**CONSENT BY CHILD OVER 14 YEARS OF AGE**

**TO ADOPTION BY STEPPARENT**

**NOTICE TO CHILD BEING ADOPTED:**

**This is an important legal document and by signing it, you agree to your adoption by your stepparent. You are to receive a copy of this document.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the child who is proposed to be adopted, and I am over 14 years of age.

I understand that my stepparent will file a Petition asking to adopt me. I understand that my free and voluntary consent is necessary for this legal adoption to occur.

I do freely and voluntarily consent to my stepparent adopting me, without being pressured or forced or paid money to consent. I understand that this consent is final when signed unless I allege and prove by clear and convincing evidence, prior to the final decree of adoption, that my consent was not freely and voluntarily given.

I have read and understand this document, and I freely and voluntarily sign it.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Child to be Adopted

**ACKNOWLEDGMENT BEFORE JUDGE OF DISTRICT COURT**

STATE OF KANSAS )

)

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Judge of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name and location of court), certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, known to me to be the same person whose name is signed on this consent, appeared before me this day in person and acknowledged that she/he signed this consent as her/his free and voluntary act, for the specified purpose.

I have fully explained that by signing this consent the child is agreeing to her/his adoption by her/his stepparent, and she/he has stated that such is her/his intention and desire.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at \_\_\_\_\_:\_\_\_\_\_ a.m. / p.m.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judge of the District Court

**ACKNOWLEDGMENT BEFORE NOTARIAL OFFICER**

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

)

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

This consent was acknowledged before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) at \_\_\_\_\_\_\_\_\_\_(time) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of person).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of notarial officer)

(SEAL, if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (and rank)

My Appointment Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.