
Name

Address

City State Zip Code

Telephone Number

Email Address

MONTANA _____ **JUDICIAL DISTRICT COURT**
_____ **COUNTY**

<p>In re the Adoption of:</p> <p>_____, <i>(Initials of minor child)</i></p> <p>_____, Petitioner.</p>	<p>Dept. No.: _____</p> <p>Cause No.: _____</p> <p>STEP-PARENT'S ACCEPTANCE TO STEP-PARENT ADOPTION AND ACCEPTANCE OF RELINQUISHMENT OF PARENTAL RIGHTS OF PARENT</p>
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I, _____, Petitioner, hereby state and consent, pursuant to the requirements of Mont. Code Ann. § 42-2-402 and § 42-4-301(2), as follows:

1. I am the domestic partner of or married to the biological parent of _____, the Minor Child, whose date of birth is _____, whose age is _____. I am the stepparent of the Minor Child as agreed to by _____, the other biological parent of the Minor Child if that parent is not deceased or unable to be found.

2. My date of birth is _____. I am _____ years old, and I am in sound mind and body. My current address and phone number are _____

3. Pursuant to Mont. Code Ann. § 42-4-301(2), I hereby agree in writing to accept the biological parent's Consent of Parent to Step-Parent and Relinquishment of Parental Rights, if that parent is not deceased or unable to be found.

4. Pursuant to Mont. Code Ann. § 42-4-402, I further agree to accept temporary custody and to provide support and care to the Minor Child until my adoption petition is granted or denied.

DATED this _____ day of _____, 20__.

STATE OF MONTANA)
)
 : ss.
)
 COUNTY OF _____)

Petitioner Pro Se

The undersigned, being first duly sworn on oath, says that he/she is the Petitioner in the above-entitled proceeding; that he/she has read the foregoing **STEP-PARENT’S ACCEPTANCE TO STEP-PARENT ADOPTION AND ACCEPTANCE OF RELINQUISHMENT OF PARENTAL RIGHTS OF PARENT** and knows the contents thereof; and that the matter, facts and things stated therein are true to the best of his/her knowledge and belief.

Petitioner Pro Se

SUBSCRIBED AND SWORN to before me this _____ day of _____,
20__.

(Seal) Name (*printed*): _____
Notary Public for the State of Montana.
Residing at _____
My Commission Expires _____