

ADOPTION OF MINOR/CHILD

What you will find in this packet:

- **Interpreter Request** (MC-300e&s)
- **Requirements for Filing Court Papers** (MC-500-INFO)
- **Information About Forms** (FamLaw-28a)
- **How to Adopt a Child in California** (ADOPT-050)
- **Adoption Request** (ADOPT-200)
- **Declaration Confirming Parentage in Stepparent Adoption** (ADOPT-205)
- **Adoption Agreement** (ADOPT-210)
- **Adoption Order** (ADOPT-215)
- **Adoption of Indian Child** (ADOPT-220)
- **Parent of Indian Child Agrees to End Parental Rights** (ADOPT-225)
- **Indian Child Inquiry Attachment** (ICWA-010(A))
- **Parental Notification of Indian Status** (ICWA-020)
- **Adoption Expenses** (ADOPT-230)
- **Contact After Adoption Agreement** (ADOPT 310)
- **Request to: Enforce, Change, End Contact After Adoption Agreement** (ADOPT-315)
- **Answer to Request to: Enforce, Change, End Contact After Adoption Agreement** (ADOPT-320)
- **Judge's Order to: Enforce, Change, End Contact After Adoption Agreement** (ADOPT-325)
- **Petition for Authorization to Inspect Adoption and Birth Records Information and to Obtain Copies** (FamLaw-120)

You Can Get Court Forms FREE at: www.cc-courts.org/forms

If you don't find what you're looking for here, you may want to check out the additional resources listed on the back of this page

Superior Court of California, County of Contra Costa

- | | | | | | |
|---|---|--|---|---|---|
| <input type="checkbox"/> MARTINEZ
Wakefield Taylor Courthouse
725 Court Street
Martinez, CA 94553 | <input type="checkbox"/> MARTINEZ
Spinetta Family Law Bldg
751 Pine Street
Martinez, CA 94553 | <input type="checkbox"/> MARTINEZ
A.F. Bray Building
1020 Ward Street
Martinez, CA 94553 | <input type="checkbox"/> PITTSBURG
Arnason Justice Center
1000 Center Drive
Pittsburg, CA 94565 | <input type="checkbox"/> RICHMOND
Carroll Courthouse
100 37 th Street
Richmond, CA 94805 | <input type="checkbox"/> WALNUT CREEK
640 Ygnacio Valley Road
Walnut Creek, CA 94596 |
|---|---|--|---|---|---|

Interpreter Request

If you need an interpreter, please complete the form below and submit it to the Filing Window Clerk in the Martinez, Pittsburg, Richmond, or Walnut Creek courthouse.

Case Number: _____

Case Type:

- | | |
|---|--|
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Juvenile |
| <input type="checkbox"/> Traffic | <input type="checkbox"/> Family Law |
| <input type="checkbox"/> Civil Harassment | <input type="checkbox"/> Unlawful Detainer |
| <input type="checkbox"/> Conservatorship | <input type="checkbox"/> Guardianship |
| <input type="checkbox"/> Proceedings to terminate parental rights | <input type="checkbox"/> Elder Abuse |
| <input type="checkbox"/> Dependent Adult Abuse | |

Party Requesting Interpreter: _____

Phone Number(s) where party can be reached: _____

Date of Hearing: _____ Time of Hearing: _____

Department: _____ Location: Martinez Pittsburg Richmond Walnut Creek

Language Needed: Spanish Mandarin Cantonese Vietnamese

Other: _____

To avoid the risk that your hearing will have to be postponed, please submit this form a minimum of one week in advance.

Current information about this program is available at our website:

www.cc-courts.org/interpreter

Superior Court of California, County of Contra Costa

- | | | | | | |
|---|---|--|---|---|---|
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Walnut Creek, CA 94596 |
|---|---|--|---|---|---|

Formulario Para Pedir un Intérprete

Si necesita un intérprete, favor de rellenar el formulario siguiente y presentarlo en la ventanilla para archivar documentos en la corte de Martinez, Pittsburg, Richmond o Walnut Creek.

Número de Caso: _____

Tipo de Caso:

- | | |
|--|--|
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Juvenil |
| <input type="checkbox"/> Tráfico | <input type="checkbox"/> Casos de Familia |
| <input type="checkbox"/> Acoso Civil | <input type="checkbox"/> Juicio de Desalojo |
| <input type="checkbox"/> Conservador | <input type="checkbox"/> Tutela |
| <input type="checkbox"/> Casos para Terminar Derechos de Madre o Padre | <input type="checkbox"/> Abuso de Personas Mayores |
| <input type="checkbox"/> Abuso de Adultos Incapacitados | |

Persona que Necesita Intérprete: _____

Número Telefónico: _____

Fecha de la Audiencia Judicial: _____ Hora de Comienza: _____

Departamento: _____ Ciudad: Martinez Pittsburg Richmond Walnut Creek

Idioma Solicitado: Español Mandarín Cantonés Vietnamita

Otro Idioma: _____

Para evitar la posibilidad que su audiencia judicial sea aplazada, favor de presentar este formulario lo mínimo una semana antes de la fecha de su audiencia.

Información actual acerca de este servicio se encuentra en nuestra página web:

www.cc-courts.org/interpreter

The Clerk of the Court cannot accept for filing any papers that do not comply with California Rules of Court 2.100 et seq. (CRC 2.118)

To avoid having your papers rejected by the clerk:

Use Judicial Council forms whenever possible

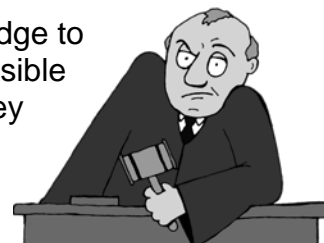
If you print Judicial Council forms from your computer, print them out single-sided. (Don't print double-sided unless you know how to tumble the pages). Judicial Council forms can be found at <http://www.courts.ca.gov/forms.htm>.

If the form you need is not on the Judicial Council website, you will have to make your own form which follows these rules

1. White or unbleached paper – 8 1/2 by 11 inches
2. One-sided paper – only one side of each page may be used
3. 12 pt font (Courier, Times New Roman, Arial or equivalent (Handwritten papers are OK – but write legibly)
4. Line spacing - One and one-half or double-spaced (use pleading paper – either the Judicial Council form MC-20 or create your own using the legal template in your word processor)
5. Margins – at least 1 inch from the left edge and ½ inch from right edge
6. Page Numbers – pages must be numbered consecutively on the bottom (1, 2, 3 ...)
7. Binding – Original and copies must be firmly bound (e.g. stapled) AND the Original must be 2-hole punched at the top.

You will need the **Original document**, signed in ink (blue is best), and correct number of identical copies (***original for the Court, a copy for each party***) for the clerk to file.

The Rules are important – Remember - You want the Judge to understand what you have written. Don't make that impossible by submitting papers that are too hard to read because they are upside down, the print is too small or too light, or the pages have fallen out of the file because they are too small or too large and/or not properly fastened.



ADOPTIONS

INFORMATION ABOUT FORMS

To ask the court to approve an adoption you need to get and fill out the following forms:

- **Adoption Request** (Form ADOPT-200)
- **Declaration Confirming Parentage in Stepparent Adoption** (Form ADOPT-205 (Optional))
- **Adoption Agreement** (Form ADOPT-210)
- **Adoption Order** (Form ADOPT-215)

If you want an amended Birth Certificate with the names of the adoptive parents on it, also get a copy of the following form and fill out (in black ink only) **Part II**:

- **Court Report of Adoption** (State Office of Vital Records Form VS 44)
(Included as pages 17-18 in the Adoption Process packet available from the California Department of Public Health: www.cdph.ca.gov)

If this is going to be an “open adoption” – allowing continuing contact between the birth relatives, including birth parents and the child if the court agrees it is in the best interest of the child – also get and fill out:

- **Contact after Adoption Agreement** (Form ADOPT-310)

IMPORTANT: ADDITIONAL FORMS ARE NEEDED FOR DIFFERENT TYPES OF ADOPTIONS

AGENCY ADOPTION

In addition to **ADOPT-200**, **ADOPT-205** (Optional) **ADOPT-210** and **ADOPT-215**, you will need the Agency report and

1. **Consent to Adoption by Parent(s) (In California)** (Social Services Form AD 1A*)
OR **(Outside California)** (Social Services Form AD 1C*)
2. **Adoption Petition - Consent and Joinder** (Social Services Form AD 824*)
3. **Adoption Expenses** (Judicial Council Form ADOPT-230)

