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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 Typed  My 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) |