



CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____ Case No. _____

Court Address

vs.

Petitioner

Respondent

ATTORNEY AFFIDAVIT AS TO CONSENT OF A PARENT TO A PRIVATE AGENCY GUARDIANSHIP (FORM 9-102.7)

Affidavit by attorney as to consent of _____ Parent to guardianship with the right to consent to adoption ("guardianship") by _____ Agency of _____ Child.

- 1. I am the attorney representing _____, a parent of _____, the child who is the subject of the consent.
2. The parent, at the time of the signing of the consent, was _____ years old. The parent's date of birth is _____.
3. (Check one of the following)
[] The parent is not disabled or is disabled but the disability does not affect the parent's ability to understand the meaning of the consent to guardianship.
OR
[] The parent is a minor or has a disability that could affect the parent's ability to understand the meaning of the consent to guardianship. The disability is: _____
Despite the parent's age or disability, I believe that the parent understood the meaning of consenting to guardianship. The following additional steps were taken to ensure that the parent understood the meaning of the consent form prior to signing it: _____
4. The parent understands English, or the consent form that the parent signed was translated into _____, a language that the parent understands.
5. I have explained to the parent that _____ Agency has filed or plans to file a case to ask the court to grant it guardianship of the child with the right to consent to adoption by (Check one of the following):
[] a family approved by the agency.
OR
[] _____ Name by which parent knows adoptive parent

6. I reviewed the consent form thoroughly with the parent, and I believe that the parent desires to consent to the guardianship and has signed the consent form knowingly and voluntarily and not due to duress or coercion.

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

Date

Signature

Attorney Number

Printed Name

Address

City, State, Zip Code

Telephone Number