



Cover Sheet:	Stepparent Adoption Request
Effective Date:	August 26, 2019
Last Revision Date:	March 5, 2024
Purpose:	These forms are used to start a Stepparent Adoption. Once filed, this case can be used to obtain orders to amend the birth record to add the stepparent and change the child's name.
Assistance:	Parties who are acting as their own attorneys may receive help from the Self Help Center to complete these forms. You may contact the Self Help Center through the Court's website, by creating an e-Correspondence account, or visit the Self Help Center in person, Monday through Thursday.
Required Forms:	<p>All forms are Judicial Council forms, unless otherwise indicated. These forms are required in all cases:</p> <ul style="list-style-type: none">• Adoption Request, ADOPT-200• Parental Notification of Indian Status, ICWA-020• Indian Child Inquiry Attachment, ICWA-010(A)• Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA), FL-105• Adoption Agreement, ADOPT-210• Consent to Adoption by Parent Retaining Custody, CDSS form AD 2• Investigation Questionnaire, local form FL/E-LP-647• Adoption Order, ADOPT-215• Court Report of Adoption, Vital Records form VS 44 <p>These forms are required if they are applicable:</p> <ul style="list-style-type: none">• Notice of Child Custody Proceedings for an Indian Child, ICWA-030• Consent to Adoption by Parent in or Outside California Giving Custody to Husband or Wife or Domestic Partner of Other Parent, CDSS form AD 2A/2B
Optional Forms:	<p>This form may be used if it is applicable to your request:</p> <ul style="list-style-type: none">• Contact After Adoption Agreement, ADOPT-310
Filing Fee:	<p>There is a \$20 fee to file these documents and an additional \$640 fee for the required adoption investigation. The current fee schedule may be found on the Court's website at: https://www.saccourt.ca.gov/fees/docs/fee-schedule.pdf.</p>
Copies:	Make two copies of the completed forms. The Court will file and keep the original and will endorse and return the copies to you.
Before You File:	An original certified copy and two additional copies of each of the



	<p>following must be submitted with your Request:</p> <ul style="list-style-type: none">• Birth Certificate of Child to be Adopted• Marriage License or Domestic Partnership Certificate <p>If applicable, an original certified copy and two additional copies of each of the following must be submitted with your Request:</p> <ul style="list-style-type: none">• Death Certificate of Other Parent• Final Judgment of Dissolution for all prior marriages for either the Petitioner or the Petitioner’s Spouse/Domestic Partner• Most recent court order awarding custody of the child to be adopted• Order terminating parental rights• Order declaring minor free from parental custody and control• Proof of Donorship• Proof of Name Changes for biological parents, adoptive parents, stepparents and/or child
<p>Filing:</p>	<p>All forms must be typewritten or printed in blue or black ink. (See California Rules of Court, Rules 2.100-2.119)</p> <p>Mail or place completed forms in the court drop-box located at the Family Court at 3341 Power Inn Road, Sacramento, CA 95826. Drop box hours are 8:00 am to 5:00 pm Monday through Friday, excluding Court holidays.</p> <p>Forms may also be filed in person between the hours of 8:30 am and 4:00 pm. You must make an appointment online or obtain a ticket from Reception to file in person.</p>
<p>Next Steps:</p>	<p>To request a hearing, submit two copies of the court endorsed Adoption Request along with a self-addressed, stamped envelope. Adoption hearings are schedule on Monday morning at 8:30 a.m. If you have dates where you are unavailable print them on the copy of the Adoption Request prior to submitting it to the court.</p> <p>Once your filing is complete, you will be contacted by a Court Investigator for an investigation to be completed. Once the Investigation Report has been completed, a copy will be mailed to you before the hearing date.</p>

ADOPT-200

Adoption Request

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

Clerk stamps date here when form is filed.

1 Adopting parent(s)

a. Name: _____
 b. Name: _____
 Relationship to child: _____
 Street address: _____
 City: _____ State: _____ Zip: _____
 Telephone number: _____
 Lawyer (if any) (name, address, telephone numbers, email address, and State Bar number):

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

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

2 County of filing

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

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

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

Hearing Date → Hearing is set for:
 Date: _____
 Time: _____
 Dept.: _____ Room: _____
 Name and address of court if different from above:

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

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

3 Type of adoption

Check one of the following:

- Agency (name): _____ Relative Nonrelative
- Tribal customary adoption (attach tribal customary adoption order)
- Independent: Relative Nonrelative Additional Parent(s)
- Intercounty (name of agency): _____
- Stepparent adoption

Stepparent adoption to confirm parentage. See form _____ to determine whether you are eligible for the stepparent adoption to confirm parentage process.

