

STATE OF MAINE

DISTRICT COURT

Location _____

Docket No. _____

In re the Adoption of:

(Name of Minor Adoptee)

**CERTIFICATE
OF COUNSELING**
18-A M.R.S. § 9-202(b)(1)

1. I, _____, am

A caseworker/counselor with the Maine Department of Health and Human Services and qualified to counsel parents to consent to an adoption of their child,

OR

A caseworker/counselor with _____, a duly licensed child-placing agency in Maine and qualified to counsel parents desiring to consent to an adoption of their child.

2. In accordance with 18-A M.R.S. § 9-202(b)(1) I hereby certify that (insert name here) _____ has received counseling regarding:

This parent's consent to the above captioned adoption;

OR

This parent's surrender and release of the above named child to (insert name here) _____ for the purpose of adoption;

OR

(insert name here) _____ has refused to accept counseling regarding this parent's consent or surrender and release.

Dated: _____

Signature

Name and Title of Counselor

STATE OF MAINE

_____, ss.

Personally appeared the above named _____, who under penalty of perjury, affirmed that the foregoing statements are true and who acknowledged this instrument to be his/her free act and deed and the free act and deed of the organization he/she represents.

Dated: _____

Notary Public

Date Commission Expires