**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**

**FAMILY COURT**

**DOMESTIC RELATIONS BRANCH -- ADOPTION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Ex Parte in the Matter of**  ) Adoption Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

)

The Petition of ) )

[PETITIONER’S NAME] ) Judge/Magistrate Judge [NAME]

)

**For Adoption of a Minor Child.** )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

# PETITION FOR ADOPTION

The Petitioner, [PETITIONER] (“[PETITIONER]” or the “Petitioner”), represents to the court as follows:

1. This Court has jurisdiction pursuant to D.C. Code § 16-301, *et seq*. (2009) in that the prospective adoptee, [CHILD] (“[CHILD]”), is in the legal care, custody, or control of the Child and Family Services Agency (“CFSA”). The Court’s jurisdiction also derives from D.C. Code § 11-1101(9) (2011).
2. [PETITIONER] was born on [PETITIONER DOB] and is [AGE] years old. [HE/SHE] is [RACE] and is a member of the [RELIGIOUS AFFILIATION] religion. [PETITIONER] is self-employed as a [PROFESSION], and has been [PROFESSION] since [YEAR]. [HE/SHE] has never been married.
3. [PETITIONER] resides at [ADDRESS]. [HE/SHE] owns this residence, which has five bedrooms, and has lived there since [YEAR]. [PETITIONER]’s parents, [PARENT 1] and [PARENT 2], and [PETITIONER]’s niece and her child, [NIECE] and [NIECE’S CHILD] also reside at this address.
4. [CHILD] is a [AGE]-year-old boy, born on [DOB] in [CITY STATE]. [CHILD] is [RACE] and [HIS/HER] religious affiliation is unknown.
5. [PETITIONER] is the licensed foster parent of [CHILD]. [CHILD] was placed in the care of [PETITIONER] on [DATE] by the D.C. CFSA. [HE/SHE] has lived with [PETITIONER] continuously since that time, which is over half of [HIS/HER] life, and has thrived in [HIS/HER] care. [PETITIONER] and [CHILD] enjoy a close and loving parent-child relationship.
6. [PETITIONER] is requesting an adoption subsidy. [CHILD] has special needs and has been diagnosed as developmentally delayed. An adoption subsidy agreement has not been entered into prior to the filing of this petition, but [PETITIONER] expects that one will be entered into prior to finalization.
7. [PETITIONER] has not received the complete medical, social, or background information on the prospective adoptee.
8. [CHILD]’s birth mother is [BIRTH MOTHER]. Her last known address is [ADDRESS]. [BIRTH MOTHER] is [RACE]. Her religious affiliation is unknown.
9. On information and belief, [CHILD]’s putative birth father/father is [BIRTH FATHER]. [BIRTH FATHER] is believed to be [RACE] and his religious affiliation is unknown. His address is unknown but it is anticipated the CFSA’s Diligent Search Unit will attempt to locate him.
10. There are no executed original written consents signed by the birth mother or birth father. Upon information and belief, there are no relinquishments of parental rights signed by the birth parents. Upon information and belief there are no orders terminating parental rights by a court of competent jurisdiction.
11. The name and address of the agency responsible for securing any required consent or relinquishment of birth parents is the D.C. Child and Family Services Agency, 200 I Street, SE, Washington, DC, 20003 [and PRIVATE AGENCY NAME/ADDRESS [if any]].
12. The Interstate Compact on the Placement of Children (ICPC), D.C. Code § 4-1421 *et seq*. (2009), is applicable to this adoption due to the fact that the Petitioner resides in Maryland. Approval has not been received prior to the filing of this petition, but Petitioner expects that ICPC approval will be obtained prior to finalization.
13. The Indian Child Welfare Act, 25 U.S.C. § 1901 *et seq*., is not applicable to this adoption.
14. [CHILD] is the subject of a neglect case, N-[###]-[##], before Judge/Magistrate Judge [NAME]. [PETITIONER] is not aware of any other pending court action involving [CHILD].
15. In addition to the ongoing neglect case regarding [CHILD], N-[###]-[##], during the past ten years, [PETITIONER] has been a party in the following civil matter:
    1. [YEAR], [CASE NAME]*,* Case No. [[############]](http://casesearch.courts.state.md.us/inquiry/inquiryDetail.jis?caseId=050200275302007&loc=20&detailLoc=DSCIVIL) in the [COURT AND JURISDICTION], [TYPE OF CASE], [DISPOSITION].
16. Upon information and belief, [CHILD]’s combined assets do not exceed $3,000.00.
17. [CHILD] is physically, mentally, and otherwise suitable for adoption by [PETITIONER]
18. [PETITIONER] is fit and able to give [CHILD] a proper home and education.
19. [PETITIONER] desires to adopt and treat [CHILD] as [HIS/HER] natural child.
20. The adoption is in the best interest of [CHILD].

