

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 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*): _____

(*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.

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



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. Or call Covered California at 1-800-300-1506 (English) or 1-800-300-0213 (Spanish).

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



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 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)

ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

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*): _____

Fill in court name and street address:

Superior Court of California, County of

② Child's name after adoption: _____
First name: _____
Middle name: _____
Last name: _____
Date of birth: _____ Age: _____
Place of birth (*if known*): _____
City: _____ State: _____ Country: _____

Court fills in case number when form is filed.

Case Number:

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 adoption
b. Is under 12
c. Is not required to consent because this is a tribal customary adoption.



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: _____ Judge (or Judicial Officer) _____
 - (Date of Signature)

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:
- I agree to give up my parental rights.
 - I agree to the adoption of my child by the parent(s) listed in ①.
 - I understand what will happen when I sign this form.
 - No one has threatened me or made promises to me to get me to sign this form.
 - 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.
 - 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.
 - I do not give up any of my rights under the Indian Child Welfare Act by signing this form.
 - My child was at least 10 days old when I signed this form.
 - 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)

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)



Case Number: _____

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)

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

1. Name of child:

Indian child inquiry made not made and (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): _____

Name of band (if applicable): _____

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

Name of tribe(s): _____

Name of band (if applicable): _____

c. The residence or domicile of the child, child's parents, or Indian custodian is in a predominantly Indian community.

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 may have Indian ancestry.

f. The child has no known Indian ancestry.

g. Other reason to know the child may be an Indian child: _____

Person(s) questioned:

Name: _____

Address: _____

City, state, zip: _____

Telephone: _____

Date questioned: _____

Means of communication: _____

Relationship to child: _____

Summary of information: _____

Person(s) questioned:

Name: _____

Address: _____

City, state, zip: _____

Telephone: _____

Date questioned: _____

Means of communication: _____

Relationship to child: _____

Summary of information: _____

h. Information about other persons questioned is attached.

2. If this is a delinquency proceeding under Welfare and Institutions Code, § 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 (<i>Name, State Bar number, and address</i>): <hr/> TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE 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 _____
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*): _____
 Name of band (*if applicable*): _____
- b. I may have Indian ancestry. _____
 Name of tribe(s): _____
 Name of band (*if applicable*): _____
- c. The child is or may be a member of, or eligible for membership in, a federally recognized Indian tribe.
 Name of tribe (*name each*): _____
 Name of band (*if applicable*): _____
- d. I have no Indian ancestry as far as I know.
- e. One or more of my parents, grandparents, or other lineal ancestors is or was a member of a federally recognized tribe.
 Name of tribe (*name each*): _____
 Name of band (*if applicable*): _____
 Name and relationship of ancestor(s): _____
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.

