

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): NAME OF ADOPTING PARENT STREET ADDRESS CITY, STATE, ZIP NAME OF ADULT BEING ADOPTED STREET ADDRESS CITY, STATE, ZIP TELEPHONE NO: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 South G Street MAILING ADDRESS: 200 South G Street CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Juvenile Division	
IN THE MATTER OF THE ADOPTION PETITION OF: NAME OF ADULT BEING ADOPTED	
ADULT ADOPTION AGREEMENT	CASE NUMBER: _____

NAME OF ADOPTING PARENT age **INSERT AGE** , which lives at **STREET, CITY, ZIP CODE**, and **NAME OF ADULT BEING ADOPTED**, age **INSERT AGE** , which lives at **STREET, CITY, ZIP CODE**, have entered into the following agreement:

WHEREAS, **NAME OF ADOPTING PARENT** wishes to adopt **NAME OF ADULT BEING ADOPTED**, and **NAME OF ADULT BEING ADOPTED** wishes to be adopted by **NAME OF ADOPTING PARENT** ,

THEREFORE, the parties agree as follows:

1. To assume toward each other the legal relation of parent and child, and to have all the duties and responsibilities of that relation;
2. To file a joint petition in the Superior Court of California, County of Sacramento, praying for approval of this Agreement of Adoption by issuance of a decree of adoption.

Dated: **DATE SIGNED**

NAME OF ADOPTING PARENT

Dated: **DATE SIGNED**

NAME OF ADULT BEING ADOPTED