			JV-4/J
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar n	umber, and address):		
TELEPHONE NO.: E-MAIL ADDRESS:	FAX NO. (Optional):		
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY O	F		
STREET ADDRESS:			
MAILING ADDRESS: CITY AND ZIP CODE:			
BRANCH NAME:			
NONMINOR'S NAME:			
AGREEMENT OF ADOPTION C	F NONMINOR DEPENDENT	CASE NUMBER:	
1. a. The prospective adoptive parent (name	e):	, age:	3
born in <i>(city, state, country)</i>			
on <i>(month, day, year):</i>	residing at (address):		
desires to adopt (name of nonminor de	<pre>&gt;pendent):</pre>		
b. The prospective adoptive parent (name	e):	, age:	,
born in <i>(city, state, country)</i>			
on (month, day, year):	residing at <i>(address):</i>		
desires to adopt (name of nonminor de	əpendent):		
2. The nonminor dependent (name):		, age:	,
born in <i>(city, state, country)</i>			
on (month, day, year): desires to be adopted by (name of prospec	residing at (address): ctive adoptive parent(s)):		
The parties agree:			
3. That they have mutually consented to the a			
4. That they will assume toward each other the the duties and responsibilities of that relation	ie legal relationship of parent(s) and chonship.	hild and will have all the rights and be	subject to all
5. That they request approval of this agreeme	ent of adoption and issuance of an orde opted by <i>(name of prospective adoptive</i>		<sup>-</sup> dependent):
and that the name of the nonminor depend			g name):
Date:			
(TYPE OR PRINT NAME)		SIGNATURE OF PROSPECTIVE ADOPTIVE PAR	ENT
Date:	Ň		
		SIGNATURE OF PROSPECTIVE ADOPTIVE PAR	
(TYPE OR PRINT NAME) Date:			
(TYPE OR PRINT NAME)		SIGNATURE OF NONMINOR DEPENDENT	Page 1 of 1
Form Approved for Optional Use AGREEMEN	NT OF ADOPTION OF NONMINO	R DEPENDENT Welfare and Institution	us Code, § 366.31(f)
Judicial Council of California JV-475 [New October 25, 2013]			www.courts.ca.gov

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