ADOPTION OF A CHILD OF INDIAN ANCESTRY

In addition to **ADOPT-200**, **ADOPT-205** (Optional) **ADOPT-210** and **ADOPT-215**, you will need an Agency report and

1. **Adoption of Indian Child** (Form ADOPT-220)
2. **Parent of Indian Child Agrees to End Parental Rights** (Form ADOPT-225)
3. **Adoption Expenses** (Form ADOPT-230)

INDEPENDENT ADOPTION

In addition to **ADOPT-200**, **ADOPT-205** (Optional) **ADOPT-210** and **ADOPT-215**, you will need an Agency report and

1. **Consent to Adoption by Parent(s) (In California)** (Social Services Form AD 1A*)
OR **(Outside California)** (Social Services Form AD 1C*)
2. **Independent Adoption Placement Agreement** (Social Services Form AD 924*)
3. **Adoption Petition - Consent and Joinder** (Social Services Form AD 824*)
4. **Adoption Expenses** (Judicial Council Form ADOPT-230)

INTERNATIONAL ADOPTION

In addition to **ADOPT-200**, **ADOPT-205** (Optional) **ADOPT-210** and **ADOPT-215**, you will need:

1. **Adoption Petition - Consent and Joinder** (Social Services Form AD 824*)
2. **Adoption Expenses** (Judicial Council Form ADOPT-230)

NOTE: An agency report is not required to set a hearing on International adoptions. Granting an international adoption is subject to judicial determination when there is no report.

STEP PARENT OR DOMESTIC PARTNER ADOPTION

In addition to **ADOPT-200**, **ADOPT-205** (Optional) **ADOPT-210** and **ADOPT-215**, you will need an Agency report and:

1. **Consent to Adoption by Parent(s) (In California)** (Social Services Form AD 1A*)
OR **(Outside California)** (Social Services Form AD 1C*)

ADOPTION OF MINOR/CHILD

No forms are needed in addition to **ADOPT-200**, **ADOPT-205** (Optional) **ADOPT-210** and **ADOPT-215**

*California Department of Social Services forms can be printed from the following website:
www.cdss.ca.gov/cdssweb/formsandpdu_271.htm

ADOPT-050 How to Adopt a Child in California

In California, there are several kinds of adoption. Learn about stepparent/domestic partner adoptions on page 1 and independent, agency, and international adoptions and adoption of an Indian child on page 2.

Stepparent/Domestic Partner Adoptions

If you want to adopt your stepchild or the child of your domestic partner, fill out and file the forms listed below. You can get them from the court clerk or from the California Courts Self-Help Center: www.courtinfo.ca.gov/selfhelp.

1 Fill out court forms.

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> ADOPT-200 | <i>Adoption Request</i> | This tells the judge about you and the child you are adopting. |
| <input type="checkbox"/> ADOPT-210 | <i>Adoption Agreement</i> | This tells the judge that you and the child, if over 12, agree to the adoption. Fill it out, but do not sign it until the judge asks you to sign it. |
| <input type="checkbox"/> ADOPT-215 | <i>Adoption Order</i> | The judge signs this form if your adoption is approved. |
| <input type="checkbox"/> ICWA-010(A) | <i>Indian Child Inquiry Attachment</i> | This lets the judge know that you have asked whether the child may have Indian ancestry. |
| <input type="checkbox"/> ICWA-020 | <i>Parental Notification of Indian Status</i> | This proves that the child's parents have been asked about Indian ancestry. |

2 Take your forms to court.

Take the completed forms to the court clerk in the county where you live. The court will charge a filing fee. Or, take the forms to your lawyer or adoption agency, if you are using one.

3 The social worker writes a report.

In every adoption, a social worker writes a report. This report gives important information to the judge about the adopting parents and the child. The social worker will ask you questions. You may have to fill out forms. You may be required to pay a fee for this report. The social worker will file the report with the court and send you a copy. When you get the report, ask the clerk for a date for your adoption hearing.

4 Go to court on the date of your hearing.

Bring:

- The child you are adopting
- Form ADOPT-210
- Form ADOPT-215
- A camera, if you want a photo of you and your child with the judge
- Friends/relatives (*optional*)



Independent, Agency, or International Adoptions

If this is an independent, agency, or international adoption, fill out and file the forms below. You can get them from the court clerk or from the California Courts Self-Help Center: www.courtinfo.ca.gov/selfhelp.

1 Fill out court forms.

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> ADOPT-200 | <i>Adoption Request</i> | This tells the judge about you and the child you are adopting. |
| <input type="checkbox"/> ADOPT-210 | <i>Adoption Agreement</i> | This tells the judge that you and the child, if over 12, agree to the adoption. Fill it out, but do not sign it until the judge asks you to sign it. |
| <input type="checkbox"/> ADOPT-215 | <i>Adoption Order</i> | The judge signs this form if your adoption is approved. |
| <input type="checkbox"/> ICWA-010(A) | <i>Indian Child Inquiry Attachment</i> | This lets the judge know that you have asked whether the child may have Indian ancestry. |
| <input type="checkbox"/> ICWA-020 | <i>Parental Notification of Indian Status</i> | This proves that the child's parents have been asked about Indian ancestry. |

2 The social worker writes a report.

In every adoption, a social worker writes a report. This report gives important information to the judge about the adopting parents and the child. The social worker will ask you questions. You may have to fill out forms. You may be required to pay a fee for this report. The social worker will file the report and send you a copy. When you get the report, ask the clerk for a date for your adoption hearing.

3 Go to court on the date of your hearing.

Bring:

- The child you are adopting
- Form ADOPT-210
- Form ADOPT-215
- Form ADOPT-230
- A camera, if you want a photo of you and your child with the judge
- Friends/relatives (*optional*)

4 Is this an "open" adoption?

If you want your child to have contact with his or her birth family, fill out ADOPT-310, which asks for an open adoption.

5 If you are adopting an Indian child

In addition to the forms listed in ①, fill out and bring:

- Form ADOPT-220 *Adoption of Indian Child*
- Form ADOPT-225 *Parent of Indian Child Agrees to End Parental Rights*

If you are adopting through a tribal customary adoption:

- Attach a copy of the tribal customary adoption order to *Adoption Request*, ADOPT-200
- Attach a copy of the tribal customary adoption order to the *Adoption Order*, ADOPT-215

If you are adopting more than one child, fill out an adoption request for each child.

Clerk stamps date here when form is filed.

1 Adopting parent(s)

a. Name: _____

b. Name: _____

Relationship to child: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Lawyer (if any) (name, address, telephone numbers, e-mail address, and State Bar number):

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

2 County of filing

This *Adoption Request* is filed in this court because (check all that apply):

- The adopting parent or parents live in this county;
- The child was born in or the child now lives in this county;
- An office of the agency that placed the child for adoption is located in this county;
- An office of the department or public adoption agency that is investigating the request is located in this county;
- The placing birth parent or parents lived in this county when the adoptive placement agreement, consent, or relinquishment was signed;
- The placing birth parent or parents lived in this county when the request was filed;
- The child was freed for adoption in this county.

(To be completed by the clerk of the superior court if a hearing date is available.)

Hearing Date → Hearing is set for:
 Date: _____
 Time: _____
 Dept.: _____ Room: _____

Name and address of court if different from above:

To the person served with this request: If you do not come to this hearing, the judge can order the adoption without your input.

(Note: If the child is a dependent of the court, the *Adoption Request* must be filed in the county where the child was freed for adoption or the county where the adopting parent or parents reside. See Fam. Code, § 8714.)

3 Type of adoption

Check one of the following:

Agency (name): _____ Relative Nonrelative

Tribal customary adoption (attach tribal customary adoption order)

Independent: Relative Nonrelative Additional Parent(s)

Intercountry (name of agency): _____

Stepparent adoption

Stepparent adoption to confirm parentage. See form [ADOPT-050-INFO](#) to determine whether you are eligible for the stepparent adoption to confirm parentage process.

Joinder:

Joinder is being filed at same time as this *Adoption Request*. Joinder will be filed.



