

# Stepparent/Domestic Partner Adoption Instruction Packet Assistance for Self-Represented Litigants

## Superior Court of California, County of Tulare

If you are filing for a stepparent/domestic partner adoption and do not have an attorney representing you, there is free assistance available.

Please contact:

**SELF-HELP RESOURCE CENTER/FAMILY LAW FACILITATOR AT:  
(559) 737-5500**

221 S Mooney Blvd, Room 203  
Visalia, CA 93291

OR

300 E. Olive Ave  
Porterville, CA 93257

The Self-Help Resource Center will provide instructions on how to complete the forms and how to properly notice all the necessary parties.

They can answer your procedural questions and explain the Court process.

The Self-Help Resource Center will NOT represent you in Court.

Please call for an appointment.

The following is a guide to stepparent/domestic partnership adoption in Tulare County.

For more information on these actions, we suggest you contact an attorney, contact a legal typing service, research information at the Law Library located at the Visalia

Courthouse on the Ground Floor and/or access the Court's Self-Help website at <http://www.courts.ca.gov/selfhelp-adoption.htm>. You may select the Spanish icon at the right of the webpage for information in Spanish.

You may also consult Do Your Own California Adoption: Nolo's Guide for Stepparents & Domestic Partners by Frank Zagone & Attorney Emily Doskow. It is available at the Public Library or may be ordered from your local bookstore or online.

Each county has different procedures for this process. We hope that this explanation will assist you with the procedures for this county. The forms located in this packet, which are marked as Judicial Council forms (such as, ADOPT-200), can also be found on the internet at [www.courtinfo.ca.gov/selfhelp-adoption.htm](http://www.courtinfo.ca.gov/selfhelp-adoption.htm) and may be completed online in a .pdf document and printed. The forms in the packet from the Department of Social Services may be accessed at <http://www.dss.calwnet.gov/cdssweb/PG164.htm#ad> (AD forms). The form in the packet from the California Department of Public Health may be accessed at: [www.cdph.ca.gov/pubsforms/forms/CtrldForms/VS44.pdf](http://www.cdph.ca.gov/pubsforms/forms/CtrldForms/VS44.pdf). The Tulare County Local Forms are designated with an FCS prefix.

## Stepparent/Domestic Partner Adoption Packet Forms:

ADOPT-050-INFO	How to Adopt a Child in California
ADOPT-200	Adoption Request
ADOPT-210	Adoption Agreement
ADOPT-215	Adoption Order
ADOPT-220	Adoption of Indian Child
AD 2A/2B	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
FCS-500-2016-M	Petition to Declare Minor(s) Free From Parental Custody and Control and Terminate Parental Rights
FCS-501-2016-M	Declaration of Custodial Parent
FCS-502-2016-M	Citation for Freedom From Parental Custody and Control
FCS-503-2016-M	Application and Order for Publication OR Dispensing with Notice to Alleged Father on Petition to Terminate Parental Rights
FCS-504-2016-M	Declaration of Due Diligence in Support of a Request for An Order of Publication or For Order Dispensing with Notice
FCS-505-2016-M	Findings and Order of the Court on the Petition to Delcare Minor Free From Parental Custody and Control and Terminate Parental Rights
FCS-506-2016-M	Stepparent/Domestic Partner Adoption Informational Questionnaire
ICWA-010(A)	Indian Child Inquiry Attachment
ICWA-030	Notice of Child Custody Proceeding for Indian Child
ICWA-020	Parental Notification of Indian Status

### COURTHOUSE LOCATIONS:

Any paperwork that requires filing with the Clerk's Office may be filed at the following locations Monday through Friday between 8:00 a.m. and 4:00 p.m.:

Superior Court of California, County of Tulare Visalia Division 221 S Mooney Blvd, Room 201 Visalia, CA 93291 (559) 730-5000, Option 3	<b>OR</b>	South County Justice Center 300 E Olive Ave., Clerk's window Porterville, CA 93257 (559) 782-3700
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### FAMILY COURT SERVICES LOCATION:

Superior Court of California, County of Tulare  
221 S Mooney Blvd, Room 204, Visalia, CA 93291  
(559) 730-5000, Option 6

**STEP 1****GATHER NECESSARY DOCUMENTS:**

The Court Investigator at Family Court Services will require the following documents in order to complete the stepparent adoption investigation. These documents listed below will **NOT** be filed with the Court, but will be provided to Family Court Services, Room 204 at the Visalia Courthouse when you provide a copy of your filed documents immediately after filing your documents with the Clerk's Office. Be sure to bring a copy of all original documents below (original certificates are required to be verified by Family Court Services staff).

1.  Original Birth Certificate/s of the child/ren to be adopted.
2.  Marriage License of the petitioner and biological/legal parent who has custody, or the Domestic Partner Registration Certificate.
3.  All final judgments of divorce (or death certificates) for any prior marriages of the petitioner and the parent who has custody.
4.  The Original death certificate of the absent parent, (if applicable).
5.  Any court order awarding custody of the child to Petitioner's spouse/partner (i.e. the minor's natural parent – this may be contained in the divorce decree).
6.  Any Order Terminating Parenting Rights or Order Declaring Minor Free from Parental Custody and Control, if one has been obtained in another court proceeding.

If you are seeking Certificates for events (birth, death or marriage) that occurred in Tulare County, contact the Tulare County Clerk's Office at (559) 636-5050. Their office is located on the first floor of the Visalia courthouse.

**STEP 2****COMPLETE AND FILE THE REQUIRED FORMS AND PAY FEES:**

Type or neatly hand print all of the following required forms in black ink (or in the alternative, complete the forms in .pdf form available on the Court's website at [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms), select the Category Adoptions):

1. Complete the necessary forms from the Checklist provided in ADOPT-050, *How to Adopt a Child in California* (Stepparent/Domestic Partner Adoption Section).
2. Tulare County Superior Court Requires the following additional information:
  - a. **ADOPT-200 – Adoption Request** – One form for each child must be filled out and filed with the Clerk (cost is \$20.00 per child). You must send or bring a copy to Family Court Services, Room 204, OR to the Clerk's window at the South County Justice Center located in Porterville.
  - b. **ADOPT-215- Adoption Order** – Must be lodged with the court prior to the hearing date. This will be completed at the stepparent adoption hearing.
  - c. **ADOPT-210- Adoption Agreement** - Must be lodged (placed in the court's file) prior to the hearing date. It will be completed at the stepparent adoption hearing.

**STEP 3****PROVIDE COPIES TO FAMILY COURT SERVICES:**

1. Immediately upon filing your documents with the Clerk's Office, the petitioner shall provide a copy of the filings to Family Court Services, Room 204 at the Visalia Courthouse. If filing in Visalia, the petitioner shall provide a copy to Family Court Services directly. If filing at the South County Justice Center, the petitioner shall provide a copy of the filings to the Court Clerk who will forward the copies to Family Court Services.
2. In addition to the copies of the filed documents, the petitioner shall provide a copy of the "Necessary Documents" outlined in Step 1.
3. Upon receipt of the documents by Family Court Services, a file will be opened. A Stepparent/Domestic Partner Questionnaire will be mailed to the petitioner along with a Fingerprint Authorization form (or the petitioner may obtain the Questionnaire and Authorization Form from Family Court Services in person).
  - a. The petitioner will turn in the completed and signed Authorization Form (either to Family Court Services located in Room 204 of the Visalia Courthouse, or to the Self-Help Resource Center in either location) in exchange for a Live Scan Form.
  - b. The petitioner will then make an appointment for Live Scan fingerprinting. Detailed instructions are provided on the Live Scan Authorization form. The petitioner will be directed to provide a copy of the completed Live Scan form to Family Court Services. This is necessary so that Family Court Services may keep track of the results.
  - c. The petitioner shall complete and return the Questionnaire to Family Court Services (either directly to Room 204 at the Visalia Courthouse or to the Court Clerk at the South County Justice Center located in Porterville who will forward it to Family Court Services) as soon as possible so that the investigation may proceed.

**STEP 4****CONSENT OR ENDING PARENTAL RIGHTS:**

The petitioner will need to obtain the consent of the biological parent who is giving up custody of the child.

**If the other parent does NOT want to sign a consent form, you will have to file a petition to end his or her parental rights.** This must occur before the court will hear your adoption petition and must be filed at the same time the Adoption Request is filed.

