



CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____ Case No. _____

Court Address

vs.

Petitioner

Respondent

**ATTORNEY AFFIDAVIT AS TO CONSENT OF A CHILD TO ADOPTION
(FORM 9-102.9)**

Affidavit by attorney as to consent of _____ to adoption.
Child

1. I am the attorney representing _____, the individual who is the subject of this adoption proceeding (“the child”).
2. The child, at the time of the signing of the consent form, was _____ years old. The child’s date of birth is _____. To the best of my knowledge, the child is not an Indian child subject to the provisions of the Indian Child Welfare Act.
3. (Check one of the following)
 - The child is not disabled or is disabled but the disability would not affect the child’s ability to understand the meaning of the consent to adoption.
 - OR
 - The child has a disability that could affect the child’s ability to understand the meaning of the consenting to adoption. The disability is: _____

Despite the child’s disability, I believe that the child understands the meaning of the consenting adoption. The following additional steps were taken to ensure that the child understood the meaning of the consent form prior to signing it: _____
4. The child understands English, or the consent form that the child signed was translated into _____, a language that the child understands.
5. Based on my interview with the child, the child is not a member of an Indian tribe, is not eligible for membership in an Indian tribe, and is not the biological child of a member of an Indian tribe.
6. I have explained to the child that _____ have asked the court to be permitted to adopt the child, that the child has the right to decide whether or not the child wants to be adopted, and the possible options if the adoption is not approved.

7. I reviewed the consent form thoroughly with the child, and I believe that the child agrees to the adoption 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