



CIRCUIT COURT FOR \_\_\_\_\_, MARYLAND

City/County

Located at \_\_\_\_\_ Case No. \_\_\_\_\_

Court Address

VS.

Petitioner

Respondent

CONSENT OF CHILD TO A PUBLIC AGENCY ADOPTION OR PRIVATE AGENCY ADOPTION (FORM 9-102.5)

CONSENT OF \_\_\_\_\_ TO ADOPTION
Name of Child

INSTRUCTIONS

This consent form may be completed only after being reviewed with an attorney and should be completed only by a child who is in the custody of or under the guardianship of the Department of Social Services or under the guardianship of a private child placement agency. Code, Family Law Article, Title 5, Subtitle 3 or 3a.

- 1. I understand English, or this consent form has been translated into \_\_\_\_\_, a language that I understand.
2. My name is \_\_\_\_\_
3. My date of birth is \_\_\_\_\_. I am \_\_\_\_\_ years old.
4. I understand that \_\_\_\_\_ have asked to adopt me.
5. I have a lawyer whose name and telephone number are \_\_\_\_\_. I have met with my lawyer who has gone over this consent form with me and explained to me what it means to be adopted.
6. I understand that if I agree to be adopted, and I am adopted, \_\_\_\_\_ will become my parents, and I will become their child.
7. I understand that I do not have to agree to be adopted. If I do not agree, the judge cannot approve the adoption. If the adoption is not approved, and I am not adopted by someone else, a judge will decide where I will live.
8. I voluntarily and of my own free will agree to being adopted by \_\_\_\_\_. I understand that if they are not able to complete the adoption, this consent form will no longer be valid and can no longer be used.
9. I understand that if I change my mind and do not want to be adopted, I must tell my lawyer, my social worker, or the judge immediately. I will have to sign a written statement or tell the judge in court that I do not want to be adopted before the adoption order is signed by a judge. This is called a revocation of consent.
10. I understand that when I am at least 21 years old, my birth parents or I may apply to the Secretary of the Maryland Department of Health to get certain birth and adoption records. If I do not want information about me to be given to my birth parents, I have the right to file a form called a "disclosure veto." I have been given a form that I may use if I want to file a disclosure veto.

11. I understand that when I am at least 21 years old, my birth parents, my siblings, or I may apply to the Director of the Social Services Administration of the Maryland Department of Human Services for adoption search, contact, and reunion services.

12. I have read this consent form or have had it read and explained to me in a language that I understand. I understand the meaning of this consent form.

13. I have not been promised anything in return for agreeing to be adopted.

14. I have signed this consent form of my own free will.

15. I understand that I will be given a copy of this signed consent form.

I solemnly affirm under the penalties of perjury that the contents of this consent to adoption form are true to the best of my knowledge, information, and belief.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Telephone Number

Witness:

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Telephone Number