**HOW TO PROCEED IF YOU HAVE CONSENT:** If the Non-Custodial Parent Consents, or the Non-Custodial Parent is deceased, or the Non-custodial parental rights have been terminated by a Court:

1. Complete and File the DSS form AD 2A/2B - *Consent to Adoption by Parent In California/Outside California Giving Custody to Husband or Wife of Other Parent* – signed by the parent giving up his/her rights. In addition, there are forms that can be used by a parent outside California (AD-2B) and a parent in the Armed Forces (AD-2C). These Department of Social Services forms may be accessed at <http://www.dss.cahwnet.gov/cdssweb/PG164.htm#ad>

**NOTE:** The consent must be witnessed by a notary public, court clerk, probation officer, qualified court investigator, or county welfare department staff member if the parent resides in California. If the parent resides outside California, the form must be signed in the presence of a notary public. If the parent resides outside of the Country, it is best to consult with an attorney and obtain legal advice. If the parent resides in Mexico, the Self-Help Resource Center has a packet available titled “Letters Rogatory, Service in Mexico – Instructions for Service of Process of Initial Family Law Filings in Mexico”.

2. A hearing date should not be scheduled for the stepparent adoption at this time.
3. Once all paperwork has been received (the Questionnaire and all “Necessary Documents” outlined in Step 1, the Live Scan results are received (this can take a few days or several months), and all references are returned (these will be mailed out by Family Court Services upon receipt of the Questionnaire), and a Child Welfare Services Inquiry is completed, the case will be assigned to a Court Investigator.
  - a) The Court Investigator will contact the petitioner to make an appointment for the in-person interviews of the petitioner, custodial parent, and child/ren which will occur at the Family Court Services office located in Room 204 of the Visalia Courthouse.
4. The investigator will witness the signature on the Consent of the Parent Retaining Custody at the time of the interview.
5. After the interviews, a Report will be completed by the Investigator and mailed to the Petitioner with a Cover letter, directing the petitioner to Contact the Clerk of the Court, Room 201 of the Visalia Courthouse or the Clerk’s window at the South County Justice Center, to place the matter on the Court’s calendar for the Stepparent/Domestic Partner Adoption.

**HOW TO PROCEED IF THE NON-CUSTODIAL PARENT WILL NOT CONSENT, OR YOU DO NOT KNOW THE IDENTITY OR WHEREABOUTS OF THE NON-CUSTODIAL PARENT:**

A petition to terminate the parental rights of the father/mother/legal parent *must be* filed with the Court Clerk along with the forms listed in Step 1. The Tulare County local forms for terminating the parental rights of the non-custodial parent are listed below and are included in this packet:

- a. **FCS-500-2016-M - *Petition to Declare Minor Free from Parental Custody and Control and Terminate Parental Rights*** - If the non-custodial parent has not consented to the adoption, this petition must be filed to terminate that parent’s rights

- before any adoption can take place.
- b. **FCS-501-2016-M - *Declaration of Custodial Parent***– This is completed if there is no consent filed with the Petition to Declare Minor Free from Parental Custody and Control and Terminate Parental Rights.
  - c. **FCS-502-2016-M - *Citation and Proof of Service for Petition to Declare Minor Free From Parental Custody and Control*** - This form can be used to cite the non-custodial parent to the hearing.
  - d. **FCS-503-2016-M - *Application and Order for Publication or Dispensing with Notice*** - Fill out this form if you are unable to serve the absent parent with the Petition to Declare Minor Free from Parental Custody and Control (FCS-500-2016-M). Bring it with the Declaration of Due Diligence (FCS-504- 2016-M) to the court clerk for the judge’s signature to allow you to publish a notice in the newspaper most likely to be read by that parent. If you are asking that the court dispense with notice to an alleged natural father you will fill this form out also with the Declaration of Due Diligence (FCS-504-2016-M).
  - e. **FCS-504-2016-M – *Declaration of Due Diligence in Support of a Request for an Order of Publication or for an Order Dispensing with Notice*** – This form is filled out and submitted with the Application and Order for Publication or Dispensing with Notice (FCS-503-2016-M) and outlines what efforts you have made to try to find the absent parent.
  - f. **FCS-505-2016-M – *Findings and Order of Court On Petition to Declare Minor(s) Free From Parental Custody and Control and Terminate Parental Rights***. This form is submitted to court for signature at the Court hearing.

**Type or neatly print all of the following required forms in black ink:**

1. Complete and File the forms a. through f. above (as applicable) with the Court Clerk in Room 201 of the Visalia Courthouse or at the Clerk’s window at the South County Justice Center located in Porterville. Remember to provide a copy of all filed documents to Family Court Services (Room 204 of the Visalia Courthouse or to the Clerk’s window at the South County Justice Center located in Porterville, who will forward the copies to Family Court Services).
2. A file will be opened in Family Court Services and a Court Investigator will be assigned. A Stepparent/Domestic Partner Questionnaire will be mailed to the petitioner (or provided to the petitioner in person upon delivery of the documents to Family Court Services) along with a Fingerprint Authorization form.
  - a. The petitioner will turn in the completed and signed Authorization Form (either to Family Court Services located in Room 204 of the Visalia Courthouse, or to the Self-Help Resource Center) in exchange for a Live Scan Form.
  - b. The petitioner will then make an appointment for Live Scan fingerprinting. Detailed instructions are provided on the Live Scan Authorization form. The petitioner will be directed to provide a copy of the completed Live Scan form to Family Court Services. This is necessary so that Family Court Services may keep track of the results.
3. The Court Investigator from Family Court Services will be completing an investigation for this hearing and must be given notice of the hearing date in sufficient time to complete a

report and recommendation to the Court. There is a quick turnaround for these hearings, and the Court Investigator cannot begin their investigation until the petitioner has provided all necessary documents in order to proceed with the investigation. Failure to provide the necessary documentation may result in a delay in the proceedings.

- a. The investigator will call the petitioner to schedule in-person interviews with the petitioner, custodial parent, and children at issue at the Family Court Services Offices, Room 204, at the Visalia Courthouse. Interviews will also be conducted with the non-custodial parent if their whereabouts are known.
4. The non-custodial parent must be given notice of this hearing and has the right to have counsel appointed to represent him/her. *The Citation and Proof of Service* must be filled out and the Court Clerk will fill in the hearing date. Once the parent is served, the Original Proof of Service is filled out and returned to the Court Clerk's office.
  5. If the non-custodial parent cannot be located after reasonable efforts have been made, you must file a *Declaration of Due Diligence in Support of a Request for an Order of Publication or for an Order Dispensing with Notice* setting forth those efforts and an *Application and Order for Publication* (d). This order must be signed by the Court and publication completed prior to the hearing date. (See Family Code 7882), unless the Court Dispenses with Notice to the Non-custodial parent.
  6. Once it is determined by the Judge at a hearing that the non-custodial parent's rights are terminated, a copy of the Judge's order must be given to Family Court Services by the petitioner so that the stepparent adoption report may be completed.
  7. Once all paperwork has been received by Family Court Services (all "Necessary Documents" outlined in Step 1), the Live Scan results are received (this can take a few days or several months), and all references are returned (these will be mailed out by Family Court Services upon receipt of the Questionnaire), and a Child Welfare Services Inquiry is completed, the Court Investigator will complete the Stepparent Adoption Report.
    - a. The Stepparent Adoption Report will be mailed to the petitioner with a Cover letter, directing the petitioner to Contact the Court Clerk, Room 201 of the Visalia Courthouse or the Clerk's window at the South County Justice Center, to place the matter on the Court's calendar for the Stepparent/Domestic Partner Adoption.

## STEP 5

### ON THE DATE OF THE ADOPTION HEARING:

- 1) The petitioner, custodial parent and child/ren must appear, unless an order is first signed upon a showing of good cause excusing the appearance of the child/ren. The adoptive parent will sign the *Adoption Agreement* (ADOPT-210) in the presence of the Judge who then signs the Agreement and the *Adoption Order* (ADOPT-215). If the child to be adopted is 12 years of age or older, s/he must consent in writing to the adoption at the time of the hearing. Once these forms are signed and filed, the adoption is considered final. The signed order will be delivered to the Clerk of the Court, Room 201 at the Visalia Courthouse and to the Clerk's window at the South County Justice Center located in Porterville. You may need to return to the Court Clerk to obtain your certified copies.

