



**CIRCUIT COURT FOR \_\_\_\_\_, MARYLAND**

Located at \_\_\_\_\_ City or County Case No. \_\_\_\_\_  
Court Address

\_\_\_\_\_  
Petitioner VS. \_\_\_\_\_  
Respondent

**ATTORNEY AFFIDAVIT AS TO CONSENT OF A CHILD TO ADOPTION  
(FORM 9-102.10)**

Affidavit by attorney as to consent of \_\_\_\_\_ to adoption.  
Child

- I am the attorney representing \_\_\_\_\_, the individual who is the subject of this adoption proceeding ("the child").
- 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.
- (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:\_\_\_\_\_
- The child understands English, or the consent form that the child signed was translated into \_\_\_\_\_, a language that the child understands.
- 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 option if the adoption is not approved.
- 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)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number)