Joinder:

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



Your name: _____

4 Information about the child

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

5 Child's name before adoption (only for independent, intercountry, stepparent, or tribal customary adoption)

Child's name before adoption: _____

6 Birth parents

Names of birth parents, if known: _____

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

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

8 Inquiry and notice under the Indian Child Welfare Act

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

9 Adoption of an Indian child

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



Your name: _____

Case Number: _____

10 Agency adoption questions

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

11 Independent adoption questions

- a. A copy of the Independent Adoption Placement Agreement from the California Department of Social Services is attached. (This is required in most independent adoptions; see Family Code section 8802.)
- b. All persons with parental rights agree to the adoption and have signed the Independent Adoptive Placement Agreement or consent on the appropriate California Department of Social Services form. Yes No
(If no, list the name and relationship to child of each person who has not signed the agreement form):

- c. I/We will file promptly with the department or delegated county adoption agency the information required by the department in the investigation of the proposed adoption.
- d. This is an independent adoption involving additional parent(s):
 - All persons with existing parental rights agree to this adoption and will keep those parental rights.
 - An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s) is attached.

12 Stepparent adoption and confirmation of parentage questions

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



Your name: _____

Case Number: _____

13 Intercountry adoption questions

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

14 Contact after adoption

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

15 Consent for adoption

Complete all sections that apply to your adoption:

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



Your name: _____

Case Number: _____

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

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

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

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

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

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

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

16 Suitability for adoption

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



Your name: _____

17 Requests to court

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

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

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

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

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

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

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

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

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

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



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

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

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

Indian Status

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

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

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

Date: _____

_____ _____

(TYPE OR PRINT NAME) (SIGNATURE)

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

CHILD'S NAME:	CASE NUMBER:
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1. Name of child:

2. (Check one)

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

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

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

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

Additional persons questioned and their information is attached.

3. This inquiry (*check one*):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The child is in foster care.

It is probable the child will be entering foster care.

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr/> <p style="text-align: center;">TELEPHONE NO.: FAX NO. (Optional):</p> <p>E-MAIL ADDRESS (Optional):</p> <p>ATTORNEY FOR (Name):</p>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: <i>(This section applies only to family law cases.)</i> RESPONDENT: OTHER PARTY:	
GUARDIANSHIP OF (Name): Minor <i>(This section applies only to guardianship cases.)</i>	CASE NUMBER:
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. **I am a party** to this proceeding to determine custody of a child.
2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
b. Child's name	Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE: _____	CASE NUMBER: _____
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court <i>(name, state, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court <i>(name, state, location)</i>
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number <i>(if known)</i>	Orders expire <i>(date)</i>
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No (If yes, provide the following information):

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
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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 OF DECLARANT)

7. Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

Clerk stamps date here when form is filed.

1 Adopting parent(s)

a. Name: _____

b. Name: _____

Relationship to child: _____

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

City: _____ State: _____ Zip: _____

Telephone number: _____

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

Fill in court name and street address:

Superior Court of California, County of**2 Information about the child**

Child's name before adoption: _____

Child's name after adoption: _____

Date of birth: _____ Age: _____

Court fills in case number when form is filed.

Case Number:**Signing this form:**

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

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

Date: _____
Type or print your name

Signature of child (child must sign if 12 or older; optional if child is under 12)

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

a. I am the adopting parent listed in **1**, and I agree that the child will:

(1) Be adopted and treated as my legal child (Fam. Code, § 8612(b)) and

(2) Have the same rights as a natural child born to me, including the right to inherit my estate.

Date: _____
Type or print your name

Signature of adopting parent



Your name: _____

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

Date: _____ *Type or print your name*  _____
Signature of spouse or registered domestic partner (may be signed before hearing)

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

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

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

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

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

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

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

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

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

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

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

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

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

⑦ *For stepparent adoptions only:*

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

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

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



Your name: _____

8 Executed (check one):

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

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

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

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

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

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

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

(3) Witness information

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

Name of witness: _____

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

Date: _____

Witness signature:  _____

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

Date: _____

Judge (or Judicial Officer)

Original for Court Record
Certified Copy for State Department of Social Services

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF _____**

In the Matter of the Petition of

Petitioner



**STEPPARENT ADOPTION
Consent to Adoption by Parent
Retaining Custody**

I, the undersigned, being the parent of _____ give my full and
free consent to the adoption of said child by _____, who is
my husband/wife/domestic partner without relinquishing any of my rights, duties, obligations as his/her parent, and I respectfully ask
that the petition be granted.

Said child was born on _____ in _____ and is the child
of _____ and _____

Date _____ 20 _____
Signature of Parent _____

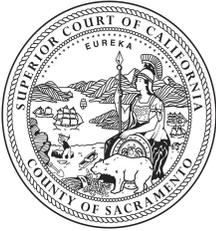
Signed in the presence of

*Title

* The Clerk of the Superior Court, the Probation Officer, or, where stepparent investigations are delegated to County Welfare Departments, a County Welfare Department Staff member may witness.

This form for use only when person giving consent is husband or wife of petitioner or domestic partner, as defined in Family Code Section 297, of petitioner.

Original for court record, certified copy to be sent immediately to California Department of Social Services, Sacramento.