Your name: _____

4 Information about the child

- a. The child's new name will be: _____
- b. Sex: Female Male Nonbinary
- c. Date of birth: _____ Age: _____
- d. Child's address (if different from address of adopting parent or parents):
 Street: _____ City: _____ State: _____ Zip: _____
- e. Place of birth (if known): City: _____ State: _____ Country: _____
- f. If the child is 12 or older, does the child agree to the adoption? Yes No
- g. Date child was placed in the physical care of the adopting parents: _____
- h. The child was conceived by assisted reproduction in compliance with Family Code section 7613.
- i. The child is a dependent of the court. Juvenile Case No. _____ County: _____

5 Child's name before adoption (fill out ONLY for independent, stepparent, or tribal customary adoption)

Child's name before adoption: _____

6 Birth parents

Names of birth parents, if known: _____

7 Legal guardianDoes the child have a legal guardian? Yes No (If yes, attach *Letters of Guardianship* and fill out below.)

- a. Date guardianship ordered: _____ c. Case number: _____
- b. County: _____

8 Inquiry and notice under the Indian Child Welfare Act

- a. The inquiry required under law to determine whether the child may be an Indian child has been made, and a completed *Indian Child Inquiry Attachment* (form ICWA-010(A)) is attached.
 Note: In agency adoptions, it is the responsibility of the agency to ensure that this inquiry is conducted and the form is made part of the file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible.
- b. A completed version of *Parental Notification of Indian Status* (form ICWA-020) is attached OR a good faith attempt has been made to provide the form to the parents, Indian custodian, or guardian of the child and inform them that they are required to complete and submit the form to the court.
 Note: In agency adoptions, it is the responsibility of the agency to ensure that these forms are made part of the file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible.
- c. There is **reason to know** that this child is an Indian child. Notice of the adoption request will be provided to the child's tribe or tribes, parents, Indian custodian, and the Bureau of Indian Affairs, using *Notice of Child Custody Proceeding for Indian Child* (form ICWA-030).

9 Adoption of an Indian child

- a. This is an adoption of an Indian child. The adopting parents have filled out and attached *Adoption of Indian Child* (form ADOPT-220) and will bring *Parent of Indian Child Agrees to End Parental Rights* (form ADOPT-225) to the hearing.
- b. This is a tribal customary adoption under Welfare and Institutions Code section 366.24. Parental rights have been modified under and in accordance with the attached tribal customary adoption order, and the child has been ordered placed for adoption.



Your name: _____

Case Number: _____

10 Agency adoption questions

- a. I/We have received information about the Adoption Assistance Program, the Regional Center, mental health services available through Medi-Cal or other programs, and federal and state tax credits that might be available.
- b. All persons with parental rights agree that the child should be placed for adoption by the California Department of Social Services or a county adoption agency or a licensed adoption agency (Fam. Code, § 8700) and have signed a relinquishment form approved by the California Department of Social Services, and the time to revoke the relinquishment has expired or been waived. Yes No
If no, list the name and relationship to child of each person who has not signed the relinquishment form or whose time to revoke the relinquishment has not expired or been waived:

11 Independent adoption questions

- a. A copy of the Independent Adoptive Placement Agreement from the California Department of Social Services is attached. (This is required in most independent adoptions; see Fam. Code, § 8802.)
- b. All persons with parental rights agree to the adoption and have signed the Independent Adoptive Placement Agreement or consent on the appropriate California Department of Social Services form. Yes No
(If no, list the name and relationship to child of each person who has not signed the agreement form):
- c. I/We will file promptly with the department or delegated county adoption agency the information required by the department in the investigation of the proposed adoption.
- d. This is an independent adoption involving additional parent(s):
 - All persons with existing parental rights agree to this adoption and will maintain their existing parental rights.
 - An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s) is attached.

12 Stepparent adoption and confirmation of parentage questions

- a. The birth parent (*name*): _____ has signed a consent will sign a consent.
- b. The birth parent (*name*): _____ has signed a consent will sign a consent.
- c. The adopting parent married or entered into a registered domestic partnership with the legal parent on (*date*): _____
(For court use only. This does not affect social worker's recommendation. There is no waiting period.)
- d. I am seeking a stepparent adoption to confirm my parentage. At the time the child was born, I was married to or in a state-registered domestic partnership with the parent who gave birth or whose parentage was established through a gestational surrogacy process, and we remain in that union. See attached:
 - Form ADOPT-205, *Declaration Confirming Parentage in Stepparent Adoption*
 - Form ADOPT-206, *Declaration Confirming Parentage in Stepparent Adoption: Gestational Surrogacy*
 - Declaration describing the circumstances of the child's conception.
- e. The investigation or written report will be completed as follows (*choose one*):
 - I will choose someone to do an investigation or written report. I understand that the person I choose must be a licensed clinical social worker, a licensed marriage and family therapist, or work for a licensed private adoption agency. I will pay this person or agency directly.
 - I would like the court to choose someone to do an investigation. I understand that the court can charge me money for this investigation.
- f. This is a stepparent adoption involving an additional parent:
 - All persons with existing parental rights agree to this adoption and will maintain their existing parental rights.
 - An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s) is attached.



Your name: _____

Case Number: _____

13 Intercountry adoption questions

- a. This adoption may be subject to the Hague Adoption Convention (*form [ADOPT-216](#) must be filed with this request*).
- b. This is an adoption conducted under the requirements of the Hague Adoption Convention and the child has already moved with the adopting parent(s) to another Hague Convention member country or will be moving at the conclusion of this adoption.
Child will be moving or has moved to (name of country): _____
Adopting parent(s): seek(s) a California adoption will be petitioning for a Hague Adoption Certificate
 will be seeking a Hague Custody Declaration.
- c. This is an intercountry adoption that was finalized in another country before the child entered the United States with the adopting parent(s).
Date the child entered the United States: _____
See form [ADOPT-050-INFO](#) for a list of documents to attach to this *Adoption Request*.

14 Contact after adoption

- Contact After Adoption Agreement* ([form ADOPT-310](#)) is attached will not be used
 will be filed at least 30 days before the adoption hearing is undecided at this time.
 This is a tribal customary adoption. Postadoption contact is governed by the attached tribal customary adoption order.

15 Consent for adoption

Complete all sections that apply to your adoption:

- a. The consent of the birth parent is not necessary because (*check the applicable reasons under Fam. Code, § 8606*):
- (1) The parent has been judicially deprived of the custody and control of the child.
 - (2) The parent has voluntarily surrendered the right to custody and control of the child in a judicial proceeding in another jurisdiction, under a law of that jurisdiction providing for the surrender.
 - (3) The parent has deserted the child without providing information to identify the child.
 - (4) The parent has relinquished the child under Family Code section 8700.
 - (5) The parent has relinquished the child for adoption to a licensed or authorized child-placing agency in another jurisdiction.
- b. The child has a presumed parent under Family Code section 7611. The consent of the presumed parent is not required because:
- (1) The presumed parent did not become a presumed parent before the mother's relinquishment or consent became irrevocable or the mother's parental rights were terminated. (Fam. Code, § 8604(a).)
 - (2) The presumed parent signed a Waiver of the Right to Further Notice of Adoption Proceedings pursuant to Family Code section 7660.5.
- c. Termination of parental rights of an alleged father is not required because:
- (1) The relationship to the child was previously terminated or determined not to exist by a court.
 - (2) The alleged father was served as prescribed in Family Code section 7666 with a written notice of alleged parentage and the proposed adoption, and has failed to bring an action pursuant to Family Code section 7630(c) within 30 days of service of the notice or the birth of the child, whichever is later. (*Attach proof of notice to this Adoption Request.*)
 - (3) The alleged father has executed a written form to waive notice, deny parentage, relinquish the child for adoption, or consent to the adoption of the child.



Your name: _____

Case Number: _____

15 d. A court ended the parental rights of:
Name: _____ Relationship to child: _____ on (date): _____
Name: _____ Relationship to child: _____ on (date): _____
(Enter the date of the court order ending parental rights and attach a copy of the order.)

e. The child is the subject of a tribal customary adoption order under Welfare and Institutions Code section 366.24, which has modified the parental rights of (attach a copy of the order):
Name: _____ Relationship to child: _____ on (date): _____
Name: _____ Relationship to child: _____ on (date): _____
Name: _____ Relationship to child: _____ on (date): _____

f. I/We will ask the court to end the parental rights of (attach copy of Petition to Terminate Parental Rights or Application for Freedom From Parental Custody, if filed):
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

g. Adopting parent has custody of the child by court order or by agreement with the other parent, and each of the following persons with parental rights has not contacted the child and has not paid for the child's care, support, and education for one year or more when able to do so. (Fam. Code, § 8604(b).)
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

h. The child has been abandoned as follows:
(1) The child has been left by the child's parent or parents with no way to identify the child.
(2) The child has been left in the custody of another person by both parents or the sole parent for six months without providing for the child's support, or without communication from the parent or parents, with the intent to abandon the child.
(3) One parent has left the child in the care and custody of the other parent for one year or longer without providing for the child's support or without communication from the parent, with the intent to abandon the child.

