

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address and telephone #): STATE BAR NO: ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MARIN 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	
IN THE MATTER OF THE PETITION OF: ON BEHALF OF: A CHILD,	
PETITION TO DECLARE CHILD FREE FROM CUSTODY AND CONTROL OF EITHER OR BOTH PARENTS	CASE NUMBER:

Petitioner alleges:

1. Petitioner is an adult person and desires to adopt _____, a child who is the subject of this petition. Petitioner is the _____ of _____, who is the _____ of the child and who has custody of the child. Petitioner, _____ spouse and the child reside in Marin County, California.
2. The whereabouts of _____, the natural _____ of the child, are unknown.
3. The child has been left by the natural _____ in the custody and control of _____, the _____ of the child. The natural _____ of the child has not communicated with the child or made any provisions or the support of the child since _____, a period of over one year.

Wherefore, petitioner asks judgment declaring that the child is free from the custody and control of _____.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

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 (TYPE OR PRINT NAME)

▶ _____
 SIGNATURE OF PERSON COMPLETING THIS FORM