**WHEREFORE**, the petitioner prays:

1. that a final decree of adoption be entered establishing the relationship of natural parent and natural child for all purposes between the petitioner, [PETITIONER], and the prospective adoptee, [CHILD].
2. that the name of the prospective adoptee be changed to [CHILD’S NEW NAME].
3. that an order of reference with a copy of the petition attached be served upon CFSA for the purpose of verifying the allegations contained in the petition. A report is to be made to the Court within 90 days regarding the advisability of the proposed adoption.
4. that the consent of the biological parents is not required pursuant to D.C. Code § 16-304.
5. For such other and further relief as may seem just and proper to the Court.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of Petitioner

**DISTRICT OF COLUMBIA, ss:**

[PETITIONER] , being first sworn, states that [HE/SHE] has read the petition

for adoption and understands its terms and that the statements contained in this petition are true to the best of [HIS/HER] information and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[PETITIONER]

Subscribed and sworn to before me this \_\_\_\_\_\_ day of [MONTH YEAR].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deputy Clerk/ Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[PETITIONER ATTY]

D.C. Bar No. ###### [FIRM]

*Counsel for [PETITIONER]*

[ADDRESS]

[CITY, STATE ZIP]

[TEL/FAX]

[EMAIL]

***GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HUMAN SERVICES***

***PERSONAL DATA IN ADOPTION PROCEEDINGS***

***The following information is needed for the purpose of locating the original record of birth in the office files.***

1. *Original name of child* [CHILD]
2. *Date of birth* [CHILD DOB] *Place of birth* [CITY STATE]
3. *Name of putative natural father* [BIRTH FATHER]
4. *Name of natural mother (including maiden name)* [BIRTH MOTHER]
5. *Birth certificate number if known*
6. *Name of child-placing agency*

*(required only when the names of the natural parents are unknown)*

*In order that there may be a complete record of the history of the adoptive parents as if they were the natural parents on the new certificate, it will be necessary that the information requested below be furnished.*

***ADOPTIVE PARENT***

*Full name* [PETITIONER]\_\_

*Race* [RACE] *Age*  [AGE]

*Birthplace*  [CITY, STATE]

*Occupation* [OCCUPATION]

*Usual residence* [ADDRESS]

*Other children born to, or adopted by this mother* ***(Do not include this child):***

*No. now living*  # *No. born alive but now dead*  # *No. born dead*  #

*The items regarding the age, occupation, and residence of the adoptor is to be furnished as of* ***the date that the adoptee was born.***

*Signed:*

*Address:*

*ADOPTION NO.*

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**

**FAMILY COURT**

**DOMESTIC RELATIONS BRANCH -- ADOPTION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

)

**Ex Parte in the Matter of**  ) Adoption Case No. XXXXXX

)

The Petition of ) Adoption Calendar

)

[PETITIONER’S NAME] ) Magistrate Judge [NAME]

)

**For adoption of a minor child.** )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. **Petitioner’s Full Name:** [PETITIONER]