(If any of the above boxes are checked, adopting parent must also check item 15f and file an Application for Freedom From Parental Custody. See Fam. Code, § 7822(a).)

i. Each of the following persons with parental rights has died:
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

16 Suitability for adoption

Each adopting parent:

- a. Is at least 10 years older than the child or meets the criteria in Family Code section 8601(b);
- b. Will treat the child as their own;
- c. Will support and care for the child;
- d. Has a suitable home for the child; and
- e. Agrees to adopt the child.



Your name: _____

Case Number: _____

17 Requests to court


I/We ask the court to approve the adoption and to declare that the adopting parents and the child have the legal relationship of parent and child, with all the rights and duties of this relationship, including the right of inheritance.

I/We ask the court to date its order approving the adoption as of an earlier date (*date*): _____
for the following reason (Fam. Code, § 8601.5): _____

(Enter a date no earlier than the date parental rights were ended.)

This is a tribal customary adoption. I/We ask the court to approve the adoption and to declare that the adopting parents and the child have the legal relationship of parent and child, with all of the rights and duties stated in the attached tribal customary adoption order and in accordance with Welfare and Institutions Code section 366.24.

18 If a lawyer is representing you in this case, the lawyer must sign here:

Date: _____ *Type or print lawyer's name*  _____ *Signature of lawyer for adopting parent(s)*

19 I declare under penalty of perjury under the laws of the State of California that the information in this form and all its attachments is true and correct to my knowledge. This means that if I lie on this form, I am guilty of a crime.

Date: _____ *Type or print your name*  _____ *Signature of adopting parent*

Date: _____ *Type or print your name*  _____ *Signature of adopting parent*

NOTICE—ACCESS TO AFFORDABLE HEALTH INSURANCE: Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay toward high-quality affordable health care. For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1506 (English) or 1-800-300-0213 (Spanish).

Case Number: _____

Your name: _____

Declaration Confirming Parentage in Stepparent Adoption

This form is attached to [form ADOPT-200](#), *Adoption Request*.

This optional form may be attached to the form ADOPT-200 if the adopting parent was married to or in a state-registered domestic partnership with the parent who gave birth to the child at the time the child was born. You may instead attach a declaration in another format containing substantially the same information. The birth parent and the adopting parent must complete separate declarations.

① I (write your name) _____ declare as follows:

② Relationship between the birth parent and the adopting parent seeking to confirm parentage (check one):

a. I am the parent who gave birth to the child to be adopted. I married or entered into a state-registered domestic partnership (including a domestic partnership or civil union from out-of-state that is legally equivalent to a marriage) with the adopting parent who is seeking to confirm parentage (name of adopting parent seeking to confirm parentage) _____ and we remain in that union.

b. I am the adopting parent seeking to confirm parentage. I married or entered into a state-registered domestic partnership with the parent who gave birth (name of parent who gave birth to the child to be adopted) _____ and we remain in that union.

③ We were married/registered as domestic partners on (date you entered into your earliest union) _____, before our child was born. A copy of our marriage certificate, registered domestic partner certificate, or certificate of out-of-state domestic partnership or civil union is attached.

④ Our child (name of child to be adopted) _____ was born on (date) _____. A copy of our child's birth certificate is attached.

⑤ Our child was conceived through assisted reproduction in compliance with Family Code section 7613 as described below (Describe how your child was conceived and whether you used a known or unknown donor. A letter from your sperm bank or a written donor agreement verifying conception by assisted reproduction should be attached. If you used a known donor without a sperm bank or written donor agreement, you should seek legal advice before submitting this form):

Clerk stamps date here when form is filed.

Fill in court name and street address:
Superior Court of California, County of

Court fills in case number when form is filed.
Case Number:

1 Adopting parent(s)

a. Name: _____
b. Name: _____
Relationship to child: _____
Address (skip this if you have a lawyer): _____
City: _____ State: _____ Zip: _____
Telephone number: _____
Lawyer (if any) (name, address, telephone numbers, e-mail address, and State Bar number): _____

2 Information about the child

Child's name before adoption: _____
Child's name after adoption: _____
Date of birth: _____ Age: _____

Signing this form:

- Adoptions usually require a hearing where most signatures on this form must be completed in front of a judge.
- Item 4b may be signed before the hearing.
- If this is a stepparent adoption to confirm parentage involving a spouse or registered domestic partner who gave birth to the child or established parentage over a child born through gestational surrogacy during the union, usually no hearing is required and you may sign this form in front of a proper witness. See item 8a for instructions on having your signature properly witnessed. If the court orders a hearing in this case, you must sign this form at the hearing in front of the judge.
- All other signatures must be signed at a hearing, in front of a judge, unless waived by the judge for good cause.

3 I am the child listed in 2 and I agree to the adoption. (Not required in the case of a tribal customary adoption under Welf. & Inst. Code, § 366.24.)

Date: _____ Type or print your name  Signature of child (child must sign if 12 or older; optional if child is under 12)

4 If there is only one adopting parent and that person is married and not separated, the consent of their spouse is required under section 8603 of the Family Code. Read and sign below. Stepparent adoptions: Go to Item 7.

a. I am the adopting parent listed in 1, and I agree that the child will:
(1) Be adopted and treated as my legal child (Fam. Code, § 8612(b)) and
(2) Have the same rights as a natural child born to me, including the right to inherit my estate.

Date: _____ Type or print your name  Signature of adopting parent



Your name: _____

b. I am married to, or am the registered domestic partner of, the adopting parent listed in ①, and I am not a party to this adoption. I agree to the adoption of the child by the adopting parent listed in ①.

Date: _____
Type or print your name

Signature of spouse or registered domestic partner
(may be signed before hearing)

5 If there are two adopting parents, read and sign below.

We are the adopting parents listed in ①, and we agree that the child will:

- a. Be adopted and treated as our legal child (Fam. Code, § 8612(b)) and
- b. Have the same rights as a natural child born to us, including the right to inherit our estate.

I agree to the other parent's adoption of the child.

Date: _____
Type or print your name

Signature of adopting parent

I agree to the other parent's adoption of the child.

Date: _____
Type or print your name

Signature of adopting parent

6 If this is a tribal customary adoption, read and sign below.

I/we are the adopting parents listed in ①, and I/we agree that the child will:

- a. Be adopted and treated as my/our legal child (Fam. Code, § 8612(b)) and
- b. Have the same rights and duties stated in the tribal customary adoption order dated _____ (copy attached).

If two adopting parents, we agree to the other parent's adoption of the child.

Date: _____
Type or print your name

Signature of adopting parent

Date: _____
Type or print your name

Signature of adopting parent

7 For stepparent adoptions only:

If you are the legal parent of the child listed in ②, read and sign below.

I am the legal parent of the child and am the spouse or registered domestic partner of the adopting parent listed in ①. I agree to the adoption of my child by the adopting parent listed in ①.

Date: _____
Type or print your name

Signature of legal parent



Case Number: _____

Your name: _____

8 Executed (check one):

a. This form was signed outside of a hearing. *(Select this option only for a stepparent adoption to confirm parentage under Family Code, § 9000.5, where the court did not order a hearing for good cause.)*

(1) This form was signed **in** California.

This form was signed in front of the following type of witness *(check one)*:

- Notary public *(the notary acknowledgment is attached)*
- Court clerk
- Probation officer
- Qualified court investigator
- Authorized representative of a licensed adoption agency
- County welfare department staff member

(2) This form was signed **outside** of California.

