

STEP-PARENT ADOPTION

- REGISTRATION TO RECEIVE SCHEDULE 1 -

INSTRUCTIONS

Step-parent to complete all sections of this form (please print) and sign the Statutory Declaration on final page before a witness. Form to be returned to Adoption Services ("Attention Team Leader Adoption Services, Department of Communities, Locked Bag 5000 Fremantle 6959, WESTERN AUSTRALIA). **Before you submit the form**, please ensure that you fit the definition of a step-parent and that your circumstances meet the criteria to be eligible to apply as stipulated in the *Adoption Act 1994* (outlined below).

"Step parent" means in relation to a person, another person who –

(a) is not a birth parent or adoptive parent of the first mentioned person; and
 (b) is married to, or the de facto partner or, the first-mentioned person's birth parent or adoptive parent.

A person may be adopted by a step-parent if he or she –

(a) is less than 18 years of age; and
 (b) is not, and has not been, married or in a de facto relationship.

A person can adopt if he or she –

(a) is 18 or more years of age; and
 (b) is a step-parent of the child as defined in the *Adoption Act 1994* and has been married to and/or has been in a de facto relationship with, a parent of the child for at least 3 years.

An adoption order in relation to a person is not to be made unless, at the time when the application for the order is filed –

(a) either –

- i. the person is present in the State and is permitted under a law of the Commonwealth to remain permanently in Australia; or
- ii. the person, having been born in the State, is present in the State;

and

(b) the prospective adoptive parent resides, or is domiciled, in the State.

STEP-PARENT FAMILY DETAILS

STEP-PARENT

Surname Female Male

Given Name(s).....

Previous Names (if applicable)

Residential Address.....

Postal Address.....

📞 Home..... Mobile..... Work.....

✉ Email.....

Date of Birth.....

Place of Birth..... Citizenship

Are you of Aboriginal or Torres Strait Islander origin? Aboriginal TSI Both No

Are you and your partner married or in a de facto relationship? Yes No

Have you and your partner been married and/or de facto for at least 3 years? Yes No

Date of marriage

Date de facto relationship commenced.....

BIRTH PARENT OF CHILD(REN) FOR WHOM ADOPTION IS BEING CONSIDERED

Surname Female Male
Given Name(s).....
Previous Names (if applicable)

Residential Address.....
Postal Address.....
☎ Home..... Mobile..... Work.....
✉ Email.....
Date of Birth.....
Place of Birth..... Citizenship.....
Is he/she of Aboriginal or Torres Strait Islander origin? Aboriginal TSI Both No

CHILD(REN) OF THE CURRENT MARRIAGE OR DE FACTO RELATIONSHIP

| <i>Full Name</i> | <i>Gender</i> | <i>Date of Birth</i> | <i>Living with you?</i> |
|------------------|---------------|----------------------|--|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

CHILD(REN) OF STEP-PARENT’S FORMER MARRIAGE/DE FACTO RELATIONSHIP

| <i>Full Name</i> | <i>Gender</i> | <i>Date of Birth</i> | <i>Living with you?</i> |
|------------------|---------------|----------------------|--|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

CHILD(REN) OF BIRTH PARENT’S FORMER MARRIAGE/DE FACTO RELATIONSHIP

| <i>Full Name</i> | <i>Gender</i> | <i>Date of Birth</i> | <i>Living with you?</i> |
|------------------|---------------|----------------------|--|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

OTHER CHILD(REN) LIVING IN THE HOME

| <i>Full Name</i> | <i>Gender</i> | <i>Date of Birth</i> | <i>Living with you?</i> |
|------------------|---------------|----------------------|--|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

CHILD FOR WHOM ADOPTION IS BEING CONSIDERED (1)

Surname Female Male
Given Name(s).....
Previous Names (if applicable)

Residential Address.....
Postal Address.....
☎ Home..... Mobile..... Work.....
✉ Email.....

Date of Birth.....
Place of Birth..... Citizenship.....
If not an Australian citizen, date on which permanent residency was granted.....
Is he/she of Aboriginal or Torres Strait Islander origin? Aboriginal TSI Both No

Length of time child has lived with Step-parent.....

