but is in support of the adoption as stated on the Local Form, Adopt-11.
16. Petitioners request the court to grant the request for adoption and to declare that each petitioning adoptive parent and the adult to be adopted shall sustain toward one another the legal relationship of parent and child, with all the rights and duties of the relationship.
17. Petitioners request that the adopted adult's name  remain the same  be changed to: *(type or print the full adoptive name):*

\_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last)

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Date: \_\_\_\_\_ (Type or Print Name) \_\_\_\_\_ (Signature of Adopting Parent)

Date: \_\_\_\_\_ (Type or Print Name) \_\_\_\_\_ (Signature of Adopting Parent)

Date: \_\_\_\_\_ (Type or Print Name) \_\_\_\_\_ (Signature of Adult to be Adopted)