In the Superior Court of the State of California
In and for the County of Sacramento

FOR COURT USE ONLY

INVESTIGATION QUESTIONNAIRE

CASE NAME:

CASE NUMBER:

Instructions to Petitioner:

In order to facilitate a stepparent (or domestic partner) adoption or termination of parental rights, you must complete this questionnaire and provide copies of the required documents as indicated to:

SACRAMENTO COUNTY SUPERIOR COURT
3341 Power Inn Road
Sacramento, CA 95826

The questionnaire is important in introducing you and your situation to the investigator handling your case. Attach all additional documents as applicable to this questionnaire. The court will not file an incomplete packet or schedule a hearing date until all of the necessary forms are completed and submitted to the court.

I. PETITIONER

Your current name:		Driver's License No.:	
Maiden name and/or any other names used:			
Name & telephone number of your attorney:		()	
Your current address (Street, City, State and ZIP):			
How long at this address?		Years	Months
Home Telephone: ()		Business Telephone: ()	
If no home or business telephone, give a contact number where the investigator can reach you: ()			

II. IDENTIFYING DATA OF PETITIONER

Social Security Number:		Age:		Date of Birth:		Place of Birth:	
Race: Eye	Color: Hair	Color: Wgt:	Hgt:				
Extent of schooling, H.S./College, etc.:							
Insurance (Life, Health, Car, etc.) specify:							

III. MARITAL HISTORY OF PETITIONER

(List all marriages)

Time	Name of spouse (use maiden names) include present marriage	Date of Marriage	Date Separated	Date & How Terminated	Number of Children
<i>First</i>					
<i>Second</i>					
<i>Third</i>					

****Attach a certified copy of the current marriage license or Certificate of Registered Domestic Partnership****

****If applicable, attach a certified copy of the final divorce judgment of each previous marriage****

****If applicable, attach a certified copy of any orders changing your name****

IV. CHILD

(List the child **INVOLVED** with this Court action)

Name	Date	of Birth	Living with	Address	Name of other parent	Indian Ancestry?
						<input type="checkbox"/> yes <input type="checkbox"/> no

Has the child ever been involved in any other court case? Yes No

If so, what county _____, case number _____.

****Attach certified copy of the birth certificate****

****If applicable, attach a certified copy of the Order of Adoption, if the minor has been previously adopted****

****If applicable, attach a certified copy of the most recent court order awarding custody of the child to be adopted or an Order Terminating**
Parental Rights or Order Declaring Minor Free from Parental Custody and Control**

****If applicable, attach a certified copy of any orders changing the child's name****

V. CHILDREN

(List all your other children **NOT INVOLVED** in the Court action)

Name	Date	of Birth	Living with	Address	Name of other parent

Since the separation of the parents of the minor(s), whom have the child(ren) been living with? Also list dates:

VI. HEALTH OF CHILDREN

(List each child in this case who has recently been under the care of a Doctor, or Psychiatrist, including family physician)

Do any of the children presently have physical or mental problems? Yes No If "Yes", please explain:

Plan of custody/visitation:

Place of residence for self and children:

Will children be placed under supervision of others? Yes No If "Yes", please complete below:

<i>Name of caretaker:</i>	<i>Relationship to children</i>	<i>Address</i>	<i>Phone Number</i>	<i>What period of time</i>
			()	

State the reasons why you feel the other parent should not have custody/visitation and be specific.
Give examples and dates (attach additional sheet, if needed).

VII. EMPLOYMENT
(Beginning with your present employment, list employment for the last 5 years)

Name of Employer	Address of Employer	Type of Job	Date Begun	Date Left	Reason for Leaving

Current working hours and days:

MONTHLY INCOME	Gross	Net
From employment	\$	\$
Own business	\$	\$
Public Assistance (AFDC or Social Security Assistance)	\$ \$	
Child support	\$	\$
Other sources	\$	\$
TOTAL	\$ \$	

Does the petitioner pay child support? Yes No

If yes, is the amount in the arrears? Yes No If yes, amount in arrears \$ _____

VIII. MEDICAL HISTORY OF PETITIONER

(If either parent or guardian have any physical disability or have received psychiatric treatment or counseling, please complete the section below)

Name of Doctor & Address	Name of Hospital & Address	When Treated	Nature of Illness

IX. CRIMINAL RECORD OF PETITIONER

Does petitioner have a criminal record? Yes No If "Yes", please give details:

Is petitioner on Probation or Parole? Yes No

If "Yes", please give name of Probation Officer or Parole Agent: _____

Area office: ()

Phone number: ()

Does the petitioner have any criminal actions pending: Yes No If "Yes", please explain:

X. NATURAL FATHER

Name of natural father:		Date of last support:
Address:		Date of last contact with child:
Date of Birth:	Place of Birth:	Race:
Occupation:	Employer:	
Has he consented to Adoption: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of last contact with any other relative:		
** If applicable, attach a certified copy of the death certificate, proof of parental rights being terminated, or orders changing father's name **		

MARITAL HISTORY OF NATURAL FATHER

(List all marriages)

Time	Name of spouse (use maiden names) include present marriage	Date of Marriage	Date Separated	Date & How Terminated	Number of Children
<i>First</i>					
<i>Second</i>					
<i>Third</i>					

Is the child a result of a donorship? Yes No Is yes, attach proof of donorship.

