

# **ADOPTION**

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)
- **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)

***You Can Get Court Forms FREE at: [www.cc-courts.org/forms](http://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"/> <b>MARTINEZ</b><br>Wakefield Taylor Courthouse<br>725 Court Street<br>Martinez, CA 94553 | <input type="checkbox"/> <b>MARTINEZ</b><br>Spinetta Family Law Bldg<br>751 Pine Street<br>Martinez, CA 94553 | <input type="checkbox"/> <b>MARTINEZ</b><br>A.F. Bray Building<br>1020 Ward Street<br>Martinez, CA 94553 | <input type="checkbox"/> <b>PITTSBURG</b><br>Arnason Justice Center<br>1000 Center Drive<br>Pittsburg, CA 94565 | <input type="checkbox"/> <b>RICHMOND</b><br>Carroll Courthouse<br>100 37 <sup>th</sup> Street<br>Richmond, CA 94805 | <input type="checkbox"/> <b>WALNUT CREEK</b><br>640 Ygnacio Valley Road<br>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](http://www.cc-courts.org/interpreter)

# Superior Court of California, County of Contra Costa

- |   |   |  |   |   |   |
|---|---|--|---|---|---|
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|---|---|--|---|---|---|

## 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](http://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**

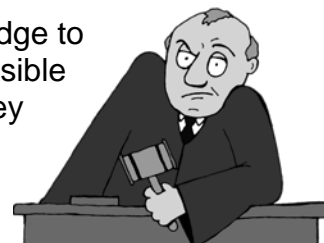
If you print Judicial Council forms from your computer, print them out single-sided. (Don't print double-sided unless you know how to tumble the pages). Judicial Council forms can be found at <http://www.courts.ca.gov/forms.htm>.

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](http://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 AN ADULT

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](http://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](http://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](http://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** Your name(s) (*adopting parent(s)*):

a. \_\_\_\_\_

b. \_\_\_\_\_

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** I/We filed this *Adoption Request* in this court because it is in the county (*check all that apply*):

Where the adopting parent(s) live;

Where the child was born or where the child now lives;

Where an office of the agency that placed the child for adoption is located;

Where an office of the department or public adoption agency that is investigating the petition is located;

Where a placing birth parent or parents lived when the adoptive placement agreement, consent, or relinquishment was signed;

Where a placing birth parent or parents live(s) when the petition was filed;

Where the child was freed for adoption.

(*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(s) reside(s). See Fam. Code, § 8714.*)

**3** Type of adoption (*check one*):

Agency (*name*): \_\_\_\_\_

Relative  Nonrelative

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

Tribal customary adoption (*attach tribal customary adoption order*)

Independent

Relative  Nonrelative  Additional Parent(s)

Intercountry (*name of agency*):

\_\_\_\_\_

This adoption may be subject to the Hague Adoption Convention ([form ADOPT-216](#) must be filed with this request).

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

Hearing is set for:

**Hearing Date**

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.



Your name: \_\_\_\_\_

- 3  Stepparent
  - Stepparent adoption to confirm parentage. (*Select this option if you were married to or in a state-registered domestic partnership with the birth parent at the time the child was born **and** you remain in that union.*)

- 4 Information about the child
  - a. The child's new name will be: \_\_\_\_\_
  - b.  Boy  Girl
  - c. Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_
  - d. Child's address (*if different from yours*):  
 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 your physical care: \_\_\_\_\_

5 Child's name before adoption (*Fill out ONLY if this is an independent, stepparent, or tribal customary adoption*):  
 \_\_\_\_\_

- 6 Does the child have a legal guardian?  Yes  No  
*(If yes, attach a copy of the Letters of Guardianship and fill out below):*
  - a. Date guardianship ordered: \_\_\_\_\_
  - b. County: \_\_\_\_\_
  - c. Case number: \_\_\_\_\_

- 7 Is the child a dependent of the court?  Yes  No  
*(If yes, fill out below):*  
 Juvenile case number: \_\_\_\_\_  
 County: \_\_\_\_\_

- 8 Child may have Indian ancestry:  Yes  No
  - a. Whether you answered "Yes" or "No," you must fill out and attach *Indian Child Inquiry Attachment* (form [ICWA-010\(A\)](#)) and *Parental Notification of Indian Status* (form [ICWA-020](#)) or other proof that ICWA inquiry has been completed in accordance with rule 5.481(a).
  - b. If you answered "Yes," you must also fill out and attach *Adoption of Indian Child* (form ADOPT-220) if, after notice, it is determined that ICWA does apply to the child.

