



# SUPERIOR COURT OF CALIFORNIA COUNTY OF TULARE

[www.tulare.courts.ca.gov](http://www.tulare.courts.ca.gov)

559-730-5000

## ADOPTION FORMS PACKET

Forms Included In This Packet		
To Read	How to Adopt a Child in California	ADOPT-050-INFO
To Complete and File	Adoption Request	ADOPT-200
	Adoption Agreement	ADOPT-210
	Adoption Order	ADOPT-215
	Adoption Expenses	ADOPT-230
	Adoption of Indian Child	ADOPT-220
	Parent of Indian Child agrees to End Parental Rights	ADOPT-225
	Indian Child inquiry Attachment	ICWA-010(A)
	Parental Notification of Indian Status	ICWA-020
	Notice of Child Custody Proceeding for Indian Child	ICWA-030

### PLEASE NOTE:

This packet does not include forms for stepparent/domestic partnership adoptions. There is a separate packet for stepparent adoption petitions.

If the child is a dependent of the Juvenile Court, any adoption will be handled through Child Welfare Services (559-733-6180).

Independent adoptions are handled through the California Department of Social Services. The local office is in Fresno at Luanne Stocks, LCSW, Regional Office Manager, Fresno Regional Office, 1330-C E. Shaw Ave., Fresno 93710 (tel. 559-243-8200, fax: 559-229-9685, email [Luanne.Stocks@dcc.ca.gov](mailto:Luanne.Stocks@dcc.ca.gov))

## 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*)



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

## 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

Clerk stamps date here when form is filed.

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

Fill in court name and street address:

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

Court fills in case number when form is filed.

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

## 2 County of filing

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

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

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

Hearing Date

Hearing is set for:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

Name and address of court if different from above:  
\_\_\_\_\_  
\_\_\_\_\_

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

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

## 3 Type of adoption

Check one of the following:

Agency (name): \_\_\_\_\_  Relative  Nonrelative

Tribal customary adoption (attach tribal customary adoption order)

Independent:  Relative  Nonrelative  Additional Parent(s)

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.



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

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: \_\_\_\_\_

**10 Agency adoption questions**

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

**11 Independent adoption questions**

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

**12 Stepparent adoption and confirmation of parentage questions**

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





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

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

**13 Intercountry adoption questions**

- a.  This adoption may be subject to the Hague Adoption Convention (*form 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.



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

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

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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: \_\_\_\_\_

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**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);

c. Will support and care for the child;

b. Will treat the child as their own;

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 \_\_\_\_\_

Court fills in case number when form is filed.

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

## 2 Information about the child

Child's name before adoption: \_\_\_\_\_

Child's name after adoption: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

### Signing this form:

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

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

Date: \_\_\_\_\_  
Type or print your name

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

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

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

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

Date: \_\_\_\_\_  
Type or print your name

\_\_\_\_\_  
Signature of adopting parent



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

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: \_\_\_\_\_

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

**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-230 Adoption Expenses

Clerk stamps date here when form is filed.

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

1 Your name (adopting parent):  
 a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Address (skip this if you have a lawyer):  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 Lawyer (if any): (Name, address, telephone number, and State Bar number): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Fill in case number if known:  
**Case Number:**  
 \_\_\_\_\_

2 Name of child after adoption:  
 \_\_\_\_\_

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

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



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

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


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

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

Number of pages attached: \_\_\_\_\_

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

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

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

# ADOPT-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.



Case Number:

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

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

Check here if you do not know.

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

Check here if you do not know.

8 Name of any agency with information about this adoption: \_\_\_\_\_

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

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

10 Parental rights (*check all that apply*):

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

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

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

Clerk stamps below when form is filed.

- 1 I want my child to be adopted by (name(s)):
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- Their relationship to Indian child: (Check all that apply)
- Related to child (specify): \_\_\_\_\_
- Members of child's tribe       Indian parents
- None of the above

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

Court name and street address:

**Superior Court of California, County of**

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

**Case Number:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Your tribe(s): \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Check here if you do not know the enrollment #.

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

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



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

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

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

Date: \_\_\_\_\_  
*Type or print your name*

\_\_\_\_\_  
*Signature of Indian parent*

**Judge's Certification**

I, Judge \_\_\_\_\_,

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

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

Certified:

Date: \_\_\_\_\_

\_\_\_\_\_  
*Judge (or Judicial Officer)*

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

1. Name of child:
2. (Check one)
  - I have not yet been able to complete the inquiry about the child's Indian status because:

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

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

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

- Additional persons questioned and their information is attached.

3. This inquiry (check one):
  - gave me reason to believe the child is or may be an Indian child. (If yes, continue to 4.)
  - gave me no reason to believe the child is or may be an Indian child.
4.  I contacted the tribe(s) that the child may be affiliated with and worked with them to establish whether the child is a member or eligible for membership in the tribe(s). Information detailing the tribes contacted, the names of the individuals contacted, and the manner of the contacts is attached.
5. Based on inquiry and tribal contacts (check all that apply):
  - a.  The child is or may be a member of or eligible for membership in a tribe.  
Name of tribe(s):  
Location of tribe(s):
  - b.  The child's parents, grandparents, or great-grandparents are or were members of a tribe.  
Name of tribe(s):  
Location of tribe(s):
  - c.  The residence or domicile of the child, child's parents, or Indian custodian is on a reservation, rancheria, Alaska Native village or other tribal trust land.
  - d.  The child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (TANF).
  - e.  The child is or has been a ward of a tribal court.  
Name of tribe(s):  
Location of tribe(s):
  - f.  Either parent or the child possesses an Indian Identification card indicating membership or citizenship in an Indian tribe.  
Name of tribe(s):  
Location of tribe(s):
6. If this is a delinquency proceeding under Welfare and Institutions Code section 601 or 602:
  - The child is in foster care.
  - It is probable the child will be entering foster care.

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

Date:

---

(TYPE OR PRINT NAME)

▶

(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY: 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.**



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.:

**NOTICE TO** (check all that apply):

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

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

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

<b>Biological Mother</b>	<b>Biological Father</b>
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:
- Roll of 1924 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)

Date:

_____	▶	_____
(TYPE OR PRINT NAME)		(SIGNATURE)

Date:

_____	▶	_____
(TYPE OR PRINT NAME)		(SIGNATURE)



CASE NAME:	CASE NUMBER:
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**CERTIFICATE OF MAILING - JUVENILE COURT PROCEEDINGS**  
 (To be completed by social worker or probation officer.)

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

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Department: \_\_\_\_\_

(TYPE OR PRINT NAME)	▶	(SIGNATURE)
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**DECLARATION OF MAILING - ADOPTION, FAMILY LAW, AND PROBATE PROCEEDINGS**  
 (To be completed by the attorney for Petitioner if Petitioner is represented.)

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

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

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)	▶	(SIGNATURE)
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**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)
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**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  <i>Bureau of Indian Affairs, Federal Office Building</i>  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)