XI. NATURAL MOTHER

Name of natural mother:		Date of last support:
Address:		Date of last contact with child:
Date of Birth:	Place of Birth:	Race:
Occupation:		Employer:
Has she consented to Adoption: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of last contact with any other relative:		
** If applicable, attach a certified copy of the death certificate, proof of parental rights being terminated, or orders changing mother's name **		

MARITAL HISTORY OF NATURAL MOTHER

(List all marriages)

Time	Name of spouse (use maiden names) include present marriage	Date of Marriage	Date Separated	Date & How Terminated	Number of Children
<i>First</i>					
<i>Second</i>					
<i>Third</i>					

Before submitting your documents to the court, confirm that you have attached all required documents to this packet

ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

1 Adopting parent(s)

a. Name: _____

b. Name: _____

Relationship to child: _____

Street address: _____

City: _____ State: _____ Zip: _____

Daytime telephone number: _____

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

2 Information about the child

Child's name after adoption: _____

First name: _____

Middle name: _____

Last name: _____

Date of birth: _____ Age: _____

Place of birth (if known): _____

City: _____ State: _____ Country: _____

3 Name of adoption agency (if any): _____

4 Hearing details

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

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

People present at the hearing:

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

Child Child's lawyer

Parent keeping parental rights: _____

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

a. _____

b. _____

Check here 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. You may use form MC-025, Attachment.

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

Judge will fill out section below.

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

a. Is 12 or older and agrees to the adoption

b. Is under 12

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



Case Number: _____

Your name: _____

- 6 The judge has reviewed the report and other documents and evidence and finds that each adopting parent:
 - a. Is at least 10 years older than the child or meets the criteria in Family Code section 8601(b);
 - b. Will treat the child as their own;
 - c. Will support and care for the child;
 - d. Has a suitable home for the child; *and*
 - e. Agrees to adopt the child.

7 Child's name before adoption
Complete for nonrelative agency, independent, intercountry, or stepparent adoption.
If this is an adoption of a dependent child by a relative filed under Family Code section 8714.5, complete only if requested by the adopting relative or by the child being adopted, if 12 years of age or older.
 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* (form [ADOPT-310](#))
 As submitted As amended on form ADOPT-310

10 This is a tribal customary adoption. The tribal customary adoption order of the _____ tribe dated _____ containing ___ pages and attached hereto is fully incorporated into this order of adoption.

11 This is an adoption under the Hague Adoption Convention. *Verification of Compliance with Hague Adoption Convention Attachment* (form ADOPT-216) is attached and fully incorporated into this order.

12 This is an adoption involving an additional parent or parents. All persons with existing parental rights agreed to this adoption and will maintain their existing parental rights. An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s), was filed with the court.

13 The judge believes the adoption is in the child's best interest and orders this adoption.
 The child's name after adoption will be:

First name: _____ Middle name: _____ Last name: _____

The adopting parent or parents and the child are now parent and child under the law, with all the rights and duties of the parent-child relationship or, in the case of a tribal customary adoption, all the rights and duties set out in the tribal customary adoption order and Welfare and Institutions Code section 366.24.

The judge believes it will serve public policy and the best interest of the child to grant the request of the adopting parent or parents for the court to make this order effective as of (date): _____.

Date: _____
 (Date of Signature)

 Judge (or Judicial Officer)

Clerk will fill out section below.

14 Clerk's Certificate of Mailing

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

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

- Adoption Request* (form ADOPT-200) *Adoption of Indian Child* (form ADOPT-220)
 - Adoption Order* (form ADOPT-215) *Contact After Adoption Agreement* (form ADOPT-310)
- in a sealed envelope, marked "Confidential" and addressed to:

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

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

Place: _____ on (date): _____

Date: _____ Clerk, by: _____, Deputy

COURT REPORT OF ADOPTION

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

STATE FILE NUMBER _____

LOCAL REGISTRATION NUMBER _____

TYPE OR PRINT CLEARLY IN BLACK INK ONLY

PART I **The information provided in this section must be the information as it was at birth. Without this data, it may be impossible to prepare a new Certificate of Birth.**

FACTS OF BIRTH	1A. NAME OF CHILD--FIRST		1B. MIDDLE		1C. LAST (BIRTH)		
	2. SEX	3. DATE OF BIRTH--MM/DD/CCYY	4. NAME OF PHYSICIAN (OR ATTENDANT, CERTIFIER, OR OTHER PERSON WHO ATTENDED THIS BIRTH)				
	5A. PLACE OF BIRTH--NAME OF HOSPITAL OR FACILITY			5B. CITY		5C. STATE OR COUNTRY	
PARENTS' DATA	6A. FULL NAME OF PARENT--FIRST		6B. MIDDLE		6C. LAST (BIRTH)		6D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	7A. FULL NAME OF PARENT--FIRST		7B. MIDDLE		7C. LAST (BIRTH)		7D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT

PART II **Adoptive parents must furnish personal information about themselves as it was on the child's date of birth. This information is used to prepare the new Certificate of Birth.**

PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE PARENT <input type="checkbox"/> BIOLOGICAL PARENT <input type="checkbox"/>						
	8A. NAME OF PARENT--FIRST		8B. MIDDLE		8C. LAST (BIRTH)		8D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	9. STATE/FOREIGN COUNTRY OF BIRTH			10. DATE OF BIRTH--MM/DD/CCYY			

PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE PARENT <input type="checkbox"/> BIOLOGICAL PARENT <input type="checkbox"/>						
	11A. NAME OF PARENT--FIRST		11B. MIDDLE		11C. LAST (BIRTH)		11D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	12. STATE/FOREIGN COUNTRY OF BIRTH			13. DATE OF BIRTH--MM/DD/CCYY			

14. PLEASE CHECK ONE
 I want the original birth certificate sealed, and a new birth certificate established.
 Pursuant to Health and Safety Code Section 102640, I choose not to have a new birth certificate established. YES NO

15. Do you want the name of the hospital or other facility where birth occurred omitted from the new birth certificate as provided for in Section 102645 of the Health and Safety Code? (PLEASE CHECK ONE)

VERIFICATION OF PART II	16. SIGNATURE OF PARENT VERIFYING DATA IN PART II	17. MAILING ADDRESS OF PARENT VERIFYING DATA IN PART II
AGENCY OR DEPARTMENT	18A. NAME OF AGENCY OR DEPARTMENT	18B. MAILING ADDRESS OF AGENCY/DEPARTMENT THAT INVESTIGATED/HANDLED THE ADOPTION
ATTORNEY	19A. SIGNATURE AND PRINTED NAME OF ATTORNEY	19B. MAILING ADDRESS OF ATTORNEY

PART III **The court clerk must obtain as much information as is available to complete Parts I and II before completing Part III and forwarding the record and Court Order/Final Decree to the State Registrar as required by law.**

COURT CLERK	20. I HEREBY CERTIFY THAT THE INDIVIDUAL DESCRIBED ABOVE WAS ADOPTED BY THE ABOVE NAMED ADOPTIVE PARENTS ON THE _____ DAY OF _____, 20____, AS SET FORTH IN THE DECREE OF ADOPTION MADE ON THAT DATE IN CASE NUMBER _____					
	21A. NEW NAME AS SET FORTH IN THE DECREE OF ADOPTION -- FIRST		21B. MIDDLE		21C. LAST	
	22. SIGNATURE AND SEAL OF COURT CLERK				BY:	
	23. CLERK IN AND FOR THE COUNTY OF:		24. DATE SIGNED--MM/DD/CCYY		25. DATE PETITION FOR ADOPTION FILED--MM/DD/CCYY	

NAME AND MAILING ADDRESS OF PERSON TO WHOM CERTIFIED COPY IS TO BE SENT	NAME					
	ADDRESS--Street and Number		CITY, STATE, ZIP CODE		DAYTIME TELEPHONE NUMBER	

GENERAL INFORMATION

The Court Clerk shall complete and transmit a court report of adoption to CDPH - Vital Records for each decree of adoption granted by any court in the State of California.

CDPH - Vital Records shall transmit court reports of adoptions for births that occurred in another state, the District of Columbia, any territory of the United States, or Canada to the appropriate registration authority.

The information contained in Part I and Part II of this certificate is required in order to identify and seal the original birth certificate and prepare a new birth certificate. Once the original birth certificate is sealed, it is only available upon order of a Superior Court.

INSTRUCTIONS

The agency or department handling the adoption should fill out Parts I and II, but the Court Clerk may complete any incomplete items in Part I or Part II from the information furnished in the court record.

When requested by the adoptive parents, the CDPH - Vital Records shall **not** establish a new birth certificate for the child. (Health & Safety Code Section 102640.) The adoptive parents should indicate in Item 14 whether they DO want a new birth certificate established (by checking the "Yes" box) or whether they DO NOT want a new birth certificate established (by checking the "No" Box).

The adoptive parents may request CDPH - Vital Records to omit the specific name and address of the hospital or other facility where the birth occurred by checking the "Yes" Box in Item 15. (Health & Safety Code Section 102645.)

A deceased spouse of an adopting single parent can be listed on the new birth certificate if both adopting parents were in the home at the time of the initial placement of the child for adoption. Refer to Health & Safety Code Section 102660 for additional requirements.

One of the adopting parents should verify the information in Part II, sign in Item 16, and enter his or her mailing address in Item 17. The name and address of the agency or department and the attorney handling the adoption should be entered in Items 18 and 19.

The applicable fee shall be paid to the Court Clerk at the time of filing the petition in an adoption proceeding for the services required by statute of the State Registrar. (Health & Safety Code Section 103730.)

For cases in which the petition for adoption was filed on or after January 1, 1972, and the individual was born in California or a foreign country, a certified copy of the new birth record will be furnished without additional fee as provided in Health & Safety Code Section 102710.

For adoptions that occurred prior to January 1, 1972, or in another state, a fee must be submitted for processing the new birth certificate, which includes one certified copy.

