



CIRCUIT COURT FOR _____, MARYLAND

City or County

Located at _____ Case No. _____

Court Address

VS.

Petitioner

Respondent

CONSENT OF CHILD TO A PUBLIC AGENCY ADOPTION OR PRIVATE AGENCY ADOPTION (FORM 9-102.6)

CONSENT OF _____ (Name of Child) TO ADOPTION

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)