1. If you wish to change the child's name on the birth certificate and/or add the adoptive parent to the birth certificate, complete the *Court Report of Adoption – VS 44* form which will be given to you in the interview with Family Court Services. This is a form from the State Department of Public Health-Vital Records. You may complete this form online at: [www.cdph.ca.gov/pubsforms/forms/CtrldForms/VS44.pdf](http://www.cdph.ca.gov/pubsforms/forms/CtrldForms/VS44.pdf). You must lodge 2 original copies with the Clerk's Office before the hearing and the Clerk will forward it to the State Registrar in Sacramento. One original copy of the new birth certificate will be mailed to the petitioner (this fee was paid as part of your filing fee). It takes on average 7 months for receipt of the birth certificate in the mail.
2. At the Court hearing, the Judge will Order the Investigation Fees to be paid to the Court Clerk after the hearing (Room 201 at the Visalia Courthouse or the Clerk's window at the South County Justice Center in Porterville). The fees for the stepparent adoption are \$300.00. The fees for the stepparent adoption with a termination of parental rights investigation is \$400.00.
3. You may bring a camera if you want a photo with you and your child/ren with the judge. You may also bring friends and relatives.

**Frequently Asked Questions:**

1. **How long does this process take?** There is not a simple answer to this question and is dependent on many factors. It can take a few months to six or more months. A major factor is how quickly forms are returned and the accuracy of the form completion.
2. **Do the children need to be present at the court hearings?** The children do not need to be present at the Termination of Parental Rights hearing unless they are ordered to by the Court. The children **must** be present at the Stepparent Adoption hearing.
3. **Do I have to tell the children about the Stepparent adoption?** Yes. If you are asking the Court to terminate the non-custodial parents' rights, children age 7 and older will be interviewed by the Court Investigator and must be asked statutory questions about their non-custodial parent, with a few exceptions. It is not the role of the Court Investigator to inform the child of their non-custodial parent.  
  
If the non-custodial parent has consented, the same statutory questions are not required, but the children will be in Court and will hear that the proceedings involve a stepparent adoption, so exposure to the topic is important. The child will be asked in the interview about what they know about the adoption and whether they Consent. Children ages 12 and older **must** consent to the Adoption.
4. **My spouse/domestic partner and I have been married less than a year. May we still apply for the stepparent adoption?** Yes. Although the Court prefers that the petitioner and custodial parent have been married (or in a registered domestic partnership) for more than a year, this is addressed on a case by case basis during the investigation. Many factors are considered such as the duration of the relationship between the petitioner and child.



5. **I have a criminal background. Will this prevent me from adopting my stepchildren?** Not necessarily. Every situation is evaluated on a case by case basis and this will be addressed in the interviews with the Court Investigator.
6. **One of my stepchildren is almost 18 years old. Can I still adopt?** If the child turns the age of majority (age 18) during the investigation, that child cannot be adopted through a stepparent adoption. If the parties continue to desire to proceed with an adoption after the age of 18, they may consider an Adult Adoption. There are no Judicial Council forms for this process and the parties would have to conduct their own research. The Law Library located on the Ground Floor of the Visalia Courthouse has examples of forms used for this process in the Procedural books under the topic "Adult Adoption".

**PLEASE NOTE:**

*It is always in your best interest to seek legal advice in these matters—legal processes are confusing. The adoption hearing is the last step, where the Adoption Agreement and Order are signed, but your case may require hearings prior to the final adoption hearing for the judge to make orders regarding such issues as dispensing with notice, terminating parental rights, etc.*

**THIS FORM IS NOT INTENDED TO BE A COMPLETE STATEMENT OF ALL OF YOUR LEGAL RESPONSIBILITIES, AND IS NOT INTENDED TO SUBSTITUTE FOR LEGAL ADVICE.**

## General Information on Adoptions

Seek legal advice about your family's options before beginning any adoption. Every family is different and adoption may not be necessary for some families. Visit the Self-Help Guide to the California Courts adoption page to get copies of adoption forms, look for organizations that provide legal help with adoptions, and learn how to complete the adoption process on your own if you do not have a lawyer: [www.courts.ca.gov/selfhelp-adoption.htm](http://www.courts.ca.gov/selfhelp-adoption.htm). You can also get copies of adoption forms at your local court clerk's office.

In California there are several kinds of adoption. This information sheet provides steps for the following types:

- Stepparent/domestic partner adoptions
- Stepparent/domestic partner confirmation of parentage
- Independent or agency adoptions in the United States
- Intercountry adoptions

Page 4 also has information about open adoptions and special requirements for the adoption of Indian (Native American) children.

## Stepparent/Domestic Partner Adoptions

If you wish to adopt the child of your spouse or domestic partner, you may be eligible for a stepparent adoption. There are two types of stepparent adoptions. Answer these questions to figure out which process is right for you:

- Were you in a union with the child's legal parent **at the time the child was born** and are you **still in a union** with the legal parent? (A "union" means a marriage, a California registered domestic partnership, or a registered domestic partnership or civil union from another state that is legally equivalent to a marriage.)
- Did your **spouse or domestic partner give birth to the child** or was the child born through a **gestational surrogacy process** brought about by one or both of you?

If you answered no to **either** question, complete the items below for a **stepparent/domestic partner adoption**.

If you answered yes to **both** questions, complete the items below for a **stepparent adoption to confirm parentage**.

### 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 be an Indian child.                                                               |
| <input type="checkbox"/> ICWA-020    | <i>Parental Notification of Indian Status</i> | One form is required for each birth parent. This shows that the child's parents have been asked about potential Indian status.                       |

### Additional Forms for Stepparent Adoption to Confirm Parentage

- |                                                                   |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> ADOPT-205 (or an equivalent declaration) | <i>Declaration Confirming Parentage in Stepparent Adoption</i>                        | This tells the court how you conceived your child and whether there are any other parents. Only use this if you are seeking a stepparent adoption to confirm parentage. See above for more information on this type of adoption. Both the birth parent and the adopting parent must complete a separate declaration.                                                                                               |
| -OR-                                                              |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> ADOPT-206 (or an equivalent declaration) | <i>Declaration Confirming Parentage in Stepparent Adoption: Gestational Surrogacy</i> | This tells the court how you conceived your child and whether there are any other parents. Only use this if you are seeking a stepparent adoption to confirm parentage because the child was conceived through a gestational surrogate and was born outside of California, and the state where the child was born only allowed one intended parent to be named as a legal parent on the child's birth certificate. |



# ADOPT-050-INFO How to Adopt a Child in California

## 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. If there is no hearing, form ADOPT-210 must be signed in front of the court clerk or a notary.

**Note:** In a **stepparent adoption to confirm parentage**, no home investigation or hearing is required unless ordered by the court for good cause. Sign form ADOPT-210 in front of a notary or the court clerk when you file the forms and a judge will review your request. If the paperwork is complete and you meet the requirements, the judge will sign the Adoption Order and the adoption is complete. If the judge orders an investigation and hearing, go to the next steps.

## 3 The social worker writes a report

In most adoptions, 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 (*optional*)  Friends/relatives (*optional*)

## Independent or Agency Adoptions in the United States

If this is an independent or agency adoption in the United States, complete items 1 through 4 below.

**Note:** The rights of the existing parents usually terminate with adoptions. In an independent adoption, if the existing and adopting parents agree, the rights of the existing parent(s) do not have to be terminated. See Family Code section 8617(b).

## 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"/> ADOPT-230    | <i>Adoption Expenses</i>                      | This lets the judge know what payments were made that relate to the child you are adopting.                                                          |
| <input type="checkbox"/> ICWA-010(A)* | <i>Indian Child Inquiry Attachment</i>        | This lets the judge know that the required questions have been asked to determine whether the child may be an Indian child.                          |
| <input type="checkbox"/> ICWA-020*    | <i>Parental Notification of Indian Status</i> | One form is required for each birth parent. This shows that the child's parents have been asked about potential Indian status.                       |

\*The agency or adoption service provider is responsible for getting these forms completed and making them part of the adoption file.

## 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 most adoptions, 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  Form ADOPT-230  
 A camera, if you want a photo of you and your child with the judge (*optional*)  Friends/relatives (*optional*)



## Intercountry Adoptions

If this is an intercountry (international) adoption, complete items 1 through 6 below.