This form was signed in front of the following type of witness *(check one)*:

- Notary public *(the notary acknowledgment is attached)*
- Other person authorized to perform notarial acts *(proof of notarization is attached)*
- Authorized representative of an adoption agency that is licensed in the state or country where this form was signed

(3) Witness information

This form was signed in: *(county)* _____ *(state)* _____ *(country)* _____

Name of witness: _____

Agency witness works for *(if applicable)*: _____

Date: _____

Witness signature: } _____

b. This form was signed at a hearing in front of a judicial officer. *(The judge will date and sign the form below.)*

Date: _____

Judge (or Judicial Officer)

ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

1 Adopting parent(s)

a. Name: _____

b. Name: _____

Relationship to child: _____

Street address: _____

City: _____ State: _____ Zip: _____

Daytime telephone number: _____

Lawyer (if any) (name, address, telephone number, e-mail address, and State Bar number): _____

2 Information about the child

Child's name after adoption: _____

First name: _____

Middle name: _____

Last name: _____

Date of birth: _____ Age: _____

Place of birth (if known): _____

City: _____ State: _____ Country: _____

3 Name of adoption agency (if any): _____

4 Hearing details

Hearing date: _____ Dept.: _____ Div.: _____ Rm.: _____

Judicial officer: _____ Clerk's office telephone number: _____

People present at the hearing:

Adopting parent(s) Lawyer for adopting parent(s)

Child Child's lawyer

Parent keeping parental rights: _____

Other people present (list each name and relationship to child):

a. _____

b. _____

If there are more names, attach a sheet of paper, write "ADOPT-215, Item 4" at the top, and list the additional names and each person's relationship to child.

The hearing is waived pursuant to Family Code section 9000.5 (Check this box only if this is an adoption confirming parentage of a parent who was married to or in a state-registered domestic partnership, including a registered domestic partnership or civil union from another jurisdiction, with the legal parent at the time the child was born.)

Judge will fill out section below.

5 The judge finds that the child (check all that apply):

a. Is 12 or older and agrees to the adoption

b. Is under 12

c. Is not required to consent because this is a tribal customary adoption.



Case Number: _____

Your name: _____

- 6 The judge has reviewed the report and other documents and evidence and finds that each adopting parent:
 - a. Is at least 10 years older than the child or meets the criteria in Fam. Code, § 8601(b);
 - b. Will treat the child as their own;
 - c. Will support and care for the child;
 - d. Has a suitable home for the child; *and*
 - e. Agrees to adopt the child.
- 7 This case is an adoption by a relative petitioned under Family Code section 8714.5.
 - The adopting relative The child, who is 12 or older, has requested that the child's name before adoption be listed on this order. (Fam. Code, § 8714.5(g).) The child's name before adoption was:
 First name: _____ Middle name: _____ Last name: _____
- 8 The child is an Indian child. The judge finds that this adoption meets the placement requirements of the Indian Child Welfare Act or that there is good cause to give preference to these adopting parents. The clerk will fill out 13 below.
- 9 The judge approves the *Contact After Adoption Agreement* ([ADOPT-310](#))
 - As submitted As amended on ADOPT-310
- 10 This is a tribal customary adoption. The tribal customary adoption order of the _____ tribe dated _____ containing _____ pages and attached hereto is fully incorporated into this order of adoption.
- 11 This is an adoption under the Hague Adoption Convention. *Verification of Compliance with Hague Adoption Convention Attachment* ([form ADOPT-216](#)) is attached and fully incorporated into this order.
- 12 This is an adoption involving an additional parent or parents. All persons with existing parental rights agreed to this adoption and will maintain their existing parental rights. An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s), was filed with the court.
- 13 The judge believes the adoption is in the child's best interest and orders this adoption.
 The child's name after adoption will be:
 First name: _____ Middle name: _____ Last name: _____
 The adopting parent or parents and the child are now parent and child under the law, with all the rights and duties of the parent-child relationship or, in the case of a tribal customary adoption, all the rights and duties set out in the tribal customary adoption order and Welfare and Institutions Code section 366.24.
 The judge believes it will serve public policy and the best interest of the child to grant the request of the adopting parent or parents for the court to make this order effective as of (date): _____.

Date: _____
(Date of Signature)

Judge (or Judicial Officer)

Clerk will fill out section below.

14 Clerk's Certificate of Mailing

For the adoption of an Indian child, the clerk certifies:

I am not a party to this adoption. I placed a filed copy of:

- Adoption Request* (form ADOPT-200) *Adoption of Indian Child* (form ADOPT-220)
- Adoption Order* (form ADOPT-215) *Contact After Adoption Agreement* (form ADOPT-310)

in a sealed envelope, marked "Confidential" and addressed to:

Chief, Division of Social Services
Bureau of Indian Affairs
1849 C Street, NW
Mail Stop 310-SIB
Washington, DC 20240

The envelope was mailed by U.S. mail, with full postage, from:

Place: _____ on (date): _____

Date: _____ Clerk, by: _____, Deputy

ADOPT-220 Adoption of Indian Child

Clerk stamps date here when form is filed.

This form is attached to *Adoption Request* (ADOPT-200).

1 Your name (adopting parent):

a. _____

b. _____

Relationship to child: _____

Address (skip this if you have a lawyer):

Street: _____

City: _____ State: _____ Zip: _____

Telephone number: (____) _____

Lawyer (if any): (Name, address, telephone number, and State Bar number): _____

Fill in court name and street address:

Superior Court of California, County of _____

Fill in case number if known:

Case Number: _____

Federal law says the state courts must send a copy of all adoption orders for an Indian child to the Secretary of the Interior within 30 days. The state court must also send the following information *Please complete the rest of the form.*

2 Indian child's name: _____

Date of birth: _____ Age: _____

3 Indian child's tribe (or tribe child is eligible for): _____

Enrollment #: _____ Check here if you do not know.

Check here if tribe does not have an enrollment number.

4 Indian child's biological mother (name): _____

Street address: _____

City: _____ State: _____ Zip: _____

Check here if you do not know.

The biological mother attaches her request that her identity remain confidential.

5 Indian child's biological father (name): _____

Street address: _____

City: _____ State: _____ Zip: _____

Check here if you do not know.

The biological father attaches his request that his identity remain confidential.



Your name: _____

6 Indian child's biological Indian grandmothers (*names; include maiden names if you know them*):

 Check here if you do not know.

7 Indian child's biological Indian grandfathers (*names*):

 Check here if you do not know.

8 Name of any agency with information about this adoption: _____

9 Other people with information about the Indian child's ancestry:

	Name	Relationship to Child
a.	_____	_____
b.	_____	_____
c.	_____	_____

- 10 Parental rights (*check all that apply*):
- a. A court ended parental rights on (*date*): _____
 - b. Parental rights were modified under a tribal customary adoption order on (*date*): _____
 - c. Parents voluntarily agreed in writing to end their parental rights.
 - (1) ADOPT-225 will be recorded in front of a judge and filed with the court before the adoption hearing on (*date*): _____
 - (2) ADOPT-225 was recorded in front of a judge and is attached to ADOPT-200 (*Adoption Request*).
 - (3) ADOPT-225 was signed at least 10 days after the birth date of the Indian child.
 - d. A judge has certified that he or she fully explained the terms and consequences of the parents' agreement to end parental rights and that the parents understood.
 - (1) This certificate was filed with the court on (*date*): _____; OR
 - (2) This certificate is attached to ADOPT-200 or will be filed before the adoption hearing.

11 *Note:* The court will notify the American Indian tribe of the child's adoption.

ADOPT-225

Parent of Indian Child Agrees to End Parental Rights

Clerk stamps below when form is filed.

Court name and street address:

Superior Court of California, County of

Case Number:

- ① I want my child to be adopted by (name(s)):
- a. _____
- b. _____

Their relationship to Indian child: (Check all that apply)

- Related to child (specify): _____
- Members of child's tribe Indian parents
- None of the above

- ② The parent(s) in ① meet do not meet the placement preference requirements of the Indian Child Welfare Act.

- ③ Indian child (name): _____
- Date of birth: _____ Age: _____
- Child's tribe(s): _____
- Enrollment #: _____
- Check here if you do not know the enrollment #.

- ④ Your name: _____
- Mother Father (Check only one. Each parent fills out a separate form.)
- Your address (skip this if you have a lawyer):

City: _____ State: _____ Zip: _____

Phone #: _____ Your tribe(s): _____ Enrollment #: _____

- Check here if you do not know the enrollment #.

