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| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** |  |
| IN THE MATTER OF THE ADOPTION OF      Name      Date of Birth | **Petition for Minor Child Adoption**Case No.        |

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| **Under oath:** |
| I petition the court for an Order for Adoption of this person, and state: |
|  1. | I am |
|  | [ ]  a relative of the child by blood. |
|  | [ ]  the child’s step parent. |
|  | [ ]  a proposed adoptive parent with whom the child has been placed. |
|  | My address is       . |
|  | My telephone number is       . |
|  |  |
| [ ]  2. | The parental rights of Parent 1 [Name]        |
|  | [ ]  were terminated and a certified copy of the Order Terminating Parental Rights is attached. |
|  | [ ]  will be terminated on       in       court. |
|  | [ ]  Other:        |
|  |  |
| [ ]  3. | The parental rights of Parent 2 [Name]        |
|  | [ ]  were terminated and a certified copy of the Order Terminating Parental Rights is attached. |
|  | [ ]  will be terminated on       in       court. |
|  | [ ]  Other:        |
|  |  |
| [ ]  4. | The guardian is       and the |
|  | [ ]  consent is attached. |
|  | [ ]  consent will be provided prior to the hearing. |
|  |  |
|  5. | The child has lived in my home since       . |
|  |  |
|  6. | The adoption is in the best interests of the child. |
|  |  |
| [ ]  7. | The child’s name should be changed to  |
|  | [First]       [Middle]       [Last]       . |
|  |  |
|  8. | The child [ ]  is [ ]  is not [ ]  may be subject to the federal Indian Child Welfare Act. |
|  | Tribe/address:        |
|  |  |
| State of       County of       Subscribed and sworn to before me on             Notary Public/Court Official      Name Printed or TypedMy commission/term expires:       [ ]  This notarial act involved the use of communication technology. | ▶       Petitioner       Name Printed or Typed      Address            Email Address Telephone Number            Date State Bar No. (if any) |
| Distribution:1. Court 2. Interested Persons | ▶       Petitioner       Name Printed or Typed      Address            Email Address Telephone Number            Date State Bar No. (if any) |