Note: You must follow this process to adopt your child under California law, even if the adoption was previously finalized in a foreign country. If the child's adoption was finalized in a foreign country, you must file the *Adoption Request* within the earlier of 60 days of the child's entry to the United States, or the child's 16th birthday.

### 1 Fill out court forms

- ADOPT-200 *Adoption Request* This tells the judge about you and the child you are adopting.
- ADOPT-210 *Adoption Agreement* 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.
- ADOPT-215 *Adoption Order* The judge signs this form if your adoption is approved.
- ADOPT-230 *Adoption Expenses* This lets the judge know what payments were made that relate to the child you are adopting.
- ICWA-010(A) *Indian Child Inquiry Attachment* This lets the judge know that you have asked whether the child may be an Indian child.
- ICWA-020 *Parental Notification of Indian Status* One form is required for each birth parent. This shows that the child's parents have been asked about potential Indian status.

### 2 Postadoption or postplacement visits and reports

If the child's adoption was finalized in a foreign country, there will be at least one postadoption visit provided by the international adoption agency. The report of this visit must be submitted to the court as described below. If the child was born in a foreign country and placed with a California family for adoption in this state, the adoption agency must provide postplacement supervision with up to four visits. These reports are also provided to the court.

### 3 Attach documentation

If the child's adoption was finalized in a foreign country, you must attach the following documents to your *Adoption Request*:

- A certified or otherwise official copy of the foreign decree, order, or certification of adoption that reflects finalization of the adoption in the foreign country;
- A certified or otherwise official copy of the child's foreign birth certificate;
- A certified translation of all required documents that are not written in English;
- Proof that the child was granted lawful entry into the United States as an immediate relative of the adoptive parent or parents;
- A report from at least one postplacement home visit by an intercountry adoption agency or a contractor of that agency licensed to provide intercountry adoption services in the state of California; and
- A copy of the home study report previously completed for the international finalized adoption by an adoption agency authorized to provide intercountry adoption services, in accordance with Family Code section 8900.

### 4 Take your forms to court

Take the completed forms and any required documents 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.

### 5 Provide a copy of the forms and documents

If the child's adoption was finalized in a foreign country, provide a copy of the forms and documentation you filed with the court to any adoption agency that provided services to you for your international adoption.

### 6 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 (*optional*)  Friends/relatives (*optional*)



## Inquiry and Notice Under the Indian Child Welfare Act

The child and other people in the child's life must be asked specific questions in order to determine whether the child may be an Indian child. The *Indian Child Inquiry Attachment* (form [ICWA-010\(A\)](#)) should be attached to the *Adoption Request*. In agency adoptions, it is the responsibility of the agency to ensure that this inquiry is conducted and that the form is made part of the adoption file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible. For more information about the duty of inquiry, see form [ICWA-005-INFO](#).

A completed version of *Parental Notification of Indian Status* (form [ICWA-020](#)) for each birth parent should be attached to the *Adoption Request*, OR it should be shown that a good faith attempt was made to provide the form to each birth parent, the Indian custodian, or guardian of the child and inform them that they are required to complete and submit the form to the court. In agency adoptions, it is the responsibility of the agency to ensure that this form is provided to the birth parents and made part of the adoption file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible.

If there is **reason to believe** that the child is or may be an Indian child, additional inquiry is required. For more information about the duty of inquiry, see form [ICWA-005-INFO](#).

If, at any time during the proceeding, there is **reason to know** that the child is an Indian child, notice must be provided of the adoption request 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](#)). This form must be served by registered or certified mail, with return receipt requested.

- If it is determined that the child is **an Indian child** or this is a tribal customary adoption, see Adoption of an Indian Child, below.

## Adoption of an Indian Child

If you are adopting an Indian child, fill out and bring to court the following additional forms:

- Adoption of Indian Child* (form ADOPT-220); and  
 *Parent of Indian Child Agrees to End Parental Rights* (form ADOPT-225).

If this is a tribal customary adoption, a copy of the tribal customary adoption order must be attached to the petition (form ADOPT-200) and the order (form ADOPT-215).

## “Open” Adoption

If you want your child to have contact with their birth family, use *Contact After Adoption Agreement* (form [ADOPT-310](#)) to describe the kind of contact the birth family will have with your child. Fill out this form and bring it to your hearing.

# ADOPT-200 Adoption Request

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

## 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):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

## 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.

(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)
- Intercountry (name of agency): \_\_\_\_\_
- Stepparent adoption
- Stepparent adoption to confirm parentage. See form [ADOPT-050-INFO](#) to determine whether you are eligible for the stepparent adoption to confirm parentage process.

Joinder:

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

(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.



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 guardian**Does 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: \_\_\_\_\_

**13 Intercountry adoption questions**

- a.  This adoption may be subject to the Hague Adoption Convention (*form ADOPT-216 must be filed with this request*).
- b.  This is an adoption conducted under the requirements of the Hague Adoption Convention and the child has already moved with the adopting parent(s) to another Hague Convention member country or will be moving at the conclusion of this adoption.

Child will be moving or has moved to (name of country): \_\_\_\_\_

Adopting parent(s):  seek(s) a California adoption  will be petitioning for a Hague Adoption Certificate  
 will be seeking a Hague Custody Declaration.

- c.  This is an intercountry adoption that was finalized in another country before the child entered the United States with the adopting parent(s).

Date the child entered the United States: \_\_\_\_\_

See form ADOPT-050-INFO for a list of documents to attach to this *Adoption Request*.**14 Contact after adoption***Contact After Adoption Agreement (form ADOPT-310)*  is attached  will not be used will be filed at least 30 days before the adoption hearing  is undecided at this time.

- This is a tribal customary adoption. Postadoption contact is governed by the attached tribal customary adoption order.

**15 Consent for adoption**

Complete all sections that apply to your adoption:

- a.  The consent of the birth parent is not necessary because (*check the applicable reasons under 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: \_\_\_\_\_

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.

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

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](http://www.coveredca.com). Or call Covered California at 1-800-300-1506 (English) or 1-800-300-0213 (Spanish).

# ADOPT-210 Adoption Agreement

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)*

# ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

## 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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

## 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: \_\_\_\_\_

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. \_\_\_\_\_  
 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



# 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.

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF \_\_\_\_\_**

*In the Matter of the Petition of*

\_\_\_\_\_  
Petitioner



**STEPARENT 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
---------------------	------

**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.*

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, and Telephone No.):  ATTORNEY FOR: _____ ATTORNEY BAR #: _____	<b>FOR COURT USE ONLY</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE Street Address: County Civic Center      South County Justice Center Mailing Address: 221 S Mooney Blvd.      OR      300 E. Olive Ave. City and Zip code: Visalia, CA 93291      Porterville, CA 93257	
IN THE MATTER OF THE ADOPTION PETITION OF: _____ (Adopting stepparent/domestic partner) on behalf of: _____ _____ (Minor/s)	
<b>PETITION TO DECLARE MINOR(S) FREE FROM PARENTAL CUSTODY AND CONTROL AND TERMINATE PARENTAL RIGHTS</b>	CASE NUMBER: _____

Petitioner respectfully represents:

1. Petitioner, \_\_\_\_\_, is an adult person, the stepfather/stepmother of the minor child/ren \_\_\_\_\_, and seeks to adopt the child/ren on termination of rights of \_\_\_\_\_, to custody and control. Petitioner is the husband/wife of \_\_\_\_\_, who is the mother/father of the minor and who has custody of the minor/s.
2. \_\_\_\_\_ is/are unmarried minor child/ren who was/were born \_\_\_\_\_ and is a/are resident/s of \_\_\_\_\_, Tulare County, California.
3. \_\_\_\_\_ is the parent who has custody of the child/ren and resides at \_\_\_\_\_, Tulare County, California.
4. \_\_\_\_\_ is the non-custodial parent of the child/ren who resides at \_\_\_\_\_.
5. The child/ren has/have been left by their father/mother, \_\_\_\_\_, in the care and custody of \_\_\_\_\_, without provision for support since \_\_\_\_\_, a period of more than one (1) year, and without communication from him/her with the intent on the part of \_\_\_\_\_ to abandon the child/ren.

IN THE MATTER OF THE ADOPTION PETITION OF (Name of adopting Parent)

CASE NUMBER:

Wherefore, Petitioner prays for judgment as follows:

1. For an order declaring that the minor child/ren, \_\_\_\_\_,  
is/are free from the custody and control of \_\_\_\_\_,  
and terminating all of his/her rights and responsibilities with regard to the child/ren;
2. For such other and further relief as the court may deem proper.