Your lawyer (if you have one): (Name, address, phone #, and State Bar #):

- ⑤ I am the parent in ④ and I understand and say:
- a. I agree to give up my parental rights.
 - b. I agree to the adoption of my child by the parent(s) listed in ①.
 - c. I understand what will happen when I sign this form.
 - d. No one has threatened me or made promises to me to get me to sign this form.
 - e. I understand that until the judge signs an Adoption Order (ADOPT-215) or an order to end my parental rights, I can change my mind and my child will be returned to me.
 - f. I want the court to let me know if the adoption is canceled so I can ask the court to give custody of my child back to me. The court will give the custody of my child back to me if the judge decides it is in my child's best interest.
 - g. I do not give up any of my rights under the Indian Child Welfare Act by signing this form.
 - h. My child was at least 10 days old when I signed this form.
 - i. I understand that notice of the adoption request will be sent to any Indian tribe of which my child may be a member or eligible for membership.



Case Number: _____

Your name: _____

6 At the time of signing this form, I do not live and am not domiciled on an Indian reservation.

Date: _____
Type or print your name

Signature of Indian parent

Judge's Certification

I, Judge _____,
Superior Court of California, County of _____, certify:

- This form was completed in writing and recorded before me.
- I fully explained the terms and consequences to (name of parent): _____
- The parent fully understood the terms and consequences.
- The parent speaks English or used an interpreter at the hearing.

Certified:

Date: _____

Judge (or Judicial Officer)

CHILD'S NAME:	CASE NUMBER:
---------------	--------------

1. Name of child:

2. (Check one)

I have not yet been able to complete the inquiry about the child's Indian status because:

I understand that I have an affirmative and continuing duty to complete this inquiry. I will do it as soon as possible and advise the court of my efforts.

I have asked or I am advised by _____ and on information and belief confirm that this person has completed inquiry by asking the child, the child's parents, and other required and available persons about the child's Indian status. The person(s) questioned are:

Name:	Name:
Address:	Address:
City, state, zip:	City, state, zip:
Telephone:	Telephone:
Date questioned:	Date questioned:
Relationship to child:	Relationship to child:

Additional persons questioned and their information is attached.

3. This inquiry (*check one*):

gave me reason to believe the child is or may be an Indian child. (*If yes, continue to 4.*)

gave me no reason to believe the child is or may be an Indian child.

4. I contacted the tribe(s) that the child may be affiliated with and worked with them to establish whether the child is a member or eligible for membership in the tribe(s). Information detailing the tribes contacted, the names of the individuals contacted, and the manner of the contacts is attached.

5. Based on inquiry and tribal contacts (*check all that apply*):

a. The child is or may be a member of or eligible for membership in a tribe.

Name of tribe(s):
Location of tribe(s):

b. The child's parents, grandparents, or great-grandparents are or were members of a tribe.

Name of tribe(s):
Location of tribe(s):

c. The residence or domicile of the child, child's parents, or Indian custodian is on a reservation, rancheria, Alaska Native village or other tribal trust land.

d. The child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (TANF).

e. The child is or has been a ward of a tribal court.

Name of tribe(s):
Location of tribe(s):

f. Either parent or the child possesses an Indian Identification card indicating membership or citizenship in an Indian tribe.

Name of tribe(s):
Location of tribe(s):

6. If this is a delinquency proceeding under Welfare and Institutions Code section 601 or 602:

The child is in foster care.

It is probable the child will be entering foster care.

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)



ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CHILD'S NAME:		
PARENTAL NOTIFICATION OF INDIAN STATUS		CASE NUMBER:

To the parent, Indian custodian, or guardian of the above named child: You must provide all the requested information about the child's Indian status by completing this form. If you get new information that would change your answers, you must let your attorney, all the attorneys on the case, and the social worker or probation officer, or the court investigator know immediately and an updated form must be filed with the court.

1. Name: _____
2. Relationship to child: Parent Indian custodian Guardian Other:

Indian Status

3. a. I am or may be a member of, or eligible for membership in, a federally recognized Indian tribe.
 Name of tribe(s) (name each): _____
 Location of tribe(s): _____
- b. The child is or may be a member of, or eligible for membership in, a federally recognized Indian tribe.
 Name of tribe(s) (name each): _____
 Location of tribe(s): _____
- c. One or more of my parents, grandparents, or other lineal ancestors is or was a member of a federally recognized tribe.
 Name of tribe(s) (name each): _____
 Location of tribe(s): _____
 Name and relationship of ancestor(s): _____
- d. I am a resident of or am domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.
- e. The child is a resident of or is domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.
- f. The child is or has been a ward of a tribal court.
- g. Either parent or the child possesses an Indian identification card indicating membership or citizenship in an Indian tribe.
 Name of tribe(s) (name each): _____
 Membership or citizenship number (if any): _____
- h. None of the above apply.

4. A previous form ICWA-020 has has not been filed with the court.

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

Date: _____

_____ _____

(TYPE OR PRINT NAME) (SIGNATURE)

Note: This form is not intended to constitute a complete inquiry into Indian heritage. Further inquiry may be required by the Indian Child Welfare Act.

ADOPT-230 Adoption Expenses

Clerk stamps date here when form is filed.

If you are adopting your stepchild, do not fill out this form.

① Your name (adopting parent):

a. _____

b. _____

Relationship to child: _____

Address (skip this if you have a lawyer): _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone number: (____) _____

Lawyer (if any): (Name, address, telephone number, and State Bar number): _____

Fill in court name and street address:

Superior Court of California, County of _____

Fill in case number if known:

Case Number: _____

② Name of child after adoption:

③ List the services you received that were related to the adoption of the child listed in ②:

Service	Name and address of service provider	How much paid, or value of service	Payment date
a. Hospital	_____	\$ _____	_____
b. Prenatal care	_____	\$ _____	_____
c. Legal fees paid	_____	\$ _____	_____
d. Adoption agency fee paid	_____	\$ _____	_____
e. Transportation	_____	\$ _____	_____
f. Adoption facilitator fees paid	_____	\$ _____	_____



Case Number: _____

Your name: _____

Service	Name and address of service provider	How much paid, or value of service	Payment date
g. Counseling fees paid	_____ _____	\$ _____	_____
h. Adoption service provider	_____ _____	\$ _____	_____
i. Pregnancy expenses paid	_____ _____	\$ _____	_____
j. Court filing fees paid	_____ _____	\$ _____	_____
k. Fingerprinting fees paid	_____ _____	\$ _____	_____
l. Other	_____ _____	\$ _____	_____

If you need more space, attach a sheet of paper and write "ADOPT-230, Item 3—Payment for Services" at the top.
Number of pages attached: _____

4 I declare under penalty of perjury under the laws of the State of California that I have listed all payments (or anything of value) that I have paid or agreed to pay, or that were paid on my behalf, related to the child I want to adopt. I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct, which means that if I lie on this form, I am guilty of a crime.

Date: _____
Type or print your name _____
Signature of adopting parent _____

Date: _____
Type or print your name _____
Signature of adopting parent _____

ADOPT-310

Contact After Adoption Agreement

Original Change

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

1 Your name(s):

a. _____

b. _____

Relationship to child: _____

Your address (skip this if you have a lawyer)

Street: _____

City: _____ State: _____ Zip: _____

Your phone number: _____

Your lawyer, (if you have one) (name, address, phone number, and State Bar number):

2 Information about the child

a. Child's name (after adoption): _____

b. Date of birth: _____ Age: _____

c. Is the child a dependent of Juvenile Court? No Yes

If yes, Juvenile Court and Juvenile Case number:

County: _____ Case #: _____

d. If the child has a lawyer, fill out below. If item 2c is yes, child must have a lawyer (Fam. Code, § 8714.7).

Name of child's lawyer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ State Bar number: _____

3 The people below agree with the requesting party(ies) in **1** about contact with the child after adoption. If the agreement is confidential, write "Confidential" instead of the person's name.

If you need more space, attach a sheet of paper. Write "ADOPT-310, Item 3—Other Relatives" at the top.

Type of Contact (circle all that apply):

Telephone Letter Visits
 Share Info E-mail Other*

Name	Relationship to Child						
a.							
b.							
c.							
d.							
e.							
f.							
g.							

*Explain type of contact on a sheet of paper. Write "ADOPT-310, Item 3—Other Types of Contact" at the top.

Number of pages attached: _____



Your name: _____

- 4 If you have a signed, written agreement about Contact After Adoption, attach a copy.
Number of pages attached: _____
- 5 The parties have discussed the reasons for continued contact between the child and the specified relatives or other parties, considering the best interests of the child.


