

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):   TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081	
IN THE MATTER OF THE PETITION TO ADOPT   BIRTH NAME: _____	
<b>PETITION FOR ADOPTION OF <input type="checkbox"/> ADULT <input type="checkbox"/> MARRIED MINOR</b>	ADOPTION CASE NO.: _____

1. Type of Adoption:  Adult  Married Minor  
 Person(s) adopting is an adult and older than the proposed adoptee.  
 Agreement between prospective adoptive parent(s) and proposed adoptee has been executed and filed.
  
2. Prospective adoptive parent(s) (*specify name and address of each prospective adoptive parent and proposed adoptee*):  
 a. Prospective adoptive parent(s):  
 b. Proposed adoptee:
  
3. Proposed adoptee information:  
 a. Date of birth:  
 b. Age:  
 c. Place of birth (city and state):  
 Person with developmental disabilities
  
4. Date, city, and state of marriage (*if applicable*):  
 Prospective adoptive parent(s):  
 Proposed adoptee:
  
5. Full names of spouse(s) (*if applicable*):  
 Prospective adoptive parent(s):  
 Proposed adoptee:  
 Spouse(s) consent(s) have been filed.
  
6. Full names and places of residence of any living parents and/or adult children of proposed **adoptee**:
  
  
  
  
7. Prospective adoptive parent(s) or prospective adoptive parent's spouse:  
 a.  Has previously adopted an adult.  
     Name of adult adopted:  
     Date and place of adoption:  
 Has *not* previously adopted an adult.  
 b.  Is a provider or employee of a provider of board and care, treatment, rehabilitation, or other services to persons with developmental disabilities.  
 Is *not* a provider or employee of a provider of board and care, treatment, rehabilitation, or other services to persons with developmental disabilities.

- 8. State degree of kinship, if any, between prospective adoptive parent(s) and proposed adoptee:  
 Stepparent:  
 Other (specify):
  
- 9. State length and nature of relationship between prospective adoptive parent and proposed adoptee.
  
- 10. State the reason the adoption is sought:
  
- 11. State why the adoption would be in the best interest of the prospective adoptive parent, the proposed adoptee, and the public:
  
- 12. The undersigned prospective adoptive parent(s) and the proposed adoptee do hereby agree to assume toward each other the legal relationship of parent and child and to have all the rights and be subject to all of the duties and responsibilities of that relationship, including the right of inheritance.
  
- 13. Prospective adoptive parent(s) and proposed adoptee request the court to permit all persons concerned in this matter to attend and be heard, and that the court examine all persons appearing before it as required by law, and if satisfied that the best interests of the parties and the public interest will be promoted by the proposed adoption, grant the petition, approve the agreement of adoption, and make a decree that the proposed adoptee has been duly and legally adopted by the prospective adoptive parent(s) and that the proposed adoptee's full legal name shall be:
  
- 14. The name of the proposed adoptee on the birth certificate shall be:

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 Prospective Adoptive Parent

Date: \_\_\_\_\_

\_\_\_\_\_  
 Type or print name

\_\_\_\_\_  
 Signature of Prospective Adoptive Parent

Date: \_\_\_\_\_

\_\_\_\_\_  
 Type or print name

\_\_\_\_\_  
 Signature of Proposed Adoptee

Date: \_\_\_\_\_

\_\_\_\_\_  
 Type or print name

\_\_\_\_\_  
 Signature of Attorney for Prospective Adoptive Parent