

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name &amp; Address</i> ): TELEPHONE NO:	FOR COURT USE ONLY
ATTORNEY FOR ( <i>Name</i> ):	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE</b> <input type="checkbox"/> Butte County Courthouse One Court Street, Oroville, CA 95965 (530) 532-7002 <input type="checkbox"/> North Butte County Courthouse 1775 Concord Avenue, Chico, CA 95928 (530) 532-7009	
In the Matter of the Adoption of:  An Adult Person	
<b>DECLARATION REGARDING NOTICE AND REQUIREMENT OF COURT INVESTIGATION</b>	CASE NUMBER:

Petitioner(s) \_\_\_\_\_ [and, or] \_\_\_\_\_ state:  
(*Name(s) of adopting person(s) (adopter(s))*) (*Name of person being adopted (adoptee)*)

1. \_\_\_\_\_ resident(s) of the State of California and of the County of \_\_\_\_\_ and am  
(*I am a, we are*) (*County of Residence*)  
over the age of eighteen (18) years \_\_\_\_\_ Petitioner(s) in this matter for an adult adoption. \_\_\_\_\_  
(*and am a, and are*) (*My, Our*)  
residence address is \_\_\_\_\_ , CA \_\_\_\_\_  
(*Number*) (*Street*) (*Apt or Space if applicable*) (*City*) (*Zip*),

2. Each of the following statements is based on \_\_\_\_\_ personal knowledge:  
(*my / our*)

a. \_\_\_\_\_ ☐ is ☐ is not an adult with developmental disabilities.  
(*name of person being adopted (adoptee)*)

b. \_\_\_\_\_ ☐ is/are ☐ is/are not a provider of board and care,  
(*name(s) of adopting person(s) (adopter(s))*)  
treatment, habilitation, or other services to persons with developmental disabilities.

c. \_\_\_\_\_ ☐ is ☐ is not seeking adoption to evade a support duty  
(*name of person being adopted (adoptee)*)  
with regard to a natural parent.

d. A relationship of ☐ stepparent-stepchild ☐ other relative relationship \_\_\_\_\_ ]  
(*state relationship*)

or ☐ unrelated persons exists and has existed between \_\_\_\_\_ and  
(*name(s) of adopting person(s) (adopter(s))*)  
\_\_\_\_\_ for \_\_\_\_\_ years and \_\_\_\_\_ months.  
(*name of person being adopted (adoptee)*)

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e. No fraud, coercion, or undue influence is being exercised by either party in securing the other's consent to the adoption.

\_\_\_\_\_ declare under penalty of perjury under the laws of the State of California that the foregoing is true and  
 (I /we)  
 correct.

3. For the above reasons, \_\_\_\_\_ [and, or] \_\_\_\_\_  
 (Name(s) of adopting person(s) (**adopter(s)**)) (Name of person being adopted (**adoptee**))

request(s) that NO NOTICE TO ANY PUBLIC OFFICER OR AGENCY BE REQUIRED TO BE GIVEN and that NO FEES OTHERWISE REQUIRED TO BE PAID FOR ANY REPORT OF A PUBLIC OFFICER OR AGENCY BE REQUIRED TO BE PAID and that the Petition be approved, as submitted.

Signed at \_\_\_\_\_, \_\_\_\_\_ County, CA on \_\_\_\_\_, 20\_\_\_\_  
 (City and County where signed) (Month) (Day) (Year)

\_\_\_\_\_  
 (**Printed Name(s)** of adopting person(s) (**adopter(s)**)  
 or Name of person being adopted (adoptee))

\_\_\_\_\_  
 (**Signature(s)** of adopting person(s) (**adopter(s)**)  
 or signature of person being adopted (adoptee))