

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
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO Youth Services Center, Juvenile Court 222 Paul Scannell Drive San Mateo, CA 94402	
IN RE:	
ADULT ADOPTION REQUEST	CASE NUMBER:

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

<i>First</i>	<i>Middle</i>	<i>Last</i>
<i>First</i>	<i>Middle</i>	<i>Last</i>

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 (attach a photo copy of birth certificate) Male Female

<i>First</i>	<i>Middle</i>	<i>Last</i>
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Date of Birth: _____ Age: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

3. The adoptive parent(s) is/are older than the adult to be adopted.
 Yes No
4. The adoptive parent is is not the spouse of the adult to be adopted.
5. The adoptive parent and adult to be adopted are related as: _____
(describe family relationship)
and have resided together as parent and child for _____*(state number of year(s)/month(s))*
6. The adoptive parent and adult to be adopted are not related as family, but have established the following relationship
(describe relationship and length):

7. We are asking for the adoption because *(state reasons, be specific, attach additional pages if necessary):*

8. The adoption is in the best interest of the adult to be adopted, the adopting parent(s) and the public because *(state reasons, be specific, attach additional pages if necessary):*

9. The mother of the adult to be adopted is still living. Her name and address if known are:
Name: _____
Street: _____
City: _____ State: _____ Zip: _____
10. The father of the adult to be adopted is still living. His name and address if known are:
Name: _____
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)