#### VERIFICATION

I have read the foregoing Petition to Declare Minors Free From Parental Custody and Control and Terminate Parental Rights and know the contents thereof; and that the same is true of my own knowledge, except as to the matters which are therein stated upon my information or belief, and as to those matters that I believe them to be true.

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

Executed on \_\_\_\_\_ at \_\_\_\_\_, California.  
(DATE) (PLACE)

\_\_\_\_\_  
(SIGNATURE OF PETITIONER)

## DECLARATION OF CUSTODIAL PARENT

I, \_\_\_\_\_, make the following statement in connection with the adoption plans for my child.

1. The child's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
(day, month, year) (city, state)

2. I believe that the non-custodial parent of the child is: \_\_\_\_\_  
(name, including any aliases)

(If more than one person may be the child's birth father, please provide the following information for each person whom you believe to be the child's birth father.)

3/ The non-custodial parent lives at: \_\_\_\_\_  
(street address, city, state)

(If present address unknown, give any known past addresses.)

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

S/he works for: \_\_\_\_\_  
(employer's name and address)

as a \_\_\_\_\_  
(position or type of work)

Give the names and address of any past employers, if known:

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

3. Is s/he in school? Yes  No  Don't Know

If Yes, \_\_\_\_\_  
(name of school, city, state)

4. Is s/he in the armed forces Yes  No  Don't Know

If yes, what branch is he in and where stationed? \_\_\_\_\_  
\_\_\_\_\_

5. Do you know where or when the non-custodial parent was born? Yes  No  Don't Know

If yes, date: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
(day, month, year/age) (city, state)

9. Is the non-custodial parent married? Yes  No  Don't Know

6. Has a court ordered the non-custodial parent to help support the child? Yes  No  Don't Know

If yes, which court, when, and in what amounts? \_\_\_\_\_  
\_\_\_\_\_

DECLARATION OF CUSTODIAL PARENT

7. Has s/he promised you in writing to help support the child? Yes  No   
If yes, explain: \_\_\_\_\_

6. Have you ever refused to take money or items to help with child support expenses from the non-custodial parent?  
Yes  No   
If yes, explain: \_\_\_\_\_

7. Has the non-custodial parent ever written to, spoken to, or visited with the child? Yes  No  Don't Know   
If yes, what did he do, when, and how many times (state in numbers): \_\_\_\_\_

7. Have you ever refused to let him write to, speak to, or visit with the child? Yes  No   
If yes, explain: \_\_\_\_\_

10. Has s/he offered to take the child into his/her home? Yes  No  Don't Know

11. Has the birth father ever acknowledged that he is the father of the child? Yes  No  Don't Know   
If yes, when, where, and in what manner? \_\_\_\_\_

12. Did you and the other parent sign a Voluntary Declaration of Paternity? Yes  No   
If yes, when and where was the declaration signed? \_\_\_\_\_

16. Has a paternity test been administered to the child and any possible fathers? Yes  No   
If yes, who administered the tests and what were their results? \_\_\_\_\_

13. Has the child ever lived with the non-custodial parent rather than with you? Yes  No   
If yes, give dates: From: \_\_\_\_\_ to: \_\_\_\_\_

18. Has any legal action been brought to determine custody or paternity of the child? Yes  No  Don't Know   
If yes, who brought the action, where, and when? \_\_\_\_\_

DECLARATION OF CUSTODIAL PARENT

20. Have you discussed adoption of the child with the non-custodial parent? Yes  No
21. Do you think s/he would agree to an adoption if that is what you wished? Yes  No  Don't Know
22. The identity of the birth father/mother of the minor child is unknown to me because \_\_\_\_\_

23. I am unable to identify the birth father/mother of the minor because \_\_\_\_\_

24. Other information:

I understand that this information is given to assist the court in the investigation of the Petition to Declare Minor Free and Terminate Parental Rights. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed at \_\_\_\_\_ on \_\_\_\_\_  
 (city , state) (date)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Printed name of person who witnessed signature)

\_\_\_\_\_  
 (Address)

\_\_\_\_\_  
 (Signature of person who witnessed signature of declarant)





IN THE MATTER OF THE ADOPTION PETITION OF:

CASE No.

PROOF OF SERVICE OF CITATION (FOR FREEDOM FROM PARENTAL CUSTODY AND CONTROL)  
(use separate proof of service for each person served)

1. I served the person cited (name): \_\_\_\_\_  
with the citation and petition as follows: \_\_\_\_\_
  - a. by serving
    - (1) \_\_\_\_\_ Person cited
    - (2) \_\_\_\_\_ Person and title or relationship to person cited (name, etc.): \_\_\_\_\_
  - b. \_\_\_\_\_ Delivery at: \_\_\_\_\_ home \_\_\_\_\_ business
    - (1) Date: \_\_\_\_\_
    - (2) Time: \_\_\_\_\_
    - (3) Address: \_\_\_\_\_
  - c. \_\_\_\_\_ Mailing
    - (1) Date: \_\_\_\_\_
    - (2) Time: \_\_\_\_\_
    - (3) Address: \_\_\_\_\_
2. Manner of service: (check proper type)
  - a. \_\_\_\_\_ (Personal service). By personally delivering copies (CCP 415.10)
  - b. \_\_\_\_\_ (Substituted service on natural person, minor, incompetent or candidate). By leaving copies at the \_\_\_\_\_ dwelling house \_\_\_\_\_ usual place of business of person cited in the presence of: (name) \_\_\_\_\_, who was informed of the general nature of the papers, and thereafter mailing by first class mail, postage prepaid, copies to the person cited at the place where the copies were left (CCP 415.20(b)). (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
  - c. \_\_\_\_\_ (Mail and acknowledgement service). By mailing by first-class mail copies to the person cited, together with two copies of the form Notice and Acknowledgement of Receipt and a return envelope, postage prepaid, addressed to the sender (CCP 415.30). (Attach completed Acknowledgement of Receipt form.)
  - d. \_\_\_\_\_ (Return receipt requested mail service). By mailing to address outside California, with return Receipt requested, copies to the person cited (CCP 415.40). Attach signed return receipt or other evidence of actual delivery to the person served.)
  - e. \_\_\_\_\_ (Other—CCP 413.10, 413.30). Attach separate page if necessary:  
\_\_\_\_\_ Additional page is attached.
3. At the time of service I was at least 18 years of age and not a party to this case.
4. Fee for service is: \$ \_\_\_\_\_
5. Name, address and telephone number of person serving:
  - a. \_\_\_\_\_ Not a registered California process server (CCP 417.40 \_\_\_\_\_ and exempt (Bus & P Code 22350)
  - b. \_\_\_\_\_ Registered: \_\_\_\_\_ Number: \_\_\_\_\_ County: \_\_\_\_\_
  - c. \_\_\_\_\_ California sheriff, marshal or constable
    - (1) Title: \_\_\_\_\_
    - (2) County: \_\_\_\_\_
    - (3) Municipal or Justice Court District: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Signature

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, and Telephone No.):  ATTORNEY FOR: _____ ATTORNEY BAR #: _____	<b>FOR COURT USE ONLY</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE Street Address: County Civic Center South County Justice Center Mailing Address: 221 S Mooney Blvd. OR 300 E. Olive Ave. City and Zip code: Visalia, CA 93291 Porterville, CA 93257	
IN THE MATTER OF THE ADOPTION PETITION OF:  _____  _____ Adopting Parents/Domestic Partner	
<b>APPLICATION AND ORDER FOR PUBLICATION OR DISPENSING WITH NOTICE TO ALLEGED FATHER ON PETITION TO TERMINATE PARENTAL RIGHTS</b>	CASE NUMBER: _____

\_\_\_\_\_  
Name of Natural Father or Unknown Natural Father

Application is made for an order directing service of citation on \_\_\_\_\_ by publication in the following newspaper most likely to give actual service to the party to be served.

\_\_\_\_\_  
(Name of newspaper)

Application is made for an order dispensing with notice to alleged natural father.