Notice


1. After the judge signs the Adoption Order for this child, the adoption is final. It can never be cancelled or changed, even if anyone who signed this agreement:


- Does not follow the agreement, and/or
- Files ADOPT-315 (to change, end, or enforce this agreement).


2. Before this agreement can be changed by the court, all of the people who signed it have to try to fix any problems with it through a dispute resolution program, like mediation.


- 6 Everyone involved in this agreement must sign below (including the child, if 12 or older, and the child's attorney).


Date: _____ *Type or print your name and relationship to child*  _____
Sign your name

Date: _____ *Type or print your name and relationship to child*  _____
Sign your name

Date: _____ *Type or print your name and relationship to child*  _____
Sign your name

Date: _____ *Type or print your name and relationship to child*  _____
Sign your name

Date: _____ *Type or print your name and relationship to child*  _____
Sign your name

Date: _____ *Type or print your name and relationship to child*  _____
Sign your name

If more relatives need to sign, attach a sheet of paper. Write "ADOPT-310, Item 6—Signatures of Other Relatives," at the top.

Number of pages attached: _____

Date: _____

Judge (or Judicial Officer)

ADOPT-315

Request to: Enforce, Change, End Contact After Adoption Agreement

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

1 Your name(s):
a. _____
b. _____
Relationship to child: _____
Your address (*skip this if you have a lawyer*):
Street: _____
City: _____ State: _____ Zip: _____
Your phone number: _____
Your lawyer, (if you have one) (*name, address, phone number, and State Bar number*):

2 Child's name (*if known*):
Child's adopted name (*if known*): _____
Date of birth: _____ Age: _____

3 I/We want to (*check one*): Enforce Change End
an existing Contact After Adoption Agreement.

The judge will not look at your request unless you and the other people who signed ADOPT-310 first try to come to an agreement using a dispute resolution program, like mediation.

4 List all people who signed the original Contact After Adoption Agreement (form ADOPT-310).
If the agreement was confidential, write "Confidential" instead of the person's name.

Name/Relationship to child:

a. _____
b. _____
c. _____
d. _____

Notice to people listed in 4 who are served with this form:

The person who filed this form is asking the court to enforce, change, or end your Contact After Adoption Agreement. If you do **not** agree with what the person is asking for, you need to file ADOPT-320 within 30 days after you receive this form.

5 Attach to this request:

- A copy of ADOPT-310 (Contact After Adoption Agreement)
- A copy of the signed, written agreement about Contact After Adoption, if there is one
- Proof of Service showing this form was served on each person in 4, along with a blank answer form (ADOPT-320)



Your name: _____

6 If any person in 4 was not served, you must explain in writing why he or she was not served.

Check below, if true:

- a. I do not know the names of the other people who signed the original Contact After Adoption Agreement, so I could not serve them.
- b. The other people who signed the original Contact After Adoption Agreement (ADOPT-310) agree with what I am asking in this request and have signed ADOPT-320.

If you want to give more explanation, attach a sheet of paper and write "ADOPT-315, Item 6" at the top.

7 Remember: The judge will not look at your request until all people who signed ADOPT-310 have tried to come to an agreement using mediation or other form of dispute resolution.

- I/We have tried to resolve these issues by using a dispute resolution program, like mediation.
- I have tried to fix these problems, but the other party refuses to participate in a dispute resolution program, like mediation. I am asking for a court date for the judge to review this case.

8 Check one of the boxes below:

I/We ask the court to:

- a. Enforce ADOPT-310. Explain how the original agreement has not been followed:

If you need more space, attach a sheet of paper and write "ADOPT-315, Item 8—Enforce, Change, or End 310" at the top.

- b. Change ADOPT-310. Describe the changes you want and how these changes will be good for the child:


If you need more space, attach a sheet of paper and write "ADOPT-315, Item 8—Enforce, Change, or End 310" at the top.


- c. End ADOPT-310. Explain why you want to end the agreement and how ending the agreement will be good for the child:

If you need more space, attach a sheet of paper and write "ADOPT-315, Item 8—Enforce, Change, or End 310" at the top.

Number of pages attached: _____

9 I/We declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct, which means if I lie on this form, I am guilty of a crime.

Date: _____  _____
 Type or print your name and relationship to child Sign your name

Date: _____  _____
 Type or print your name and relationship to child Sign your name

ADOPT-320

Answer to Request to: Enforce, Change, End Contact After Adoption Agreement

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

1 This is my answer to the request to *(check one)*:

- Enforce Change End

an existing Contact After Adoption Agreement.

a. Name(s) of person who filed ADOPT-315 and his or her relationship to the child:

b. I received a copy of the signed, written agreement, ADOPT-310.

2 Your name(s):

a. _____

b. _____

Relationship to child: _____

Your address *(skip this if you have a lawyer)*:

Street: _____

City: _____ State: _____ Zip: _____

Your phone number: _____

Your lawyer, (if you have one) *(Name, address, phone number, and State Bar number)*:

3 Child's adopted name *(if you know)*: _____

Date of birth: _____ Age: _____

Date of adoption *(if you know)*: _____

4 Check all that apply:

a. I agree with the requests listed in ADOPT-315 and think the requests are in the child's best interests.


b. I do not agree with the requests in ADOPT-315 because:


If you need more space, attach a sheet of paper and write "ADOPT-320, Item 4—Do Not Agree With 315" at the top.

Number of pages attached: _____

c. I/We have NOT tried to resolve these issues by using a dispute resolution program, like mediation.

d. I/We tried to fix these problems by using a dispute resolution program, like mediation, but were unable to reach an agreement.

Date: _____ *Type or print your name and relationship to child*  _____ *Sign your name*

Date: _____ *Type or print your name and relationship to child*  _____ *Sign your name*

ADOPT-325

Judge's Order to: Enforce, Change, End Contact After Adoption Agreement

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

① Your name(s) (*person(s) who asked for this order*):

a. _____

b. _____

Your address (*skip this if you have a lawyer*):

Street: _____

City: _____ State: _____ Zip: _____

Your phone number: _____

Your lawyer, (if you have one) (*Name, address, phone number, and State Bar number*):

② Adopted child's name:

Date of birth: _____ Age: _____

③ People present in court today (*date*): _____ in: _____

Dept.: _____ Div.: _____ Rm.: _____

Judge: _____

Adopting parent(s) Lawyer for adopting parent(s) Child Child's lawyer

Parent keeping parental rights (stepparent/domestic partner):

Other people present (*list name and relationship to child*):

a. _____ c. _____

b. _____ d. _____

Not present: _____

Judge will fill out section below.

④ The judge has reviewed:

ADOPT-310 ADOPT-315 ADOPT-320 Other evidence Testimony

All people listed in ADOPT-315 have tried to come to an agreement using mediation or some other form of dispute resolution. (Fam. Code, § 8714.7.)

⑤ **Enforcement**

The judge finds and orders:

a. The Contact After Adoption Agreement is enforced. This means that everyone who signed the agreement must do what the agreement says.

b. The Contact After Adoption Agreement is not enforced because:

(1) The person who asked the judge to enforce the Agreement has not tried to solve the problem using a dispute resolution program, like mediation.

(2) Enforcing the agreement is not in the child's best interests.

(3) Other: _____



Case Number: _____

Your name: _____

Judge will fill out section below.

- 6** **Change or End the Agreement**
- a. The judge **approves** the request to change end the Contact After Adoption Agreement because:
- (1) All people involved, including the child (if 12 or older), agreed in writing to the requests listed in ADOPT-315;
 - (2) It is in the best interests of the child;
 - (3) There have been important changes since the original agreement was approved; *and*
 - (4) The applicant has tried to resolve the problem using a dispute resolution program, like mediation.
- b. The judge **does not approve** the request to change end the contact After Adoption Agreement because:
- (1) It is not in the best interest of the child.
 - (2) No important changes have happened since the original agreement was approved.
 - (3) The applicant has not tried to resolve the problem using a dispute resolution program, like mediation.
- c. The judge **approves** the request to change end the Contact After Adoption Agreement as amended. A new ADOPT-310 will be filed.