Additional certified copies may be obtained from CDPH - Vital Records, but there is an additional fee for each additional certified copy requested. Please contact CDPH - Vital Records for the current fees, or visit our website at www.cdph.ca.gov. Please do not order additional copies until you have reviewed the original copy for accuracy. The mailing address for CDPH - Vital Records is:

California Department of Public Health - Vital Records
MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:						
CASE NAME:						
NOTICE OF CHILD CUSTODY PROCEEDING FOR INDIAN CHILD (check all that apply): <input type="checkbox"/> JUVENILE <input type="checkbox"/> Dependency <input type="checkbox"/> Delinquency <input type="checkbox"/> ADOPTION <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> CUSTODY (Fam. Code, § 3041) <input type="checkbox"/> DECLARATION OF FREEDOM FROM CONTROL OF PARENT <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> TERMINATION OF PARENTAL RIGHTS <input type="checkbox"/> VOLUNTARY RELINQUISHMENT OF CHILD BY PARENT		CASE NUMBER: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">HEARING DATE:</td> <td style="width:50%;">DEPT.:</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	HEARING DATE:	DEPT.:		
HEARING DATE:	DEPT.:					

NOTICE TO (check all that apply):

Parents or Legal Guardians Tribes Indian Custodians Sacramento Area Director, BIA

1. NOTICE is given that based on the petition, a copy of which is attached to this notice, a child custody proceeding under the Indian Child Welfare Act (25 U.S.C. § 1901 et seq.) has been initiated for the following child (a separate notice must be filed for each child):

<u>Name</u>	<u>Date of Birth</u>	<u>Place of Birth</u>
-------------	----------------------	-----------------------

2. HEARING INFORMATION

a. Date:	Time:	Dept.:	Room:
Type of hearing:			

b. Address and telephone number of court same as noted above is (specify):

3. The child is or may be eligible for membership in the following Indian tribes (list each):

* Use this form in a conservatorship only if the proposed conservatee is a formerly married minor.

CASE NAME:	CASE NUMBER:
------------	--------------

4. Under the Indian Child Welfare Act (ICWA) and California law:

- a. The child's parents, Indian custodian, and the child's tribe have the right to be present at all hearings.
- b. The child's Indian custodian and the child's tribe have the right to intervene in the proceedings when ICWA applies.
- c. The child's parent, Indian custodian, or tribe may petition the court to transfer the case to the tribal court of the Indian child's tribe. The child's parent or tribe also have the right to refuse to have the case transferred to the tribal court.
- d. With the limited exceptions of the detention hearing in juvenile cases and the jurisdiction and disposition hearings in delinquency cases as identified in rule 5.482, the court will give up to 20 additional days from the time of the scheduled hearing if the child's parent, Indian custodian, or tribe request such time to prepare for the hearing.
- e. The proceedings could lead to the removal of the child from the custody of the parent or Indian custodian and possible termination of parental rights and adoption of the child.
- f. If the child's parents or Indian custodian have a right to be represented by a lawyer and if they cannot afford to hire one, a lawyer will be appointed for them.
- g. The information contained in this notice and all attachments is confidential. Any tribal representative or agent or any other person or entity receiving this information must maintain the confidentiality of this information and not reveal it to anyone who does not need the information in order to exercise the tribe's rights under the Indian Child Welfare Act (25 U.S.C. § 1901 et seq.).
- h. An Indian custodian is any Indian person who has legal custody of the child under tribal law or custom or state law, or to whom temporary physical custody, care, and control of the child has been transferred by a parent.

5. INFORMATION ON THE CHILD NAMED IN 1

- a. A copy of the petition initiating this case is attached.
- b. The child's birth certificate is attached unavailable.
- c. A copy of the tribal registration card of the child the parent is attached.
- d. Biological relative information is listed below. *(Indicate if any of the information requested below is unknown or does not apply. Do not use the abbreviation "N/A".) (Required by Fam. Code, § 180; Prob. Code, § 1460.2; and Welf. & Inst. Code, § 224.3.)*
- e. If the chart does not represent the gender identities of the individuals in the child's family tree, please attach an appropriate equivalent.

Biological Mother	Biological Father
Name <i>(include maiden, married, and former names or aliases)</i> :	Name <i>(include former names or aliases)</i> :
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:
Additional information:	Additional information:

CASE NAME:	CASE NUMBER:
------------	--------------

5. f. INFORMATION ON THE CHILD NAMED IN 1

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Mother's Biological Mother (Child's Maternal Grandmother)	Father's Biological Mother (Child's Paternal Grandmother)
Name <i>(include maiden, married, and former names or aliases):</i>	Name <i>(include maiden, married, and former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

Mother's Biological Father (Child's Maternal Grandfather)	Father's Biological Father (Child's Paternal Grandfather)
Name <i>(include former names or aliases):</i>	Name <i>(include former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

