ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, Address)			Reserved for Clerk's Office Stamp
TELEPHONE NO:	FAX NO.(Optional):		
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):			
	CALIFORNIA, COUNTY OF	SAN MATEO	
Youth Services Center, Juvenile			
222 Paul Scannell Drive			
San Mateo, CA 94402			
IN RE:			
ADULT ADOPTION AGREEMENT			CASE NUMBER:
Adopting parent(s) (print name	ne)		
a		b	
(first, middle, last)		(first, middle, last)	
Dancan to be adopted name b	ofono odontion.		
Person to be adopted name b	•	t, middle, last)	
	()trs	, midale, lasi)	
☐ Male ☐ Female	Date of Birth:	Age:_	
Person to be adopted name a	fter adoption: (print name clearl	y)	
	•	,	
(first)	(middle)	(last)	
The followin	g will be completed in Count b	ofono the Judge DO NO	T sign in advance
<u>The following</u>	g will be completed in Court b	eiore the Judge, DO NO	1 sign in advance.
We, the undersigned, agree v	with the State of California to as	sume towards each other t	the legal relationship of parent
and child and to have all of t	he rights and be subject to all of	the duties and responsibil	lities of that relationship.
(Type or Print Name) (Signatur		gnature of Adopting Paren	<u></u>
(Type of Trini Name)	(51)	munic of Mopling I aren	и)
	<del></del>		
(Type or Print Name)	$(Si_{\delta})$	(Signature of Adopting Parent)	
(Type or Print Name) (Signal		gnature of Adoptee)	
Data			
Date:	Ind	ge of the Superior Court	
	Juc	se of the superior court	