- 7** **More Time to Study or Evaluate**
- a. The judge needs more time to make a decision.
- b. The judge orders further study or evaluation of the issues in the request because there is clear and convincing evidence that:
- (1) It is the only way to protect or promote the child's best interest; *and*
 - (2) It will not disturb the stability of the child's home
- c. The study or evaluation must look at the following:
- (1) Whether the request(s) in ADOPT-315 will be good for the child
 - (2) The child's wishes
 - (3) The child's mental health
 - (4) Other: _____
- d. The study or evaluation will be done by (*individual or agency*): _____
The people involved must cooperate with this individual or agency.
- e. The cost of the study or evaluation and written report will be paid by
name(s) of person to pay: _____
relationship to child: _____
- f. The judge and all people involved in this case will get a complete report by (*date*): _____
- g. The judge will review the report and make a decision by: _____
- h. The people involved in this case must return to court on (*date*): _____
at (*time*): _____ a.m. p.m.

Date: _____

Judge (or Judicial Officer)

TRANSMITTAL

TO BE COMPLETED AND SENT BY THE CLERK OF THE COURT TO SACRAMENTO
ONLY IF PARAGRAPH SIX (6) OF THE PETITION HAS BEEN MARKED
(Health and Safety Code Section 102705)

State Department of Social Services
Adoptions Branch
744 P Street, M/S 19-31
Sacramento, CA 95814

To California State D.S.S.:

The Original Petition seeking original birth records pursuant to Health and Safety Code section 102705 was filed in the Contra Costa County Superior Court on _____.

Please comply with Health and Safety Code section 102705 by sending a copy of all records and information it has concerning the adopted person _____ with the name and address of natural parents removed, to:

Contra Costa County Superior Court
Attention: Adoptions Clerk
725 Court Street
Martinez, CA 94553

Executive Officer/Clerk of the Superior Court of Contra Costa County

Date: _____
Deputy Clerk

(A copy of this request was sent by the Clerk of the Court to the Department of Social Services on _____)

(Upon receipt of records from Department of Social Services, to be completed by Clerk of Court)

To the Judge of Contra Costa Superior Court:

Attached are the records received by the Clerk of the Court from the State Department of Social Services in response to this verified petition.

Executive Officer/Clerk of the Superior Court of Contra Costa County

Date: _____
Deputy Clerk

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS: ATTORNEY FOR (Name):	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA COUNTY OF CONTRA COSTA 725 Court Street Martinez, CA 94553 Wakefield Taylor Courthouse	
IN THE MATTER OF THE PETITION OF:	
PETITION FOR AUTHORIZATION TO INSPECT ADOPTION AND BIRTH RECORD INFORMATION AND TO OBTAIN COPIES (TRANSMITTAL FAMILY CODE § 9200 AND HEALTH AND SAFETY CODE § 10275)	CASE NUMBER: DEPARTMENT:

I am the Petitioner and submit the following:

1. Mailing address: _____
2. Residence address: _____, County of _____
3. Telephone number: _____ Birth date: ____/____/____, and my current age _____
4. I am informed (*check one*):

- a. and believe that I was adopted by _____ (*adopting parent(s)*) on or about (*date*) _____, in the County of Contra Costa.
- b. that an adoption proceeding related to _____ (*adoptee*) was completed in the County of _____, on or about _____ by _____ (*adopting parents*).

5. (Family Code §9200) I request permission to inspect the records and/or obtain copies of the records contained in the court file relating to the adoptee _____, for the following reasons:
(Family Code §9200 requires a showing of exceptional circumstances and good cause approaching the necessitous.)

6. (Health and Safety Code §102705) I request permission to inspect and/or copy the original birth record contained in the State Department of Social Services files for the following reasons:

(Health and Safety Code §102705 requires a showing of necessity of the order and good and compelling cause. The name and address of the natural parents shall be given to the petitioner only if he or she can demonstrate that the name and address, or either of them, are necessary to assist him or her in establishing a legal right.)

IN THE MATTER OF THE PETITION OF:	CASE NUMBER:
-----------------------------------	--------------

7. For the reasons stated, I request permission to obtain to inspect a copy of the following document(s)

- a. _____
- b. _____
- c. _____
- d. _____

8. Attached is a copy of a government issued current photographic identification card of the Petitioner.

I request an order of the Superior Court as required by Family Code §9200 and/or Health and Safety Code §102705 with respect to the records relating to the above proceeding.

Date:

Print Name	Signature of Petitioner
------------	-------------------------

VERIFICATION

I am the Petitioner in the above matter. I have read this petition and I know and understand what it states. I declare that the petition is true based upon my own personal knowledge, except as to those matters where it is stated to be based upon my information and belief, and as to those matters, I believe them to be true.

Date:

Print Name	Signature of Petitioner
------------	-------------------------

California Family Code Section 9200

(a) The petition, relinquishment or consent, agreement, order, report to the court from any investigating agency, and any power of attorney and disposition filed in the office of the clerk of the court pursuant to this part is not open to inspection by any person other than the parties to the proceeding and their attorneys and the department, except upon the written authority of the judge of the superior court. A judge of the superior court may not authorize any one to inspect the petition, relinquishment or consent, agreement, order, report to the court from any investigating agency, or power of attorney or deposition or any portion of any of these documents, except in exceptional circumstances and for good cause approaching the necessitous. The petitioner may be required to pay the expenses for preparing the copies of the documents to be inspected

(b) Upon written request of any party to the proceeding and upon the order of any judge of the superior court, the clerk of the court shall not provide any documents referred to in this section for inspection or copying to any other person, unless the name of the child's birth parents or any information tending to identify the child's birth parents is deleted from the documents or copies thereof.

(c) Upon the request of the adoptive parents or the child, a clerk of the court may issue a certificate of adoption that states the date and place of adoption, the child's birth date, the names of the adoptive parents, and the name the child has taken. Unless the child has been adopted by a stepparent, the certificate shall not state the name of the child's birth parents.

California Health and Safety Code Section 102705

All records and information specified in this article, other than the newly issued birth certificate, shall be available only upon the order of the superior court of the county of residence of the adopted child or the superior court of the county granting the order of adoption.

No such order shall be granted by the superior court unless a verified petition setting forth facts showing the necessity of the order has been presented to the court and good and compelling cause is shown for the granting of the order. The clerk of the superior court shall send a copy of the petition to the State Department of Social Services and the department shall send a copy of all records and information it has concerning the adopted person with the name and address of the natural parents removed to the court. The court must review these records before making an order and the order should so state. If the petition is by or on behalf of an adopted child who has attained majority, these facts shall be given great weight, but the granting of any petition is solely within the sound discretion of the court.

The name and address of the natural parents shall be given to the petitioner only if he or she can demonstrate that the name and address, or either of them, are necessary to assist him or her in establishing a legal right.

To be completed by Court Staff:

<p>To Judge of the Superior Court:</p> <p>Attached are the records received by the Clerk of the Court from the State Department of Social Services after transmission of a copy of the attached verified petition to said department.</p> <p>Executive Officer/Clerk of the Superior Court of Contra Costa County</p> <p>Date: _____</p> <p style="text-align: center;">_____ Deputy Clerk</p> <p style="text-align: center;">COURT ORDER</p>	<p><i>FOR COURT USE ONLY</i></p>
<p>The Court, having reviewed all of the attached records received from the State Department of Social Services and the foregoing verified petition, now makes the following ORDER:</p> <p><input type="checkbox"/> Good cause appearing, the request for disclosure of adoption information is hereby GRANTED. The Court finds in balancing the rights of all concerned individuals, that exceptional circumstances exist necessitating the release of the information herein requested. The information herein requested shall be released to the requesting party.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> The Petition is DENIED as exceptional circumstances and good cause has not been shown for the release or inspection of said documents.</p> <p><input type="checkbox"/> ORDERED that the Petition is DENIED for the following reasons: _____</p> <p style="text-align: center;">_____ OR</p> <p><input type="checkbox"/> The Court needs additional information to decide whether to grant your request. You must go to the Court Hearing date listed below:</p> <p>Date: _____</p> <p>Time: _____</p> <p>Dept: _____</p> <p>IT IS SO ORDERED.</p> <p>Dated: _____</p> <p style="text-align: right;">_____ Judge of the Superior Court</p> <p>Distribution:</p> <p><input type="checkbox"/> Original – Court File <input type="checkbox"/> Copy to State Department of Social Services <input type="checkbox"/> Copy to Petitioner</p>	
<p style="text-align: right;">CASE NUMBER: _____</p>	