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| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:

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| TELEPHONE NO:       |  | FAX NO. (Optional):      |
| E-MAIL ADDRESS *(Optional)*:      |  |  |
| ATTORNEY FOR *(Name)*:       |  |  |

 | *FOR COURT USE ONLY* |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA** |
| STREET ADDRESS:MAILING ADDRESS:CITY AND ZIP CODE:BRANCH NAME: | 200 South G Street200 South G StreetMadera, CA 93637Juvenile Division |
| IN THE MATTER OF THE ADOPTION PETITION OF:       |
| **CONSENT OF SPOUSE OF ADOPTING PARENT** | CASE NUMBER:      |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby state that I was married to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_, and that we remain married and are not lawfully separated. I hereby consent to the adoption of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an adult person, by my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF SPOUSE OF ADOPTING PARENT