



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

City or County

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

Court Address

VS.

Petitioner

Respondent

ATTORNEY AFFIDAVIT AS TO CONSENT OF A PARENT TO A PUBLIC AGENCY GUARDIANSHIP OR PRIVATE AGENCY GUARDIANSHIP (FORM 9-102.8)

Affidavit by attorney as to consent of \_\_\_\_\_ to guardianship with the right to consent to adoption ("guardianship") by \_\_\_\_\_ of \_\_\_\_\_

Parent

Agency

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 \_\_\_\_\_ 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)

.....  
(Printed Name)

.....  
(Address)

.....  
(City, State, Zip Code)

.....  
(Telephone Number)