DECLARATION OF DUE DILIGENCE IN SUPPORT OF THIS APPLICATION IS ATTACHED

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

Executed on \_\_\_\_\_ at \_\_\_\_\_, California  
Date Place

\_\_\_\_\_  
Signature

**ORDER OF THE COURT**

It is the order of this Court that notice to the alleged natural father (named above) or unknown natural father is dispensed with.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge of the Superior Court

ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NO: _____  NAME: FIRM NAME: STREET ADDRESS: _____ STATE: _____ ZIP CODE _____ CITY: TELEPHONE NO: E-MAIL ADDRESS: ATTORNEY FOR (Name):	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE</b> <input type="checkbox"/> Visalia - 221 S. Mooney Blvd., Visalia, CA 93291 <input type="checkbox"/> South County Justice Center - 300 E. Olive Ave., Porterville, CA 93257	
<b>IN THE MATTER OF THE ADOPTION PETITION OF:</b>  _____ (Adopting Parents/Domestic Partner)	
<b>DECLARATION OF DUE DILIGENCE IN SUPPORT OF A REQUEST FOR AN ORDER OF PUBLICATION OR FOR ORDER DISPENSING WITH NOTICE</b>	CASE NUMBER: _____

I, \_\_\_\_\_, hereby declare:

1. I am the \_\_\_\_\_, in the above-entitled action.  
     (i.e., petitioner, respondent, objector)
2. I have attempted personal service on \_\_\_\_\_ and I am unable to complete such service.
3. The following facts show that I have lost contact with \_\_\_\_\_ and cannot reasonably locate him/her: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. I have used the following ways to attempt to locate this person: (check the boxes that apply)

- The last known address for \_\_\_\_\_ is:

\_\_\_\_\_

I have contacted the following people in the vicinity of that address within the last thirty ( 30 ) days in an attempt to determine the other party's whereabouts:

- I have mailed certified, return receipt letters to the following relative, friends, etc., who may know the whereabouts of this person: (attach proof of mailing)

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

**DECLARATION OF DUE DILIGENCE IN SUPPORT OF A REQUEST FOR AN ORDER OF PUBLICATION OR FOR ORDER DISPENSING WITH NOTICE**

IN THE MATTER OF THE ADOPTION PETITION OF:

CASE No:

The last known business address for this person is: \_\_\_\_\_  
\_\_\_\_\_

I have contacted the following people in the vicinity of that address within the last thirty ( 30 ) days in an attempt to determine his/her whereabouts: \_\_\_\_\_  
\_\_\_\_\_

I have examined the following telephone directories within the last thirty ( 30 ) days in an effort to locate this person, and no addresses were found: \_\_\_\_\_  
\_\_\_\_\_

The records of the Tax Assessors in the following counties were examined within the last thirty ( 30 ) days, and no address for this person was found: \_\_\_\_\_  
\_\_\_\_\_

Other efforts: (Such as checking Post Office Forwarding address, voter records, telephone directories, friends, relatives, former employers) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Executed on \_\_\_\_\_ at \_\_\_\_\_, California.  
Date Place

\_\_\_\_\_  
SIGNATURE OF DECLARANT

DECLARATION OF DUE DILIGENCE IN SUPPORT OF A REQUEST FOR AN  
ORDER OF PUBLICATION OR FOR ORDER DISPENSING WITH NOTICE

Page 2 of 2

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, and Telephone No.):  ATTORNEY FOR: _____ ATTORNEY BAR #: _____	<b>FOR COURT USE ONLY</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE Street Address: County Civic Center      South County Justice Center Mailing Address: 221 S Mooney Blvd.      OR      300 E. Olive Ave. City and Zip code: Visalia, CA 93291      Porterville, CA 93257	
IN THE MATTER OF THE ADOPTION PETITION OF:  _____ (Adopting stepparent/domestic partner)	
<b>FINDINGS AND ORDER OF THE COURT</b> <b>ON THE PETITION TO DECLARE MINOR(S) FREE FROM PARENTAL</b> <b>CUSTODY AND CONTROL AND TERMINATE PARENTAL RIGHTS</b>	CASE NUMBER: _____

A petition to terminate the parental rights of \_\_\_\_\_, who is  
 (name of absent parent)

- presumed father
- mother

of the child, who is the subject of this adoption, having come on regularly for hearing, and a notice of hearing having been given as required by law, and the Court being advised of the circumstances, the Court finds as follows:

- \_\_\_\_\_ is the natural mother of the subject minor \_\_\_\_\_,  
 born on \_\_\_\_\_, who is now in the custody of the above-named adopting parent.
- the presumed father of such child has been served notice of this action.

It is therefore the ORDER OF THIS COURT that the parental rights of \_\_\_\_\_  
 (presumed father/mother)  
 be terminated.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Judge of the Superior Court

## **STEPPARENT/DOMESTIC PARTNER ADOPTION INFORMATIONAL QUESTIONNAIRE**

---

Family Court Services will use the information below in the report to the Court for your case. Therefore, please be as accurate and complete as possible. Please print or type your responses. We will verify this information with you at the personal interview, through a check of the legal documents we requested, and through a criminal and child welfare record check. If you have any questions, please contact our offices at 559/730-5000 option 6. If you require assistance with this questionnaire, please call the Self Help Resource Center at 559/737-5500 and/or visit them at 221 S Mooney Blvd, Room 203, Visalia, CA 93291.

**You must submit the following information BEFORE the investigation can proceed. If the information is not received by Family Court Services (Room 204) at the Visalia Courthouse within two months, the case will be placed in the inactive files. If there is no activity after an additional 30 days, the case will be closed with Family Court Services and the petitioner will need to file a new petition with the Clerk of the Court (Room 201) in Visalia or at the Clerk's Window in Porterville at the South County Justice Center if he/she desires to pursue the adoption.**

1. Birth Certificate/s of the child/ren to be adopted.
2. Marriage record of the petitioner and biological/legal parent who has custody, or record of Domestic Partner Registration. (Local policy requires at least one year of marriage/registration prior to seeking stepparent/domestic partner adoption.)
3. All final judgments of divorce (or death certificate's) for any prior marriages of the petitioner and the parent who has custody.
4. The death certificate of the other biological/legal parent (if applicable).
5. Names, addresses and telephone numbers of six (6) character references (non-relatives).
6. Fingerprinting for a records check. An acknowledgement is enclosed with instructions for having your fingerprints taken. Please fill out the Acknowledgment and bring it with you when you come to Room 203 to pick up the LIVESCAN form to take to the Sheriff's Office (see instructions).
7. Completed Stepparent/Domestic Partner Adoption Informational Questionnaire beginning on Page 2.

Any original documents will be returned to you upon your request at the conclusion of our investigation. Copies of the forms needed to complete this adoption in Tulare County and further instructions are in the "Stepparent Adoption Packet" available at the Superior Court Clerk's Office, Room 201, County Courthouse, Visalia, California, or the Clerk's Window at the South County Justice Center located in Porterville or online at [http://www.tularesuperiorcourt.ca.gov/3\\_Divisions/6\\_Family\\_Law/Family\\_Court\\_Services.htm](http://www.tularesuperiorcourt.ca.gov/3_Divisions/6_Family_Law/Family_Court_Services.htm)

**The investigator will witness the signature on the consent of the biological/legal parent who has custody at the time of the interview.**

Adopting Parent Name: \_\_\_\_\_

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

**The consent of the non-custodial biological/legal parent must be filed, or his or her parental rights terminated. If you do not have the consent of the non-custodial parent you must file a Petition to Terminate Parental Rights which must be heard in court before the petition for Stepparent/Domestic Partner Adoption can be completed. Forms to complete the Termination of Parental Rights are in the packet which can be obtained from the Clerk's Office or the Self Help Resource Center.**

**If there is a court date for the termination of parental rights, it is imperative that the above requested 7 items be completed and turned in to Room 204 (Family Court Services) within 20 days of the filing. This allows adequate time for an in person interview to occur at the Family Court Services Office with the petitioner, birth parent/s and child/ren and for a report to be completed and submitted prior to the hearing date. A copy of this report will be sent to the petitioner, birth parent/s and any attorneys.**

Once the investigation is completed, the investigator will file the report and send a copy to the petitioner, the adopting parent and any attorney of record. There will be a fee of \$300.00 if consent has been obtained by the non-custodial biological/legal parent. Should there need to be an investigation to terminate the non-custodial biological/legal parent's rights, a fee of \$400.00 will be due after the investigation is completed, which is collected by the Superior Court Accounting Office. Information regarding this fee will be given to you at the interview. You must then set the matter on calendar for a hearing.