CASE NAME:	CASE NUMBER:
------------	--------------

5. g. **INFORMATION ON THE CHILD NAMED IN 1**

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Mother's Biological Grandmother (Child's Maternal Great-grandmother)	Mother's Biological Grandmother (Child's Maternal Great-grandmother)
Name <i>(include maiden, married, and former names or aliases):</i>	Name <i>(include maiden, married, and former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

Mother's Biological Grandfather (Child's Maternal Great-grandfather)	Mother's Biological Grandfather (Child's Maternal Great-grandfather)
Name <i>(include former names or aliases):</i>	Name <i>(include former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

CASE NAME:	CASE NUMBER:
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5. h. INFORMATION ON THE CHILD NAMED IN 1

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Father's Biological Grandmother (Child's Paternal Great-grandmother)	Father's Biological Grandmother (Child's Paternal Great-grandmother)
Name <i>(include maiden, married, and former names or aliases):</i>	Name <i>(include maiden, married, and former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

Father's Biological Grandfather (Child's Paternal Great-grandfather)	Father's Biological Grandfather (Child's Paternal Great-grandfather)
Name <i>(include former names or aliases):</i>	Name <i>(include former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

CASE NAME:	CASE NUMBER:
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5. i. INFORMATION ON THE CHILD NAMED IN 1

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A")

Information on Indian Ancestry of Other Lineal Biological Ancestors	Information on Indian Ancestry of Other Lineal Biological Ancestors
Name <i>(include maiden, married, and former names or aliases)</i> :	Name <i>(include maiden, married, and former names or aliases)</i> :
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

More information on lineal biological ancestors is attached on a separate sheet.

5. j. INFORMATION ON THE CHILD NAMED IN 1

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Indian Custodian Information	Indian Custodian Information
Name <i>(include maiden, married, and former names or aliases)</i> :	Name <i>(include maiden, married, and former names or aliases)</i> :
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:

CASE NAME:	CASE NUMBER:
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9. Additional party information (list the name, mailing address, and telephone number of all parties notified):

Name

Mailing Address

Telephone Number

DECLARATION

(To be completed, dated, and signed in all cases by each petitioner named in companion petition.)

I am the petitioner or we are all of the petitioners in this proceeding. In response to items 5–9 of this form, I/we have given all information I/we have about the relatives and, if applicable, the Indian custodian, of the child named in item 1 of this form.

I/We declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

CASE NAME:	CASE NUMBER:
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CERTIFICATE OF MAILING—JUVENILE COURT PROCEEDINGS

(To be completed by social worker or probation officer.)

I certify that a copy of the *Notice of Child Custody Proceeding for Indian Child*, with a copy of the petition identified on page 1 of this form, was mailed as follows. Each copy was enclosed in an envelope with postage for registered or certified mail, return receipt requested, fully prepaid. The envelopes were addressed to each person, tribe, or agency as indicated below. (Except that the telephone numbers shown below were not placed on the envelopes. They are shown below because they must be disclosed in the *Notice* under Family Code section 180, Probate Code section 1460.2, and Welfare and Institutions Code section 224.3.) Each envelope was sealed and deposited with the United States Postal Service at (*place*):

on (*date*):

Date: _____ Title: _____ Department: _____

_____  _____
 (TYPE OR PRINT NAME) (SIGNATURE)

DECLARATION OF MAILING—ADOPTION, FAMILY LAW, AND PROBATE PROCEEDINGS

(To be completed by the attorney for Petitioner if Petitioner is represented.)

I am an attorney at law, admitted to practice in the courts of the State of California, and attorney for Petitioner in this matter.

I declare that a copy of the *Notice of Child Custody Proceeding for Indian Child*, with a copy of the petition identified on page 1 of this form, was mailed as follows. Each copy was enclosed in an envelope with postage for registered or certified mail, return receipt requested, fully prepaid. The envelopes were addressed to each person, tribe, or agency as indicated below. (Except that the telephone numbers shown below were not placed on the envelopes. They are shown below because they must be disclosed in the *Notice* under Family Code section 180, Probate Code section 1460.2, and Welfare and Institutions Code section 224.3.) Each envelope was sealed and deposited with the United States Postal Service at (*place*):

on (*date*):

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

Date: _____  _____
 (TYPE OR PRINT NAME) (SIGNATURE)

CERTIFICATE OF MAILING—PROBATE PROCEEDINGS

(To be completed by the clerk of the court if Petitioner is unrepresented.)

I certify that a copy of the *Notice of Child Custody Proceeding for Indian Child*, with a copy of the petition, was mailed as follows. Each copy was enclosed in an envelope with postage for registered or certified mail, return receipt requested, fully prepaid. The envelopes were addressed to each person, tribe, or agency as indicated below. (Except that the telephone numbers shown below were not placed on the envelopes. They are shown below because they must be disclosed in the *Notice* under Family Code section 180, Probate Code section 1460.2, and Welfare and Institutions Code section 224.3.) Each envelope was sealed and deposited with the United States Postal Service at (*place*):

on (*date*):

Date: _____ Title: _____ Department: _____

_____  _____
 (TYPE OR PRINT NAME) (SIGNATURE)

This form and all return receipts must be filed with the court.

