

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):  TELEPHONE NO: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b> 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:	
<b>CONSENT OF SPOUSE OF ADOPTED PERSON</b>	CASE NUMBER: _____

I, \_\_\_\_\_, hereby state that I was married to \_\_\_\_\_, on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, and that we remain married and are not lawfully separated. I hereby consent to the adoption of my \_\_\_\_\_ by \_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
NAME OF SPOUSE OF ADOPTED PERSON