-----  
**Provide the following information regarding the CHILD/REN to be adopted. If additional spaced is needed, please attach a separate sheet of paper or use the reverse of the last page and check here .**

**Child Name** \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_

Birthplace \_\_\_\_\_

School \_\_\_\_\_ Grade: \_\_\_\_\_

Health Problems \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Child Name** \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_

Birthplace \_\_\_\_\_

School \_\_\_\_\_ Grade: \_\_\_\_\_

Health Problems \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Child Name** \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_

Birthplace \_\_\_\_\_

School \_\_\_\_\_ Grade: \_\_\_\_\_

Health Problems \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Child Name** \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_

Birthplace \_\_\_\_\_

School \_\_\_\_\_ Grade: \_\_\_\_\_

Health Problems \_\_\_\_\_

Special Needs: \_\_\_\_\_



Adopting Parent Name: \_\_\_\_\_

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

Native American Ancestry  Yes  No; If yes, name tribal affiliation: \_\_\_\_\_

Do the child/ren know about the request for adoption?  Yes  No

**Please provide the following information regarding THE STEPPARENT/DOMESTIC PARTNER who is requesting to adopt.** If additional space is needed, please attach a separate sheet of paper or use the reverse of the last page and check here .

Name \_\_\_\_\_ Other Name/s \_\_\_\_\_

Address \_\_\_\_\_

Phone (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail/s \_\_\_\_\_ Preferred Method of Contact (circle): H Wk Cell Email

D.O.B. \_\_\_\_\_ Birthplace \_\_\_\_\_ Drivers License # \_\_\_\_\_

Social Security Number: \_\_\_\_\_ U.S. citizen:  Yes  No

Military service:  Yes  No; Discharge type: \_\_\_\_\_

How long at current residence \_\_\_\_\_ In Tulare County \_\_\_\_\_ In California \_\_\_\_\_

Social Organizations: \_\_\_\_\_

Has he/she been convicted of a criminal offense?  Yes  No; If yes, fill out below:

Date of arrest	Arresting Agency	Charge	Disposition

Has he/she had Child Welfare Services (AKA: CPS) involved?  Yes  No; If yes, fill out below:

Date of involvement	Agency involved	Allegations	Disposition/Conclusion

**Marital and Relationship History of STEPPARENT/DOMESTIC PARTNER:**

Please list all marriages or relationships beginning with the current one. The dissolution of all past marriages or domestic partnerships must be verified with documentation of the filed final judgment.

Spouse/Partner	Date of Marriage/Domestic partnership	Place of Service	How Terminated	When	Where	Children's names and birthdates	Where do children reside

Adopting Parent Name: \_\_\_\_\_

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

Does he/she receive child support, or pay child support for children from prior marriages or relationships?  Yes  No; If yes, explain to whom and how much paid or from whom and how much received: \_\_\_\_\_

Is the Department of Child Support Services involved?  Yes  No

**Employment History of STEPPARENT/DOMESTIC PARTNER:**

Please list employers during the last ten years beginning with the current or most recent employment.

From (mo/yr)	To (mo/yr)	Employers Name, Address and Phone	Position Occupied	Earnings	Reason for Leaving

Please provide the following information for the **BIOLOGICAL/LEGAL PARENT WHO HAS CUSTODY**. If additional space is needed, please attach a separate sheet of paper or use the reverse of the last page and check here .

Name \_\_\_\_\_ Other Name/s \_\_\_\_\_

Address \_\_\_\_\_

Phone (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_

D.O.B. \_\_\_\_\_ Birthplace \_\_\_\_\_ Drivers License # \_\_\_\_\_

E-Mail/s \_\_\_\_\_ Preferred Method of Contact (circle): H Wk Cell Email

Social Security Number: \_\_\_\_\_ U.S. citizen:  Yes  No

Military service:  Yes  No; Discharge type: \_\_\_\_\_

How long at current residence \_\_\_\_\_ In Tulare County \_\_\_\_\_ In California \_\_\_\_\_

Social Organizations: \_\_\_\_\_

Has he/she been convicted of a criminal offense?  Yes  No; If yes, fill out below:

Date of arrest	Arresting Agency	Charge	Disposition

Has he/she had Child Welfare Services (AKA: CPS) involved?  Yes  No; If yes, fill out below:

Date of involvement	Agency involved	Allegations	Disposition/Conclusion

Adopting Parent Name: \_\_\_\_\_

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

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**Marital and Relationship History of BIOLOGICAL/LEGAL PARENT WHO HAS**

**CUSTODY:** Please list all marriages or relationships beginning with the current one. The dissolution of all past marriages or domestic partnerships must be verified with documentation of the filed final judgment.

Spouse/Partner	Date of Marriage/Domestic partnership	Place of Service	How Terminated	When	Where	Children's names and birthdates	Where do children reside

**Employment History of BIOLOGICAL/LEGAL PARENT WHO HAS CUSTODY:**

Please list employers during the last ten years beginning with the current or most recent employment.

From (mo/yr)	To (mo/yr)	Employers Name, Address and Phone	Position Occupied	Earnings	Reason for Leaving

Does he/she receive child support, or pay child support for children from prior marriages or relationships?  Yes  No; If yes, explain to whom and how much paid or from whom and how much received: \_\_\_\_\_

Is the Department of Child Support Services involved?  Yes  No

-----

**RESIDENCE AND FINANCIAL INFORMATION FOR STEPPARENT/DOMESTIC PARTNER AND CUSTODIAL PARENT**

Single Family  Condo  Apartment  Mobile Home  Other \_\_\_\_\_

Rent  Own  Employer Provided  Other \_\_\_\_\_

Residential  Rural  Mobile Home Park  Apt. Complex  Other \_\_\_\_\_

Adopting Parent Name: \_\_\_\_\_

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

Describe your residence: (number of rooms, bedrooms, bathrooms, pool)

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

Rent or Mortgage payments \_\_\_\_\_ Balance Owed \_\_\_\_\_

**Household Composition**

Please list the names and birthdates of **ALL** adults/children residing in the home and their relationship to the child/ren: (this information is used to submit an inquiry with Child Welfare Services). If additional space is needed, please attach a separate sheet of paper or use the reverse of the last page and check here .

Full Legal Name	Date of Birth	Relationship to Child/ren

**Finances:**

**Assets**

Bank Name/Asset Name	Type of Account

**Debts (other than mortgages):**

To Whom	Amount	Payments

**Insurance:**

Type (Life, Health)	Insured party	Insured by	Amount	Beneficiary

Adopting Parent Name: \_\_\_\_\_

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


-----  
**Please fill out the following information for the BIOLOGICAL/LEGAL PARENT WHO DOES NOT HAVE CUSTODY.** If you are unable to provide some of the information, indicate with "UNKNOWN".

Name \_\_\_\_\_ Other Name/s \_\_\_\_\_

Address \_\_\_\_\_

Phone (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail/s \_\_\_\_\_ Preferred Method of Contact (circle): H Wk Cell Email

D.O.B. \_\_\_\_\_ Birthplace \_\_\_\_\_ Drivers License # \_\_\_\_\_

Social Security Number: \_\_\_\_\_ U.S. citizen:  Yes  No

Military service:  Yes  No Discharge type: \_\_\_\_\_

How long at current residence \_\_\_\_\_ In Tulare County \_\_\_\_\_ In California \_\_\_\_\_

Social Organizations: \_\_\_\_\_

If known, has he/she been convicted of a criminal offense?  Yes  No; If yes, fill out below:

Date of arrest	Arresting Agency	Charge	Disposition

If known, has he/she had Child Welfare Services (AKA: CPS) involved?  Yes  No; If yes, fill out below:

Date of involvement	Agency involved	Allegations	Disposition/Conclusion

**Marital and Relationship History of BIOLOGICAL/LEGAL PARENT WHO DOES NOT HAVE CUSTODY:** Please list all known marriages or relationships beginning with the current one.

Spouse/Partner	Date of Marriage/Domestic partnership	Place of Service	How Terminated	When	Where	Children's names and ages	Where do children reside

**Employment History of BIOLOGICAL/LEGAL PARENT WHO DOES NOT HAVE CUSTODY:** Please list employers you know of during the last ten years beginning with the current or most recent.

