

CASE NO: \_\_\_\_\_

NAME: \_\_\_\_\_

**INSTRUCTIONS FOR THE CONSENT OF PROSPECTIVE ADOPTEE TO INDEPENDENT  
ADOPTION**

(You must attach a copy of these signed instructions to the signed consent form).

**This consent form should be completed only by a person who is being adopted in an independent adoption** that is not being arranged by an adoption or child placement agency. Code, Family Law Article, Title 5, Subtitle 3B.

The attached consent form is an important legal document. You must read all of these instructions BEFORE you sign the form and agree to being adopted. If you do not understand the instructions or the consent form, you should not sign it.

If you have a disability that makes it hard for you to understand this form, do not complete this consent form unless you have a lawyer.

**A. Right to Have This Information in a Language You Understand**

You have the right to have these instructions and the consent form translated into a language that you understand. If you cannot read or understand English, you should not sign this consent form.

**B. Right to Speak With a Lawyer**

**If you have a disability that makes it hard for you to understand this consent form, do not complete this form** because you must have a lawyer before you may complete this form and agree to be adopted.

Even if you do not have a problem understanding this consent form, you have the right to speak with a lawyer before you agree to be adopted. If you want to speak with a lawyer, do not complete this form until you have spoken with a lawyer.

**C. What Happens if You Sign the Consent Form**

If you sign the consent form, **the prospective adoptive parent(s) will proceed with their petition to adopt in the Circuit Court for Prince George's County.**

There probably will be a court hearing about your adoption. During that hearing, the judge probably will ask you if you want to be adopted. The judge will make the final decision about your adoption.

**D. Right to Revoke Consent**

If you sign this consent form and then change your mind and decide that you do not want to be adopted, you may take back or "revoke" your consent. However, **you must revoke your consent before the judge signs the adoption order, and you must revoke it either in writing or in court in front of the judge.**

CASE NO: \_\_\_\_\_

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If you decide you do not want to be adopted, you should write the judge in the Circuit Court for Prince George's County at

14735 Main Street, Upper Marlboro, Maryland 20772 immediately, or tell the judge before or at the beginning of your adoption hearing.

**STOP HERE IF YOU DID NOT UNDERSTAND SOMETHING YOU HAVE READ OR IF YOU  
WANT TO SPEAK WITH A LAWYER BEFORE YOU DECIDE IF YOU WANT TO SIGN  
THE CONSENT FORM.**

**If you wish to sign the consent form, you must also sign here to verify that you read these  
instructions and understand them:**

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(Sign and Date)

**You must attach a copy of these signed instructions to the signed consent form.**

**CONSENT OF PROSPECTIVE ADOPTEE TO INDEPENDENT ADOPTION**  
(Use a pen to fill out this form. You must complete each section).

**A. Identifying Information**

1a. I understand English:

Yes, if you understand English, continue to question No. 2.  
 No, if you cannot understand English, continue to part (1b).

1b. This consent form has been translated into \_\_\_\_\_, a language that I understand. (Attach translated consent form and Translator's Affidavit)

2. Name: \_\_\_\_\_.

3. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. I understand that \_\_\_\_\_ have asked to adopt me.  
(Prospective Adoptive Parent(s))

**B. Right to Speak with a Lawyer**

Check one of the following:

I already have spoken with a lawyer whose name and number is \_\_\_\_\_

and I have read the instructions at the front of this form, and I am ready to consent to the adoption.

**OR**

I am at least 18 years old and am able to understand this document. I have read the instructions at the front of this form, and I do not want to speak with a lawyer before I consent to the adoption.

**C. Consent Questions**

6. I understand that if I agree to be adopted, and I am adopted, \_\_\_\_\_ will (Prospective Adoptive Parent(s)) become my parents, and I will become their child.

7. I understand that if I agree to be adopted, and I am adopted, \_\_\_\_\_ will (Biological Parent(s)) no longer be my parents.

8. I understand that I do not have to agree to be adopted. If I do not agree, the court cannot approve the adoption.

9. I voluntarily and of my own free will agree to being adopted by:

\_\_\_\_\_, (Prospective Adoptive Parent(s))

I understand that if they are not able to complete the adoption this consent form will no longer be valid and can no longer be used.

10. I understand that if I change my mind and do not want to be adopted, I must tell the judge immediately. I will have to sign a written statement or tell the judge in court that I do not want to be adopted **before the adoption order is signed.**

11. I understand that when I am at least 21 years old, my birth parents or I may apply to the Secretary of the Maryland Department of Health to get certain birth and adoption records. If I do not want information about me to be given to my birth parents, I have the right to file a form called a “disclosure veto.” I have been given a form that I may use if I want to file a disclosure veto.

12. I understand that when I am at least 21 years old, my birth parents, my siblings, or I may apply to the Director of the Social Services Administration of the Maryland Department of Human Resources for adoption search, contact, and reunion services.

13. I have read this consent form or have had it read and explained to me in a language that I understand. I understand the meaning of this consent form.

14. I have not been promised anything in return for agreeing to be adopted.

15. I have signed this consent form of my own free will.

16. I understand that I will be given a copy of this signed consent form.

#### **D. Oath and Signature**

I solemnly affirm under the penalties of perjury that the contents of this consent to adoption form are true to the best of my knowledge, information, and belief.

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(Signature)

(Date)

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(Printed Name)

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(Address)

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(E-mail address)

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(City, State, Zip Code)

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(Telephone Number)

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(Cellphone Number)

#### **Witness to this Consent:**

*(Witness must be a third party who does not have an interest in the case)*

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(Signature)

(Date)

---

(Printed Name)

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(Address)

---

(E-mail address)

---

(City, State, Zip Code)

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(Telephone Number)

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(Cellphone Number)

**A COPY OF THE INSTRUCTIONS WITH YOUR SIGNATURE MUST BE ATTACHED TO THIS CONSENT FORM.**