

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		
TELEPHONE NO.:	FAX NO. (Optional):	
E-MAIL ADDRESS:		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
NONMINOR'S NAME:		
CONSENT OF SPOUSE OR REGISTERED PARTNER TO ADOPTION OF NONMINOR DEPENDENT		CASE NUMBER:

Use this form to document the consent of a spouse or registered domestic partner to the adoption of a nonminor dependent when only one spouse or registered domestic partner is the prospective adoptive parent.

Consent of Spouse or Registered Domestic Partner

1. My name is:
2. I am the spouse registered domestic partner of petitioner (*name of spouse or domestic partner*):
, who is a person seeking to adopt a nonminor dependent.
3. I do hereby fully and freely consent to the adoption of (*name of nonminor dependent*): , a nonminor dependent, by my spouse registered domestic partner.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF SPOUSE OR REGISTERED DOMESTIC PARTNER)

No Consent of Spouse or Registered Domestic Partner

The court has considered the evidence provided by the social worker probation officer and finds
 the spouse/registered domestic partner of the prospective adoptive parent is incapable of providing consent to adoption.

Date:

JUDICIAL OFFICER