



CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____ Case No. _____

Court Address

vs.

Petitioner

Respondent

CONSENT OF CHILD TO AN INDEPENDENT ADOPTION (FORM 9-102.6)

CONSENT OF _____

Name of Child

TO INDEPENDENT ADOPTION

INSTRUCTIONS

This consent form should be completed only by a child who is being adopted in an independent adoption that is not being arranged by an adoption or child placement agency. Code, Family Law Article, Title 5, Subtitle 3b.

The attached consent form is an important legal document. You must read all of these instructions BEFORE you sign the form and agree to being adopted. If you do not understand the instructions or the consent form, you should not sign it. If you have a disability that makes it hard for you to understand this form, do not complete this consent form unless you have a lawyer.

A. Right to Have This Information in A Language You Understand

You have the right to have these instructions and the consent form translated into a language that you understand. If you cannot read or understand English, you should not sign this consent form.

B. Right to Speak With a Lawyer

If you have a disability that makes it hard for you to understand this consent form, do not complete this form because you must have a lawyer before you may complete this form and agree to be adopted.

Even if you do not have a problem understanding this consent form, you have the right to speak with a lawyer before you agree to be adopted. If you want to speak with a lawyer, do not complete this form until you have spoken with a lawyer.

C. What Happens if You Sign the Consent Form

If you sign the consent form, the people who want to adopt you will file an adoption case in the Circuit Court for _____. There probably will be a court hearing about your adoption. During that hearing, the judge probably will ask you if you want to be adopted. The judge will make the final decision about your adoption.

D. Right to Revoke Consent

If you sign this consent form and then change your mind and decide that you do not want to be adopted, you may take back or “revoke” your consent. However, **you must revoke your consent before the judge signs the adoption order**, and you must revoke it either in writing or in court in front of the judge. If you decide you do not want to be adopted, you should write the judge at _____ Circuit Court at _____ immediately, or tell the judge before or at the beginning of your adoption hearing.

STOP HERE IF YOU DID NOT UNDERSTAND SOMETHING YOU HAVE READ OR IF YOU WANT TO SPEAK WITH A LAWYER BEFORE YOU DECIDE IF YOU WANT TO SIGN THE CONSENT FORM.

If you wish to sign the consent form, you must also sign here to verify that you read these instructions and understand them:

Signature

Date

You must attach a copy of these signed instructions to the signed consent form.

CONSENT OF _____
Name of Child

TO INDEPENDENT ADOPTION

Use a pen to fill out this form. If you decide to sign the consent form, you must have a witness present when you sign it. The witness must be someone 18 or older and should not be your parent or the person who is adopting you. You must fill in all the blanks, sign the form, and print your name, address, and telephone number, and the witness must sign and print the witness’ name, address, and telephone number in the blanks on the last page.

1. I understand English, or this consent form has been translated into _____, a language that I understand.

2. My name is _____.

3. My date of birth is _____. I am _____ years old.

4. I understand that _____ have asked to adopt me.

5. Check **one**:

I have a lawyer whose name and telephone number are _____
_____. I have met with my lawyer who has gone over this consent form
with me and explained to me what it means to be adopted. I want to agree to be adopted.

OR

I do not have a lawyer. I have read the instructions in the front of this form, and I understand this
consent form. I do not want to speak with a lawyer before I complete this form and agree to be adopted.

6. I understand that if I agree to be adopted, and I am adopted, _____
_____ will become my parents, and I will become their child.

7. I understand that if I agree to be adopted, and I am adopted, _____
_____ will no longer be my parents.

8. I understand that I do not have to agree to be adopted. If I do not agree, the court cannot approve the
adoption.

9. I voluntarily and of my own free will agree to being adopted by _____.
I understand that if they are not able to complete the adoption, this consent form will no longer be valid and
can no longer be used.

10. I understand that if I change my mind and do not want to be adopted, I must tell the judge immediately.
I will have to sign a written statement or tell the judge in court that I do not want to be adopted **before** the
adoption order is signed.

11. I understand that when I am at least 21 years old, my birth parents or I may apply to the Secretary of the
Maryland Department of Health to get certain birth and adoption records. If I do not want information about
me to be given to my birth parents, I have the right to file a form called a "disclosure veto." I have been
given a form that I may use if I want to file a disclosure veto.

12. I understand that when I am at least 21 years old, my birth parents, my siblings, or I may apply to the
Director of the Social Services Administration of the Maryland Department of Human Services for adoption
search, contact, and reunion services.

13. I have read this consent form or have had it read and explained to me in a language that I understand. I
understand the meaning of this consent form.

14. I have not been promised anything in return for agreeing to be adopted.

15. I have signed this consent form of my own free will.

16. I understand that I will be given a copy of this signed consent form.

I solemnly affirm under the penalties of perjury that the contents of this consent to adoption form are true to the best of my knowledge, information, and belief.

_____ Date

_____ Signature

_____ Printed Name

_____ Address

_____ City, State, Zip Code

_____ Telephone Number

Witness:

_____ Date

_____ Signature

_____ Printed Name

_____ Address

_____ City, State, Zip Code

_____ Telephone Number

A COPY OF THE INSTRUCTIONS WITH YOUR SIGNATURE MUST BE ATTACHED TO THIS CONSENT FORM