CHILD FOR WHOM ADOPTION IS BEING CONSIDERED (2)

Surname Female Male
Given Name(s).....
Previous Names (if applicable)

Residential Address.....
Postal Address.....
☎ Home..... Mobile..... Work.....
✉ Email.....

Date of Birth.....
Place of Birth..... Citizenship.....
If not an Australian citizen, date on which permanent residency was granted.....
Is he/she of Aboriginal or Torres Strait Islander origin? Aboriginal TSI Both No

Length of time child has lived with Step-parent.....

NB: If there is more than one child for whom adoption is being considered, please provide details above on a separate piece of paper and attach to this form.

OTHER PERSON DETAILS

OTHER BIRTH PARENT OF CHILD(REN) FOR WHOM ADOPTION IS BEING CONSIDERED

Surname Female Male
 Given Name(s).....
 Previous Names (if applicable)

Residential Address.....
 Postal Address.....
 ☎ Home..... Mobile..... Work.....
 ✉ Email.....

Date of Birth.....
 Place of Birth..... Citizenship.....
 Is he/she of Aboriginal or Torres Strait Islander origin? Aboriginal TSI Both No

Is he/she? Single Married De facto Divorced Not Known
 Is he/she listed as a birth parent on the child's birth certificate? Yes No
 Does he/she accept paternity? Yes No
 Is the child aware that he/she is their birth parent? Yes No
 Does he/she have contact with the child? If yes, give details. If no, please explain:

SCHEDULE 1

For each party listed in the table below, please indicate whether you have informed them of the proposed adoption; what their initial views are in regards to the proposed adoption and if their consent to the adoption is required. Also indicate whether they wish to receive the written and oral information and if requested, the counselling mentioned in clause 1 of Schedule 1 of the *Adoption Act 1994*. **Before you complete the table** please ensure you have read and understood Steps 2 to 4 in the “Adoption by a Step-Parent” guide.

| | Has this person been informed of proposed adoption? Y / N / N/A | Does this person wish to consider adoption as an option? Y / N / N/A | If applicable, does this person wish to receive Schedule 1? Y / N / N/A |
|--------------------------------------|---|--|---|
| Birth Parent with whom child resides | | | |
| Other Birth Parent | | | |
| Child 1 | | | |
| Child 2 | | | |

NB: Adoption Services will send a letter directly to the applicant who wishes to receive Schedule 1. The letter will acknowledge their request, enclose the documents which comprise the written component of Schedule 1, and indicate when a Department of Communities officer will be able to commence the oral component. There may be a waiting time to receive the oral component depending on officer availability. If there is any reason why you believe it is urgent for the oral information to be delivered as soon as possible, please note this in the space below for Adoption Services' consideration:

.....
.....
.....
.....

STATUTORY DECLARATION

Proof of identity must be sighted, or certificate of identity obtained before witnessing the signing of this form.

I, (name in full) the step-parent,
of (address)
(occupation).....

sincerely declare that all facts contained in this form are true and correct to the best of my knowledge. This declaration is true, and I know that it is an offence to make a declaration knowing that it is false in a material particular. This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*

at
{place}

on
{date}

in the presence of –

.....
{Signature of authorised witness}

.....
{Name of authorised witness and qualification as such a witness}

by
{Signature of person making the declaration}

Important: This Declaration must be made before any of the following persons: Academic (post-secondary institution); Accountant; Architect; Australian Consular Officer; Australian Diplomatic Officer; Bailiff; Bank Manager; Chartered secretary; Chemist; Chiropractor; Company auditor or liquidator; Court officer (magistrate, registrar or clerk); Defence Force officer; Dentist; Doctor; Electorate Officer (State – WA only); Engineer; Industrial organisation secretary; Insurance broker; Justice of the Peace (any State); Lawyer; Local government CEO or deputy CEO; Local government councillor; Loss adjuster; Marriage Celebrant; Member of Parliament Minister of religion; Nurse; Optometrist; Patent Attorney; Physiotherapist; Podiatrist; Police officer; Post Officer manager; Psychologist; Public Notary; Public Servant (State or Commonwealth); Real Estate agent; Settlement agent; Sheriff or deputy Sheriff; Surveyor; Teacher; Tribunal officer; Veterinary surgeon. Or any person before whom, under the Statutory Declarations Act 1959 of the Commonwealth, a Statutory Declaration may be made.