- 9 Names of birth parents, if known:
  - a. Mother: \_\_\_\_\_
  - b. Father: \_\_\_\_\_

- 10 **If this is an agency adoption:**
  - 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.  
 Yes  No
  - 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*):  
 \_\_\_\_\_  
 \_\_\_\_\_



Your name: \_\_\_\_\_

- 10 c. 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.  Yes  No
- d. This is an adoption conducted under the requirements of the Hague Adoption Convention and the child will be moving or has already moved with the adopting parent(s) to another Hague Convention member country at the conclusion of this adoption.  Yes  No If yes, child will be moving or has moved to (*name of country*): \_\_\_\_\_ and adopting parent(s)  seek(s) a California adoption  will be petitioning for a Hague Adoption Certificate  will be seeking a Hague Custody Declaration.

11 **If this is an independent adoption:**

- 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.)  Yes  No
- 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.  Yes  No
- 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 **If this is a stepparent adoption:**

- 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 parents were married on **or** The domestic partnership was registered 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 and we remain in that union. See attached  form ADOPT-205 or  declaration describing the circumstances of the child's conception.
- e. Completing the investigation or written report (*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.

13  The child was conceived by assisted reproduction in compliance with Family Code section 7613.

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 is not necessary because (*complete all sections that apply to your adoption*):**

- a.  The consent of the  birth parent  presumed father 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.



Your name: \_\_\_\_\_

- 15 a. (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.  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.)

c.  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:  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_  
 (Attach a copy of the order.)

d.  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: \_\_\_\_\_

e.  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: \_\_\_\_\_

- f.  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 15(d) and file an Application for Freedom From Parental Custody. See Fam. Code, § 7822(a).)

g.  The consent of the presumed father is not required because he did not become a presumed father before the mother's relinquishment or consent became irrevocable or the mother's parental rights were terminated. (Fam. Code, § 8604(a).)



Your name: \_\_\_\_\_

Case Number: \_\_\_\_\_

- 15 h.  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 his or her own;
- c. Will support and care for the child;
- d. Has a suitable home for the child; and
- e. Agrees to adopt the child.

- 17  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, he or she 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](http://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):

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



# ADOPT-210

# 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) (*adopting parent(s)*):  
 a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 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 Child's name before adoption: \_\_\_\_\_  
 Child's name after adoption: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

### Signing this forms:

- Adoptions usually require a hearing where most signatures on this form must be completed in front of a judge.
- Item 4(b) 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 during the union, usually no hearing is required and you may sign this form in front of a proper witness. See paragraph 8(a) 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, read and sign below.

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

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, and I agree to his or her adoption of my child.

Date: \_\_\_\_\_  
*Type or print your name* ▶ \_\_\_\_\_  
*Signature of legal parent*



Your name: \_\_\_\_\_

Case Number: _____
--------------------

**8 Executed (check one):**

a.  This form was signed outside of a hearing. *(Select this option only for a stepparent adoption involving a spouse or partner who gave birth to the child during the union, 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)*

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 (*adopting parent(s)*):

a. \_\_\_\_\_

b. \_\_\_\_\_

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** 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 stepparent who was married or in a state-registered domestic partnership with the parent who gave birth 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 adoptionb.  Is under 12c.  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 his or her 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 independent adoption involving an additional parent(s).  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* (ADOPT-200)  *Adoption of Indian Child* (ADOPT-220)
- Adoption Order* (ADOPT-215)  *Contact After Adoption Agreement* (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)*



# 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)*