

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i>   TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS: _____ ATTORNEY FOR <i>(Name):</i> _____	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
NONMINOR'S NAME: _____	
<b>CONSENT OF SPOUSE OR REGISTERED PARTNER TO ADOPTION OF NONMINOR DEPENDENT</b>	CASE NUMBER: _____

Use this form to document the consent of a spouse or registered domestic partner to the adoption of a nonminor dependent when only one spouse or registered domestic partner is the prospective adoptive parent.

**Consent of Spouse or Registered Domestic Partner**

1. My name is:
2. I am the  spouse  registered domestic partner of petitioner *(name of spouse or domestic partner):* \_\_\_\_\_, who is a person seeking to adopt a nonminor dependent.
3. I do hereby fully and freely consent to the adoption of *(name of nonminor dependent):* \_\_\_\_\_, a nonminor dependent, by my  spouse  registered domestic partner.

Date: \_\_\_\_\_

\_\_\_\_\_ (TYPE OR PRINT NAME) ▶ \_\_\_\_\_ (SIGNATURE OF SPOUSE OR REGISTERED DOMESTIC PARTNER)

**No Consent of Spouse or Registered Domestic Partner**

The court has considered the evidence provided by the  social worker  probation officer and finds  the spouse/registered domestic partner of the prospective adoptive parent is incapable of providing consent to adoption.

Date: \_\_\_\_\_

\_\_\_\_\_ JUDICIAL OFFICER