

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Case No. \_\_\_\_\_

In Re Adoption of:

[Empty box for child name]

PETITION TO ADOPT MINOR BY STEPPARENT OR DOMESTIC PARTNER OF CUSTODIAL PARENT

I/We ask the Court to permit me/us to adopt the minor child named above. I/We swear or affirm under oath that the facts set forth below are true to the best of my knowledge and belief:

Information About the Minor Child to be Adopted

Child's Full Birth or Current Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Time of Birth: \_\_\_\_\_ AM \_\_\_\_\_ PM

Place of Birth (town, state, zip): \_\_\_\_\_

Name by which Child will be known After Adoption: \_\_\_\_\_

Gender of Child:  Male  Female

Describe any assets or property owned by the child and the value of each asset.

Table with 2 columns: Asset, Value. Includes three rows for listing assets and their values.

Request for New Birth Certificate:

- No Request was made by Petitioners
Petitioners have requested that a new birth certificate be issued by the Supervisor of Vital Records that includes the name, date of birth, and place of birth of the adoptive parent(s) as set forth below.

Petitioner Information

My Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Complete Mailing Address (town, state, zip): \_\_\_\_\_

Length of time residing at this residence: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Describe your relationship to the Child: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

I have the resources and the facilities to provide the care and support for this Child:  Yes  No

- 1) I state that to the best of my knowledge and belief, the minor is not subject to the Indian Child Welfare Act, 25 U.S.C. §1901 et seq.
2) I state to the best of my knowledge and belief, any law governing interstate or inter-country placement which applies to this adoption has been complied with.

**Information About the Biological Parents** - provide all information that you know

Full Name of **Parent A**: \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_  
Town & State of Residence: \_\_\_\_\_  
Physical Address (if different): \_\_\_\_\_

Full Name of **Parent B**: \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_  
Town & State of Residence: \_\_\_\_\_  
Physical Address (if different): \_\_\_\_\_

I do not know some or all of the information about the other parent because (briefly explain):

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

**Consent, Relinquishment or Disclaimer of Parental Interest**

The following person(s) has/have signed a consent, relinquishment or disclaimer of parental interest:

Name	Relationship to Child	Type of Document Signed
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following person(s) has a parental relationship that has not been terminated and a consent or relinquishment may be required:

Name	Relationship to Child	Facts that may Explain Lack of Consent
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Prior Adoption Petitions**

I have previously filed an adoption petition in another court:  Yes  No

If yes, describe what happened to your petition:

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

**Prior or Pending Court Proceedings Involving this Child**

Describe any Court proceedings or Court Orders related to this child concerning child support, custody (parental rights and responsibilities) or visitation (parent child contact). Use additional sheets if necessary

Name of Court	Docket Number	Type of Court Proceeding
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Information Related to Marital Status:**

- Single/Never Married
- In a Civil Union
- Spouse/Partner Deceased
- Married
- Single/Divorced

If married or in a Civil Union, complete the following information:

Date of Marriage/Union: \_\_\_\_\_ Place of Marriage/Union: \_\_\_\_\_  
 Spouse/Partner’s Date of Birth: \_\_\_\_\_ Spouse/Partner’s Place of Birth: \_\_\_\_\_

If married, has spouse been judicially determined to be incompetent:  Yes  No

If Yes, please provide the date of determination: \_\_\_\_\_

If spouse/partner is deceased, please provide the following information:

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

**Current Residence of Minor Child**

- The child has resided with the petitioner since \_\_\_\_\_.
- The child is not currently residing with petitioner because:

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

**Legal Custody of Minor**

I/We have legal custody of the minor:  Yes  No

If yes, describe the circumstances under which you obtained custody of the minor:

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

**Information about Living Maternal Grandparents**

Full Name of Living Maternal Grandmother: \_\_\_\_\_  
 Complete Mailing Address: \_\_\_\_\_  
 Town & State of Residence: \_\_\_\_\_  
 Physical Address (if different): \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Full Name of Living Maternal Grandfather: \_\_\_\_\_  
*If contact information for maternal grandfather is different than maternal grandmother, please complete the information below*  
 Complete Mailing Address: \_\_\_\_\_  
 Town & State of Residence: \_\_\_\_\_  
 Physical Address (if different): \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**Information about Living Paternal Grandparents**

Full Name of Living Paternal Grandmother: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Town & State of Residence: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Full Name of Living Paternal Grandfather: \_\_\_\_\_

*If contact information for maternal grandfather is different than maternal grandmother, please complete the information below*

Complete Mailing Address: \_\_\_\_\_

Town & State of Residence: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Home Study**

A home study is being prepared by (name and address of preparer): \_\_\_\_\_  
\_\_\_\_\_

I request a waiver of the home study:  Yes  No

*If you are requesting a waiver, you must attach a letter to the Court explaining in detail why a waiver would be appropriate.*

I swear or affirm that the facts set forth in this consent are true and correct to the best of my knowledge and belief.

On: \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Petitioner*

At: \_\_\_\_\_  
*City, County and State*

\_\_\_\_\_  
*Printed Name*

**Signed and sworn to before me:**

Date	Signature of Notary Public	Expiration Date

IF PETITIONER IS MARRIED OR IN A CIVIL UNION, PETITIONER’S SPOUSE/PARTNER MUST CONSENT TO THE PETITION BY SIGNING BELOW UNLESS THE SPOUSE/PARTNER HAS BEEN JUDICIALLY DECLARED INCOMPETENT.

I am the spouse/partner of the petitioner and I consent to the filing of this petition

On: \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Spouse/Partner*

At: \_\_\_\_\_  
*City, County and State*

\_\_\_\_\_  
*Printed Name*