From (mo/yr)	To (mo/yr)	Employers Name, Address and Phone	Position Occupied	Earnings	Reason for Leaving

Adopting Parent Name: \_\_\_\_\_

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


**Biological/Legal Parent Who Does Not Have Custody (Continued):**

If known, does he/she receive child support, or pay child support for children from prior marriages or relationships?  Yes  No; If yes, explain to whom and how much paid or from whom and how much received: \_\_\_\_\_

Is the Department of Child Support Services involved?  Yes  No

**REMARKS:**

Please use the space below to include any remarks or comments you wish the investigator to have.

-----

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

Please list six names and addresses of people who know the stepparent/domestic partner and child/ren whom are **NOT RELATED**. They will be sent questionnaires to fill out and return to this office. Please notify references that they will receive a questionnaire and ask them to complete and return it to our office promptly.

	NAME	ADDRESS	PHONE NUMBER
1.			
2.			
3.			
4.			
5.			
6.			

Adopting Parent Name: \_\_\_\_\_

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

I declare that the information I have provided above is true and accurate to the best of my knowledge.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**IMPORTANT INFORMATION**

**REMINDER:** IF FAMILY COURT SERVICES DOES NOT RECEIVE THE REQUESTED INFORMATION WITHIN 2 MONTHS FROM THE DATE THE QUESTIONNAIRE IS MAILED TO YOU, THE CASE WILL BE PLACED IN THE INACTIVE FILES. IF THERE IS NO FURTHER ACTIVITY AFTER 30 DAYS, THE CASE WILL BE CLOSED WITH THE FAMILY COURT SERVICES OFFICE AND THE PETITIONER WILL NEED TO FILE A NEW PETITION WITH THE CLERK OF THE COURT (ROOM 201) LOCATED IN VISALIA OR AT THE CLERK'S WINDOW LOCATED AT THE SOUTH COUNTY JUSTICE CENTER IN PORTERVILLE IF HE/SHE DESIRES TO PURSUE THE ADOPTION.

Please remember that in Termination of Parental Rights and Stepparent/Domestic Partner Adoption Investigations ALL children ages seven and older will be interviewed per Family Code 7851 unless "the age, physical, emotional, or other condition of the child precluded the child from providing the investigator with a meaningful response or requests for additional information." This will be determined by the investigator at the time of the interview. Specific questions will be asked of the child about the birth parent and the stepparent/domestic partner adoption as required by the Family Code and parents should take this into consideration when pursuing adoption.

**CHECK OFF LIST:**

- A signed consent for the adoption by the non-custodial biological/legal parent must be filed.
- OR-**
- A petition to Terminate Parental Rights must be filed and heard in court before the Stepparent/Domestic Partner Adoption can be completed.
  
- Minor child/ren's birth certificate/s
  
- Marriage certificate of biological/legal parents if previously married
  
- Marriage certificate or Domestic Partner Registration of adopting parent to biological/legal parent (must be married or registered for at least one year prior to the petition for adoption per local policy)
  
- All final judgments of divorce (or death certificates) for any prior marriages of the adopting parent
  
- All final judgments of divorce (or death certificates) for any prior marriages of the parent who has custody
  
- Complete the "Acknowledgement" form (which is enclosed) for having your fingerprints taken and bring the Acknowledgement with you at the time of the appointment.
- Check the Stepparent/Domestic Partner Adoption Informational Questionnaire to make sure it is thoroughly completed and signed.

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)
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**INDIAN CHILD INQUIRY ATTACHMENT**



ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
<b>NOTICE OF CHILD CUSTODY PROCEEDING FOR INDIAN CHILD</b> (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:  HEARING DATE:    DEPT.:
<b>NOTICE TO</b> (check all that apply):  <input type="checkbox"/> Parents or Legal Guardians <input type="checkbox"/> Tribes <input type="checkbox"/> Indian Custodians <input type="checkbox"/> 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>
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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:
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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:
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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".)*

<b>Mother's Biological Mother (Child's Maternal Grandmother)</b>	<b>Father's Biological Mother (Child's Paternal Grandmother)</b>
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:

<b>Mother's Biological Father (Child's Maternal Grandfather)</b>	<b>Father's Biological Father (Child's Paternal Grandfather)</b>
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. 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".)*

<b>Mother's Biological Grandmother (Child's Maternal Great-grandmother)</b>	<b>Mother's Biological Grandmother (Child's Maternal Great-grandmother)</b>
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:

<b>Mother's Biological Grandfather (Child's Maternal Great-grandfather)</b>	<b>Mother's Biological Grandfather (Child's Maternal Great-grandfather)</b>
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".)*

<b>Father's Biological Grandmother (Child's Paternal Great-grandmother)</b>	<b>Father's Biological Grandmother (Child's Paternal Great-grandmother)</b>
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:

<b>Father's Biological Grandfather (Child's Paternal Great-grandfather)</b>	<b>Father's Biological Grandfather (Child's Paternal Great-grandfather)</b>
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".)*

<b>Information on Indian Ancestry of Other Lineal Biological Ancestors</b>	<b>Information on Indian Ancestry of Other Lineal Biological Ancestors</b>
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".)*

<b>Indian Custodian Information</b>	<b>Indian Custodian Information</b>
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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**6. ADDITIONAL INFORMATION ON THE CHILD NAMED IN 1**

*(Indicate if any of the information requested below is unknown.)*

- a.  Biological father is named on birth certificate.  Unknown
- b.  Biological father has acknowledged parentage.  Unknown
- c.  There has been a judicial declaration of parentage.  Unknown
- d.  Other alleged father *(name each)*:

Unknown

**The following optional questions may be helpful in tracing the ancestry of the child named in 1.**

**7. Has the child named in 1 or any members of the child's family ever (if "yes," provide the information requested below):**

- a. Attended an Indian school?  Yes  No  Unknown

Name/relationship to child	Type of school	Dates attended	Name and location of school

- b. Received medical treatment at an Indian health clinic or U.S. Public Health Service hospital?

Yes  No  Unknown

Name/relationship to child	Type of treatment	Dates of treatment	Location where treatment given

- c. Lived on federal trust land, a reservation, rancheria, an allotment or in an Alaska Native village or other tribal trust land?

Yes  No  Unknown

Name/relationship to child	Name/description of property and address	Dates of residence

- d. Other relative information *(e.g. aunts, uncles, siblings, first and second cousins, stepparents, etc.)*

Name/relationship to child	Current and former address	Birthdate and place	Tribe, band, and location

**8.  Tribal affiliation and location of child named in 1 (check all that apply):**

- a.  1906 Final Roll Name of relative listed on roll:
- Relationship to child named in 1:
- b.  Roll of 1924 Name of relative listed on roll:
- Relationship to child named in 1:
- c.  California Judgment Roll. Name of relative listed on roll:
- Relationship to child named in 1:

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

<u>Name</u>	<u>Mailing Address</u>	<u>Telephone Number</u>
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**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)
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Date:

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

(TYPE OR PRINT NAME)	▶	(SIGNATURE)
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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)	

**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.**  
**NOTICE OF CHILD CUSTODY PROCEEDING FOR INDIAN CHILD**  
 (Indian Child Welfare Act)

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 (Name):                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>	<p>2. <input type="checkbox"/> Parent (Name):                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>
<p>3. <input type="checkbox"/> Guardian (Name):                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>	<p>4. <input type="checkbox"/> Guardian (Name):                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>
<p>5. <input type="checkbox"/> Indian Custodian (Name):                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>	<p>6. <input type="checkbox"/> Indian Custodian (Name):                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>
<p>7. <input type="checkbox"/> Sacramento Regional Director                  Bureau of Indian Affairs, Federal Office Building                  Street address: 2800 Cottage Way                  City, state and zip code: Sacramento, CA 95825                  Telephone number:</p>	<p>8. <input type="checkbox"/> Tribe (Name):                  Addressee (Name):                  Title:                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>
<p>9. <input type="checkbox"/> Tribe (Name):                  Addressee (Name):                  Title:                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>	<p>10. <input type="checkbox"/> Tribe (Name):                  Addressee (Name):                  Title:                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>
<p>11. <input type="checkbox"/> Tribe (Name):                  Addressee (Name):                  Title:                  Street address:                  Mailing address:                  City, state and zip code:                  Telephone number:</p>	<p>12. <input type="checkbox"/> Tribe (Name):                  Addressee (Name):                  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)

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