

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Docket No.

In re Adoption of:

PETITION TO ADOPT MINOR BY STEPPARENT
OR DOMESTIC PARTNER OF CUSTODIAL PARENT

I/We ask the Court to permit me/us to adopt the minor child named above. I/We swear or affirm under oath that the facts set forth below are true to the best of my knowledge and belief:

Information About the Minor Child to be Adopted

Child's Full Birth or Current Legal Name: _____

Date of Birth: _____ Time of Birth: _____ AM _____ PM

Place of Birth (town, state, zip): _____

Name by which Child will be known After Adoption: _____

Gender of Child: ☐ Male ☐ Female

Describe any assets or property owned by the child and the value of each asset

Asset	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

Request for New Birth Certificate:

- ☐ No Request was made by Petitioners
- ☐ Petitioners have requested that a new birth certificate be issued by the Supervisor of Vital Records that includes the name, date of birth, and place of birth of the adoptive parent(s) as set forth below.

Petitioner Information

My Name: _____

Date of Birth: _____ Place of Birth: _____

Complete Mailing Address (town, state, zip): _____

Length of time residing at this residence: _____ Phone Number: _____

Describe your relationship to the Child:

Occupation: _____ Annual Income: \$ _____

I have the resources and the facilities to provide the care and support for this Child: ☐ Yes ☐ No

1) I state that to the best of my knowledge and belief, the minor is not subject to the Indian Child Welfare Act, 25 U.S.C. §1901 et seq.

2) I state to the best of my knowledge and belief, any law governing interstate or inter-country placement which applies to this adoption has been complied with.

Information About the Biological Parents - provide all information that you know

Full Name of **Parent A**: _____
Complete Mailing Address: _____
Town & State of Residence: _____
Mailing Address (if different): _____

Full Name of **Parent B**: _____
Complete Mailing Address: _____
Town & State of Residence: _____
Mailing Address (if different): _____

☐ I do not know some or all of the information about the other parent because (briefly explain):

Consent, Relinquishment or Disclaimer of Parental Interest

The following person(s) has/have signed a consent, relinquishment or disclaimer of parental interest:

Name	Relationship to Child	Type of Document Signed
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following person(s) has a parental relationship that has not been terminated and a consent or relinquishment may be required:

Name	Relationship to Child	Facts that may Explain Lack of Consent
_____	_____	_____
_____	_____	_____
_____	_____	_____

Prior Adoption Petitions

I have previously filed an adoption petition in another court: ☐ Yes ☐ No

If yes, describe what happened to your petition:

Prior or Pending Court Proceedings Involving this Child

Describe any Court proceedings or Court Orders related to this child concerning child support, custody (parental rights and responsibilities) or visitation (parent child contact). Use additional sheets if necessary

Name of Court	Docket Number	Type of Court Proceeding
_____	_____	_____
_____	_____	_____
_____	_____	_____

Information Related to Marital Status:

- ☐ Single/Never Married ☐ Married
☐ In a Civil Union ☐ Single/Divorced
☐ Spouse/Partner Deceased

If married or in a Civil Union, complete the following information:

Date of Marriage/Union: _____ Place of Marriage/Union: _____

Spouse/Partner's Date of Birth: _____ Spouse/Partner's Place of Birth: _____

If married, has spouse been judicially determined to be incompetent: ☐ Yes ☐ No

If Yes, please provide the date of determination: _____

If spouse/partner is deceased, please provide the following information:

Date of Death: _____ Place of Death: _____ Cause of Death: _____

Current Residence of Minor Child

- ☐ The child has resided with the petitioner since _____.
- ☐ The child is not currently residing with petitioner because:

Legal Custody of Minor

I/We have legal custody of the minor: ☐ Yes ☐ No

If yes, describe the circumstances under which you obtained custody of the minor:

Information about Living Maternal Grandparents

Full Name of Living Maternal Grandmother: _____

Complete Mailing Address: _____

Town & State of Residence: _____

Mailing Address (if different): _____

Phone Number: _____

Full Name of Living Maternal Grandfather: _____

If contact information for maternal grandfather is different than maternal grandmother, please complete the information below

Complete Mailing Address: _____

Town & State of Residence: _____

Mailing Address (if different): _____

Phone Number: _____

Information about Living Paternal Grandparents

Full Name of Living Paternal Grandmother: _____
Complete Mailing Address: _____
Town & State of Residence: _____
Mailing Address (if different): _____
Phone Number: _____

Full Name of Living Paternal Grandfather: _____
If contact information for maternal grandfather is different than maternal grandmother, please complete the information below
Complete Mailing Address: _____
Town & State of Residence: _____
Mailing Address (if different): _____
Phone Number: _____

Home Study

☐ A home study is being prepared by (name and address of preparer): _____

☐ I request a waiver of the home study: ☐ Yes ☐ No
If you are requesting a waiver, you must attach a letter to the Court explaining in detail why a waiver would be appropriate.

I swear or affirm that the facts set forth in this consent are true and correct to the best of my knowledge and belief.

On: _____
Date *Signature of Petitioner*
At: _____
City, County and State *Printed Name*

Signed and sworn to before me:

Date	Signature of Notary Public	Expiration Date
------	----------------------------	-----------------

IF PETITIONER IS MARRIED OR IN A CIVIL UNION, PETITIONER'S SPOUSE/PARTNER MUST CONSENT TO THE PETITION BY SIGNING BELOW UNLESS THE SPOUSE/PARTNER HAS BEEN JUDICIALLY DECLARED INCOMPETENT.

☐ I am the spouse/partner of the petitioner and I consent to the filing of this petition

On: _____
Date *Signature of Spouse/Partner*
At: _____
City, County and State *Printed Name*