2. Petitioners’ Address: [ADDRESS]

3. Petitioner’s Phone Number: [###-###-####]

4. Petitioner’s Date of Birth: [PETITIONER DOB]

5. Petitioner’s Social Security Number: [###-###-####]

6. Petitioner’s Driver’s License No.: [NUMBER] ([STATE])

**7**. **Minor Child’s Full Name:** [CHILD]

8. Minor Child’s Address: [ADDRESS]

9. Minor Child’s Phone No.: Same as Petitioner’s

10. Minor Child’s Date of Birth: [CHILD DOB]

11. Minor Child’s Place of Birth: [CITY, STATE]

12. Minor Child’s Social Security No.: Unknown

13. **Neglect Case Number:** N-[###]-[##]

14. **Neglect Social File Number:** [##]-JS-[####]

15. **Neglect Judge’s Name:** MagistrateJudge [JUDGE]

16. **Is the Mother’s Affidavit of Paternity Attached** [YES/NO]

17. **Has the Mother’s Affidavit of Paternity been filed**: [YES/NO]

18. **Please provide the case number of the case in which the affidavit was filed: [##]-NEG-[###]**

19. **Mother’s Full Name:** [BIRTH MOTHER]

20. Mother’s Last Known Address: [ADDRESS]

21. Mother’s Phone Number: [###-###-####]

22. Mother’s Date of Birth: [BIRTH MOTHER DOB]

23. Mother’s Social Security No.: [###-###-####]

24. Mother’s Driver’s License No.: [#######] ([STATE])

25. **Putative Father’s Full Name:** [BIRTH FATHER]

26. Father’s Last Known Address: Unknown

27. Father’s Phone Number: Unknown

28. Father’s Date of Birth: Unknown; approximate age [AGE]

29. Father’s Social Security No.: Unknown

30. Father’s Driver’s License No.: Unknown

31. **Consent from Mother:** [YES/NO]

32. **Consent from Father:** [YES/NO]

33. **Relinquishment from Mother:** [YES/NO]

34. **Relinquishment from Father:** [YES/NO]

35. **Termination of Mother’s Parental Rights:** [YES/NO]

36. **Termination of Father’s Parental Rights:** [YES/NO]

37. **Social Worker’s Agency:**  [AGENCY]

38. Social Worker’s Name: [SOCIAL WORKER]

39. **Neglect Hearing Date:** [DATE] at [TIME] [AM/PM]

40. Place of Hearing: Courtroom of Magistrate Judge [JUDGE] ([RM #]) D.C. Superior Court, 500 Indiana Avenue, N.W. Washington, D.C. 20001

41. **Petitioners’ Counsel’s Name:** [PETITIONER ATTY], [FIRM]

42. Address: [ADDRESS, CITY STATE ZIP]

43. Phone Number: ([###]) [###-####], extension [###]

44. Fax, if any: ([###]) [###-####]

45. Email, if any: [EMAIL]

46. **Petitioners’ Additional Contact Information if not Represented by Counsel:**

47. Fax, if any: N/A

48. Email, if any: N/A

49. **Mother’s Counsel’s Name:**  [BIRTH MOTHER ATTY]

50. Address: [ADDRESS]

51. Phone Number: ([###]) [###-####]

52. Email: [EMAIL]

**53. Father’s Counsel’s Name: [BIRTH FATHER ATTY]**

54. Address: [ADDRESS]

55. Phone Number: ([###]) [###-####]

56. Fax: ([###]) [###-####]

57. Email: [EMAIL]

58. **Guardian *ad Litem’s* Name:** [GAL]

59. Address: [ADDRESS]

60. Phone Number: ([###]) [###-####]

61. Email: [EMAIL]

**62. Petitioner’s Relationship to Adoptee:** [RELATIONSHIP]

**63**. **Child has Lived with Petitioner since:** [DATE]

64. **Petitioner’s Marital Status**: [MARITAL STATUS]

65. **Jurisdiction in Which Petitioner Resides:**  [JURISDICTION]

66. **Competing Case:** Yes; open custody case, consolidated with neglect case.

67. **If yes, Competing Case Number:** [####][####]