Adopting Parent Name:	Case Number: _AD
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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.

You must submit the following information BEFORE the investigation can proceed. If the information is not received by Family Court Services 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 certificates) 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 acknowledgment is enclosed with instructions for having your fingerprints taken. Please fill out the Acknowledgment and bring it with you when you come to Room 20 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 https://www.tulare.courts.ca.gov/forms-filing/local-forms-information-filing-instructions.

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

Adopting Parent Name:	Case Number: _AD
The consent of the non-custodial biological/lerights terminated. If you do not have the cona Petition to Terminate Parental Rights which for Stepparent/Domestic Partner Adoption of Termination of Parental Rights are in the parental rights.	egal parent must be filed, or his or her parental issent of the non-custodial parent you must file in must be heard in court before the petition an be completed. Forms to complete the cket which can be obtained from the Clerk's parental rights, it is imperative that the above in to Family Court Services within 20 days of in person interview to occur at the Family the parent/s and child/ren and for a report to ring date. A copy of this report will be sent to
the petitioner, but in parenty and any accorne	<u> </u>
consent has been obtained by the non-custodial an investigation to terminate the non-custodial will be due after the investigation is completed, Accounting Office. Information regarding this must then set the matter on calendar for a hearing	which is collected by the Superior Court fee will be given to you at the interview. You ng. the CHILD/REN to be adopted. If additional
Child Name	Child Name
D.O.BAge:Sex	D.O.BAge:Sex
Birthplace	Birthplace
SchoolGrade:	SchoolGrade:
Health Problems	Health Problems
Special Needs:	Special Needs:
Child Name	Child Name
D.O.BAge:Sex	D.O.BAge:Sex
Birthplace	Birthplace
SchoolGrade:	SchoolGrade:

Health Problems _____

Special Needs:

Health Problems _____

Special Needs:

Adopting Parei	nt Name:						Case I	Number: _AD	<u> </u>
Native Americ	an Ances	stry Yes	□No; If	yes,	name tri	bal affilia	 ation:		
Do the child/re	n know a	bout the re	equest for	ador	otion?	Yes []	No		
Please provide PARTNER which sheet of paper of	e the foll ho is req	owing info uesting to	ormation a adopt. If	rega addi	rding The tional sp	HE STE	PPARE		
Name					Ot	her Nam	e/s		
Address									
Phone (Hm) _			(Wk) _				(Ce	ell)	
E-Mail/s			Pref	errec	d Method	d of Cont	act (circl	le): <u>H Wk Ce</u>	ll Email
D.O.B		Birthplace	e			Dr	ivers Lic	ense #	
Social Security	Number	·:					U.S	s. citizen:	es No
Military servic	e: [Yes	No; D	Discharge t	type:	·				
How long at cu	irrent res	idence	In	ı Tul	are Cour	nty	In	California	
Social Organiz	ations: _								
Has he/she bee	n convic	ted of a cri	minal offe	ense					
Date of arrest		Arresting A	Agency		Charge			Disposition	
II 1 /-1 1 1.	O1-11-1 XV-1	f C	(A IZ A - C	ZDG)	1 46	n 🗆 🗸	NI. IC	C'11 1	I
Has he/she had (Date of involven		Agency inv			Allegation			Disposition/Co	
		·						•	
Marital and R Please list all mar domestic partners	riages or re	elationships b	eginning wi	ith the	e current o	ne. The di	ssolution		ages or
Spouse/Partner	Date of Marriag partners	e/Domestic hip	Place of Service	Hov Ter	w rminated	When	Where	Children's names and birthdates	Where do children reside

