

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):  TELEPHONE NO: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b> STREET ADDRESS: 200 South G Street MAILING ADDRESS: 200 South G Street CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Juvenile Division	
IN THE MATTER OF THE ADOPTION PETITION OF:	
<b>ADULT ADOPTION AGREEMENT</b>	CASE NUMBER: _____

\_\_\_\_\_, age \_\_\_\_\_, which lives at \_\_\_\_\_, and  
 \_\_\_\_\_, age \_\_\_\_\_, which lives at \_\_\_\_\_, have  
 entered into the following agreement:

WHEREAS, \_\_\_\_\_ wishes to adopt \_\_\_\_\_,  
 and \_\_\_\_\_ wishes to be adopted by  
 \_\_\_\_\_,

THEREFORE, the parties agree as follows:

1. To assume toward each other the legal relation of parent and child, and to have all the duties and responsibilities of that relation;
2. To file a joint petition in the Superior Court of California, County of Sacramento, praying for approval of this Agreement of Adoption by issuance of a decree of adoption.

Dated: \_\_\_\_\_  
 \_\_\_\_\_  
 NAME OF ADOPTING PARENT

Dated: \_\_\_\_\_  
 \_\_\_\_\_  
 NAME OF ADULT BEING ADOPTED