



ADULT ADOPTION

A GUIDE TO FREQUENTLY ASKED QUESTIONS ABOUT ADULT ADOPTION

FAMILY COURT OF THE STATE OF DELAWARE

<http://courts.state.de.us>

1) Who may adopt an adult?

Any person, or any husband and wife jointly, that wants to adopt any person or people over the age of 18 may file a Petition for Adult Adoption with the Family Court.

2) Where do I file my petition?

You should file your petition in the county in which the Petitioner(s) or the person to be adopted lives.

3) What forms do I need to file?

You should file the following forms:

Petition for Adult Adoption

Information Sheet

Affidavit of Consent of Petitioner(s) in Adult Adoption

Affidavit of Consent of Adoptee in Adult Adoption

Order for Hearing on Petition for Adult Adoption

Final Order of Adoption

*You must also file a certified copy of the adoptee's birth certificate and a form from the Office of Vital Statistics. This vital statistics form is available in the Family Court Resource Centers.

4) Do I have to appear in Court?

Yes. After you file the Petition for Adult Adoption, you will be scheduled for a Court Hearing. The purpose of this hearing is to make sure that both parties consent to the adoption and understand the effects of the adoption.

After this hearing, the Court may render a decree ordering the issuance of a certificate of adoption.

5) Does the adoptee have to change their name?

The adoptee is not required to change their name, but if they wish to do so, may indicate that on the Petition for Adult Adoption.

6) What are the effects of an Adult Adoption?

Upon the issuance of the decree of adoption, all the legal duties, rights, privileges and obligations that exist between a parent and child now exist between the Petitioner(s) and adoptee(s). These include, but are not limited to the duty to support and inheritance rights.

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

PETITION FOR ADOPTION OF AN ADULT

In the Matter of: _____

Petitioner #1

Petitioner #2 (If Applicable)

Name	Name	File Number
Street Address	Street Address	
Apt. or P.O. Box Number	Apt. or P.O. Box Number	
City State Zip Code	City State Zip Code	
Home Phone Work Phone	Home Phone Work Phone	
Attorney Name and Phone Number <i>(if any)</i>	Attorney Name and Phone Number <i>(if any)</i>	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	

In the interest of the following person:

Name	Date of Birth	Gender (Check One)
		<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	Apt. or P.O. Box Number City	State Zip

1. The Petitioner(s) desire to adopt the above named person (hereinafter the "adoptee.") As such, I/we have attached the following to this petition:
 Consent of Petitioner(s) to Adult Adoption

2. The adoptee consents to being adopted by the Petitioner(s). As such I/we have attached the following to this petition:
 Consent of adoptee to Adult Adoption

3. The adoptee will assume the following name(s) upon adoption:

4. I/we have attached a certified copy of the adoptee's birth certificate.

WHEREFORE, Petitioner(s) seeks to adopt the above-named individual.

Petitioner/Petitioner's Attorney

Petitioner 2, *if any*

Date

Date

Sworn to and subscribed before me this
_____ day of _____

Sworn to and subscribed before me this
_____ day of _____

Notary Public or Clerk of Court

Notary Public or Clerk of Court

AFFIDAVIT OF TRUTH

I, _____, state the information in this Petition for Adoption is true and correct to the best of my knowledge.

Affiant

Sworn to subscribed before me this _____ day of _____,

Notary Public/ Clerk of Court

The Family Court of the State of Delaware

INFORMATION SHEET - PLEASE PRINT

Date: _____ File No.: _____

Please fill in A to K pertaining to you the Applicant (Petitioner).

A. Name: _____

B. Address: _____

C. Phone – Home: _____ Work: _____ Cell: _____

D. Employer & Address: _____

Hours/Shift _____

E. Social Security No.: _____ F. Date of Birth: _____

G. Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Marks/Scars/Tattoos: _____

H. Type of motor vehicle operated by you: _____

I. Driver's License No.: _____ State of Issue: _____

J. Your relationship to the Defendant/Respondent: _____

K. Attorney: _____

If you are filing for Custody, Visitation, Support or Petition for Protection from Abuse please fill out the information needed below in reference to the child(ren) who are involved..

Children (Custody/Visitation/Support/Petition for Protection from Abuse)

Name	Relationship	Sex	Date of Birth

Please fill in L to X pertaining to the Defendant/Respondent..(For additional respondents use additional sheets)

L. Defendant/Respondent is a: (Check One) ADULT JUVENILE

M. Name: _____

N. Address: _____

O. Phone – Home: _____ Work: _____ Cell: _____

P. Employer & Address: _____

Hours/Shift _____

Q. Social Security No.: _____ R. Date of Birth: _____

S. Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Marks/Scars/Tattoos: _____

T. Driver's License No.: _____ U. Type vehicle operated by
Defendant/Respondent: _____

V. Parent's Name (if a juvenile): _____

W. Time when Respondent is usually home: _____

X. Any additional information about Respondent that may aid the process server in locating him/her to serve this petition:

DIRECTIONS TO RESPONDENT'S RESIDENCE

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

_____ ,)
 Petitioner)
 v.)
 _____ ,)
 Respondent)
)
)
)

File No.: _____

Petition No.: _____

ORDER FOR HEARING ON PETITION FOR ADULT ADOPTION

AND NOW, TO WIT, the foregoing Petition for Adult Adoption having been read and considered,

IT IS ORDERED that the above matter be set down for a hearing on _____
at _____ before _____ at which time the Petitioner(s)
and Adoptee shall appear to establish the consent to the adoption of all parties. A copy of this Order shall
constitute notice of the hearing date, time and place.

Date

Judge

