



In The Circuit Court  
For The Seventh Judicial Circuit of Illinois  
Sangamon County, Springfield, Illinois

\_\_\_\_\_  
(Petitioners)  
\_\_\_\_\_  
(Petitioners)  
vs.  
\_\_\_\_\_  
(Defendants)  
\_\_\_\_\_  
(Defendants)



Case No. \_\_\_\_\_

**PETITION FOR ADOPTION**

Now comes the Petitioners herein and allege as follows:

1. The full name(s) of the Petitioner(s) and, if minor(s), the respective age(s) are as follows:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. The place of residence of the Petitioner(s) and the length of residence in Illinois (of each) immediately preceding the filing of the Petition is as follows:

Place: \_\_\_\_\_ Length: \_\_\_\_\_

Place: \_\_\_\_\_ Length: \_\_\_\_\_

3. The Petitioner(s) acquired/intend(s) to acquire custody of said child from \_\_\_\_\_  
whose address is \_\_\_\_\_

on \_\_\_\_\_, 20\_\_\_\_.

(Strike out paragraph in case of related child or adult)

4. The name, place and date of birth and sex of the child sought to be adopted is as follows: \_\_\_\_\_

5. The relationship, if any, of the child to each Petitioner is as follows: \_\_\_\_\_

(Strike in case of an adult)

6. (a) The rights of the parents have been terminated by \_\_\_\_\_  
a Court of competent jurisdiction.

(b) The child has been surrendered to the following agency \_\_\_\_\_  
(Strike out paragraph in case of an adult)

(c) The names, if known, and the place of residence of the parents of the child are as follows:

Father: \_\_\_\_\_ Residence: \_\_\_\_\_

Mother: \_\_\_\_\_ Residence: \_\_\_\_\_

(Strike out paragraph in case of an adult)

(d) Neither of the parents are minors or otherwise under any legal disability except:

\_\_\_\_\_  
(Strike in case of an adult)

(e) Parent or parents have been served with Notice to putative father and said parents have filed a Disclaimer of Paternity as therein provided or have failed to file such Declaration of Paternity or a request for Notice as provided therein.

7. The legal guardian of the child is: \_\_\_\_\_

8. The child has no living parent and no legal guardian is known. The name of a near relative is:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

(Strike out paragraph in case of related child or adult)

9. The names to be given the children are: \_\_\_\_\_

10. (a) That \_\_\_\_\_, being the person/agency having authority to do so, has consented /indicated a willingness to consent to the adoption of the child by the Petitioner(s).

(b) That \_\_\_\_\_, who has authority to consent to the adoption of the child by Petitioner(s), is an/are unfit person(s) for the following reason(s): \_\_\_\_\_

(Strike out paragraph in case of related child or adult)

11. Orders, Judgment or Decrees have been entered affecting:

(a) The adoption or custody of the child as follows: \_\_\_\_\_

(b) The adoptive, custodial or parental rights of either Petitioner as follows: \_\_\_\_\_

12. The parties Defendants are as follows: \_\_\_\_\_

13. Petitioners ask that the name of the child be changed to: \_\_\_\_\_

14. Additional allegation required by the facts of this particular case: \_\_\_\_\_

Wherefore the Petitioners pray as follows:

- That Defendants shall be notified by the within proceedings in the manner provided by law.
- That the six month waiting period provided by said Act be waived.
- That the Petitioners further prays that the Court will, on this Petition, ORDER, ADJUDGE and DECREE THAT THE SAID \_\_\_\_\_ shall, to all legal intents and purposes, be the child of your Petitioners, and that the name of said child(ren) shall thereafter be \_\_\_\_\_

And that this Honorable Court will make such other and further Orders in the premises as may be in accordance with the law.

\_\_\_\_\_ Date

\_\_\_\_\_ Petitioners

\_\_\_\_\_ Petitioners

STATE OF ILLINOIS

SS.

County of Sangamon

\_\_\_\_\_ being first duly sworn upon oath depose and say that the Petitioners have read and signed the foregoing Petition and that the contents thereof are true and correct.

Subscribed and sworn to before me

\_\_\_\_\_ Date

\_\_\_\_\_ Notary Public

Name: \_\_\_\_\_

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Area Code/Telephone: \_\_\_\_\_