CASE NAME:	CASE NUMBER:
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**NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL PERSONS,
TRIBES, OR AGENCIES TO WHOM NOTICE WAS MAILED**

<p>1. <input type="checkbox"/> Parent (<i>Name</i>): Street address: Mailing address: City, state, and zip code: Telephone number:</p>	<p>2. <input type="checkbox"/> Parent (<i>Name</i>): Street address: Mailing address: City, state, and zip code: Telephone number:</p>
<p>3. <input type="checkbox"/> Guardian (<i>Name</i>): Street address: Mailing address: City, state, and zip code: Telephone number:</p>	<p>4. <input type="checkbox"/> Guardian (<i>Name</i>): Street address: Mailing address: City, state, and zip code: Telephone number:</p>
<p>5. <input type="checkbox"/> Indian Custodian (<i>Name</i>): Street address: Mailing address: City, state, and zip code: Telephone number:</p>	<p>6. <input type="checkbox"/> Indian Custodian (<i>Name</i>): Street address: Mailing address: City, state, and zip code: Telephone number:</p>
<p>7. <input type="checkbox"/> <i>Sacramento Regional Director</i> <i>Bureau of Indian Affairs, Federal Office Building</i> Street address: City, state, and zip code: Telephone number:</p>	<p>8. <input type="checkbox"/> Tribe (<i>Name</i>): Addressee (<i>Name</i>): Title: Street address: Mailing address: City, state, and zip code: Telephone number:</p>
<p>9. <input type="checkbox"/> Tribe (<i>Name</i>): Addressee (<i>Name</i>): Title: Street address: Mailing address: City, state, and zip code: Telephone number:</p>	<p>10. <input type="checkbox"/> Tribe (<i>Name</i>): Addressee (<i>Name</i>): Title: Street address: Mailing address: City, state, and zip code: Telephone number:</p>
<p>11. <input type="checkbox"/> Tribe (<i>Name</i>): Addressee (<i>Name</i>): Title: Street address: Mailing address: City, state, and zip code: Telephone number:</p>	<p>12. <input type="checkbox"/> Tribe (<i>Name</i>): Addressee (<i>Name</i>): Title: Street address: Mailing address: City, state, and zip code: Telephone number:</p>

Note: Notice to the tribe must be sent to the tribal chairperson or designated authorized agent for service.

Additional tribes served listed on attached form ICWA-030(A)

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA IN AND FOR THE COUNTY OF

In the Matter of the Petition of

Petitioner



STEPPARENT ADOPTION

Consent to Adoption by a Parent in or outside of California Giving Custody to Husband or Wife or Domestic Partner of Other Parent

I, being the parent of _____ (Gender: M F)
Name of Minor child

Do hereby give my full and free consent to the adoption of said child by _____,
Name of Petitioner (Stepparent)

The petitioner herein, it being fully understood by me that with the signing of this document my consent may not be withdrawn except with court approval and that with the signing of the order of adoption by the court, I shall give up all my rights of custody; services, and earning of said child, and that said child cannot be reclaimed by me.

Said child was born on _____ in _____
Date City and State

And is the child of _____ and _____
Name of Birth Parent Name of Birth Parent

DATE _____
Signature of Parent

WITNESS BY:

If this form is being signed in the State of California the Clerk of the Superior Court, the Probation Officer, qualified court investigator or; where stepparent investigations are delegated to County Welfare Departments, a County Welfare Department Staff member may witness. [Family Code § 9003]

If this form is being signed outside the State of California only a notary or other person authorized to perform notary acts within that state can witness.

SIGNED IN COUNTY/STATE	NAME OF AGENCY
NAME OF WITNESS	TITLE OF WITNESS
SIGNATURE OF WITNESS	DATE

COMPLETED BY NOTARY PUBLIC

Complete this section when the form is not being signed in the presence of an agency representative. The Notary Public must staple the acknowledgement document to this form and sign and date.

SIGNATURE OF NOTARY	DATE
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NOTICE TO THE BIRTH PARENT WHO CONSENTS TO THE CHILD'S ADOPTION: *If you and your child lived together at any time as parent and child, the adoption of your child by a stepparent does not affect the child's right to inherit your property or the property of blood relatives. For further information regarding this right of inheritance, you should consult an attorney at your own expense.*

This form to be used only when parent is giving custody of the child to the husband or wife or domestic partner, as defined in Family Code Section 297, or other parent. Original for court record.

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, list juvenile court and juvenile case number:

County: _____ Case number: _____

d. Child's Lawyer (If the child has a lawyer, fill out below. If item 2c is yes, child must have a lawyer. See Family Code section 8616.5(d).)

Name of child's lawyer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ State Bar number: _____

3 The people below agree with the requesting party/parties 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 (check all that apply):

     Visits Phone Email Letter Share Info Other*

Name	Relationship to Child	Visits	Phone	Email	Letter	Share Info	Other*
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: _____

Case Number: _____

- 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 canceled or changed, even if anyone who signed this agreement:

- Does not follow the agreement, and/or
- Files form 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)

