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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:   |  | | --- | | NAME OF ADOPTING PARENT | | STREET ADDRESS | | CITY, STATE, ZIP | | NAME OF ADULT BEING ADOPTED  STREET ADDRESS  CITY, STATE, ZIP |  |  |  |  | | --- | --- | --- | | TELEPHONE NO: |  | FAX NO. (Optional): | | E-MAIL ADDRESS *(Optional)*: |  |  | | ATTORNEY FOR *(Name)*: |  |  | | | *FOR COURT USE ONLY* |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA** | |
| STREET ADDRESS:  MAILING ADDRESS:  CITY AND ZIP CODE:  BRANCH NAME: | 200 South G Street  200 South G Street  Madera, CA 93637  Juvenile Division |
| IN THE MATTER OF THE ADOPTION PETITION OF: NAME OF ADULT BEING ADOPTED | |
| **ADULT ADOPTION AGREEMENT** | | CASE NUMBER: |

 NAME OF ADOPTING PARENT  age  INSERT AGE   , which lives at  STREET, CITY, ZIP CODE, and  NAME OF ADULT BEING ADOPTED, age  INSERT AGE   , which lives at  STREET, CITY, ZIP CODE, have entered into the following agreement:

WHEREAS,  NAME OF ADOPTING PARENT  wishes to adopt  NAME OF ADULT BEING ADOPTED, and  NAME OF ADULT BEING ADOPTED wishes to be adopted by  NAME OF ADOPTING PARENT ,

THEREFORE, the parties agree as follows:

1. To assume toward each other the legal relation of parent and child, and to have all the duties and responsibilities of that relation;

2. To file a joint petition in the Superior Court of California, County of Sacramento, praying for approval of this Agreement of Adoption by issuance of a decree of adoption.

Dated: DATE SIGNED            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NAME OF ADOPTING PARENT

Dated: DATE SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NAME OF ADULT BEING ADOPTED 