



CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____ Case No. _____

Court Address

vs.

Petitioner

Respondent

ATTORNEY AFFIDAVIT AS TO CONSENT OF A PARENT TO ADOPTION (FORM 9-102.8)

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

1. I am the attorney representing _____, a parent of _____, the child who is the subject of the consent.

2. The parent, at the time of the signing of the consent, was _____ years old. The parent's date of birth is _____.

3. (Check one of the following)

[] The parent is not disabled or is disabled but the disability does not affect the parent's ability to understand the meaning of the consent to adoption.

OR

[] The parent is a minor or has a disability that could affect the parent's ability to understand the meaning of the consent to adoption. The disability is: _____

Despite the parent's age or disability, I believe that the parent understood the meaning of consenting to adoption. The following additional steps were taken to ensure that the parent understood the meaning of the consent form prior to signing it: _____

4. The parent understands English, or the consent form that the parent signed was translated into _____, a language that the parent understands.

5. Based on my interview with the parent, the parent is not a member of an Indian tribe, is not eligible for membership in an Indian tribe, and has no immediate family member who is a member of an Indian tribe.

6. I have explained to the parent that _____ has filed or plans to file a case to ask the court to permit that person to adopt parent's child. Name by which Parent Knows Adoptive Parents

7. I reviewed the consent form thoroughly with the parent, and I believe that the parent desires to consent 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