

Court telephone no.

City, county, state of birth _____

Maiden name (if applicable and if known)	Maiden name (if applicable and if known)
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7. **I REQUEST** that the court conduct a hearing, and an investigation if necessary, and enter an order of rescission of the adoption and restore the parental rights of the petitioner birth parent.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature of adoptee petitioner

Address

City, state, zip Telephone no.

Date

Signature of birth parent petitioner

Address

City, state, zip Telephone no.

Attorney signature

Attorney name (type or print) Bar no.

Address City State Zip Telephone no.

IT IS ORDERED:

- ☐ 8. The adoption of the adoptee named above by the stepparent named above is rescinded. The parental rights of the birth parent named above are restored.

- ☐ 9. The petition is denied.

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Judge signature and date