Adoptin	g Parent I	Name:		Case	Number: _AD						
relations	ships?]Yes □No; If yes, e	pay child support for explain to whom and h	now much paid	d or from whom and						
Is the D		t of Child Support Se	ervices involved?	Ves DNo							
Employ	ment His	story of <u>STEPPARI</u>	ENT/DOMESTIC P.	ARTNER:							
Please list From	employers To	during the last ten years	s beginning with the curre	nt or most recent	employment.						
(mo/yr)	(mo/yr)	Phone Phone	ldress and Position Occupied	Earnings	Reason for Leaving						
HAS CU	USTODY	. If additional space	Please provide the following information for the <u>BIOLOGICAL/LEGAL PARENT WHO</u> <u>HAS CUSTODY</u> . If additional space is needed, please attach a separate sheet of paper or use								
the reverse of the last page and check here NameOther Name/s											
Name _		7 0	_	er Name/s							
			Othe								
Address			Othe								
Address Phone (I	 Hm)	(Othe	((Cell)						
Address Phone (I D.O.B.		Birthplace	Othe	(C	Cell)icense #						
Address Phone (I D.O.B. E-Mail/s		Birthplace	(Wk)Preferred Method o	((Drivers L of Contact (cir	Cell)						
Address Phone (I D.O.B. E-Mail/s Social S	Hm)	Birthplace	(Wk)Preferred Method o	((Drivers L of Contact (cir U	Cell) icense # cle): H Wk Cell Email .S. citizen: \[Yes \[]No						
Address Phone (I D.O.B. E-Mail/s Social S Military	Hm)	Birthplace umber: Yes No; Disc	Other	(C(C	Cell) icense # cle): H Wk Cell Email .S. citizen: \[Yes \[]No						
Address Phone (I D.O.B. E-Mail/s Social S Military How lor	Hm) ecurity N service: [Birthplace umber: Yes No; Discent residence	Other	(C	Cell) icense # cle): H Wk Cell Email .S. citizen: \[Yes \[]No						
Address Phone (I D.O.B. E-Mail/s Social S Military How lor Social C	Hm) ecurity N service: [ag at curre	Birthplace umber: Yes No; Discent residence	Other	(C	Cell) icense # cle): H Wk Cell Email .S. citizen: \[Yes \[No						
Address Phone (I D.O.B. E-Mail/s Social S Military How lor Social C	Hm) ecurity N service: [ag at curred) rganization	Birthplace Sumber: YesNo; Discent residence ons:	Other (Wk) Preferred Method of the charge type: In Tulare County that offense? Yes	((C	Cell) icense # cle): H Wk Cell Email .S. citizen: \[Yes \[No						
Address Phone (I D.O.B. E-Mail/s Social S Military How lor Social C Has he/s	Hm) ecurity N service: [ag at curred) rganization	Birthplace umber: Yes No; Discent residence convicted of a crimin	Other (Wk) Preferred Method of the charge type: In Tulare County that offense? Yes	((C	Cell) icense # cle): H Wk Cell Email cl.S. citizen: Tyes No ch California						
Address Phone (I D.O.B. E-Mail/s Social S Military How lor Social C Has he/s	Hm) ecurity N service: [ag at curred) rganization	Birthplace umber: Yes No; Discent residence convicted of a crimin	Other (Wk) Preferred Method of the charge type: In Tulare County that offense? Yes	((C	Cell) icense # cle): H Wk Cell Email cl.S. citizen: Tyes No ch California						
Address Phone (I D.O.B. E-Mail/s Social S Military How lor Social C Has he/s	Hm) ecurity N service: [ag at curred) rganization	Birthplace umber: Yes No; Discent residence convicted of a crimin	Other (Wk) Preferred Method of the charge type: In Tulare County that offense? Yes	((C	Cell) icense # cle): H Wk Cell Email cl.S. citizen: Tyes No ch California						
Address Phone (I D.O.B. E-Mail/s Social S Military How lor Social C Has he/s Date of an	ecurity N service: [ag at curre brganization be been currest	Birthplace umber: Yes No; Discent residence convicted of a crimin	Other (Wk) Preferred Method of the charge type: In Tulare County nal offense?	((C	Cell) icense # cle): H Wk Cell Email cle.S. citizen: Yes No cle California cle Out below: Disposition						
Address Phone (I D.O.B. E-Mail/s Social S Military How lor Social C Has he/s Date of an	ecurity N service: [ag at curre brganization be been currest	Birthplace umber: Yes No; Discent residence convicted of a crimin	OtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwiseOtherwise	((C	Cell) icense # cle): H Wk Cell Email cle.S. citizen: Yes No cle California cle Out below: Disposition						

Adopting Parent Name: Case Number: _AD										
CUSTO	DY: 1	Relationship Histor Please list all marriages estic partnerships must	s or relations	hips	beginning	with t	he cu	rrent one.	The dissolution	
Spouse/P	artner	Date of Marriage/Domestic partnership	Place of Service	Ho Te	ow erminated	Wh	en	Where	Children's names and birthdates	Where do children reside
		History of BIOLO vers during the last ten								:
From (mo/yr)	To (mo/y	r) Employers Name Phone	e, Address a	nd	Position Occupied	l	Ear	rnings	Reason for L	eaving
relations how mu	ships? ch rece		es, explair	ı to	whom an	d ho	w m	uch paid		
Is the D	epartm 	ent of Child Suppo	ort Services	s inv	volved? [Ye:	s	No 		
RES	IDENC	CE AND FINANC PART	IAL INFO						RENT/DOMI	ESTIC
Singl	e Fami	ily	artment []Mo	obile Hon	ne [] Otł	ner		
Rent	_									
	· Ov	wn Employer Pr	ovided 🗌	Oth	ner					

Adopting Parent N	Case Number: _AD					
Describe your resid	dence: (number of re	ooms, b	edrooms, bat	throoms, _I	pool)	
Rent or Mortgage	payments		Bala	ince Owed		
Household Comp Please list the nam relationship to the	osition es and birthdates of child/ren: (this infor onal space is needed	ALL a	dults/childrentis used to su	n residing bmit an ir	in the hon	ne and their n Child Welfare
Full Legal Name		Date of	Birth	Relatio	nship to C	hild/ren
Einanass						
Finances: Assets						
Bank Name/Asset Na	ime		Type of Acco	unt		
Debts (other than	mortgages):					
To Whom		Amoun	ıt		Payments	
Insurance:		<u> </u>			I	
Type (Life, Health)	Insured party	Insure	d by	Amount		Beneficiary

Adopting Parent Name: Case Number: _AD								
Please fill out the following information for the <u>BIOLOGICAL/LEGAL PARENT W</u>								
DOES NOT HAVE CUSTODY. If you are unable to provide some of the information, i	ndicate							
with "UNKNOWN".								
NameOther Name/s								
Address								
Phone (Hm)(Wk)(Cell)								
E-Mail/sPreferred Method of Contact (circle): H Wk Cell								
D.O.B Birthplace Drivers License #								
Social Security Number: U.S. citizen: \[\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textstyre{\textst								
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/Conc	iusion							
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.	1101							
	Vhere							
Marriage/Domestic Service Terminated names and departmentship ages	lo hildren eside							
Marriage/Domestic Service Terminated names and dages co								
Marriage/Domestic Service Terminated names and dages co	hildren							
Marriage/Domestic partnership Marriage/Domestic Service Terminated names and ages control names and ages names names ages names and ages names	children reside							
Marriage/Domestic Service Terminated names and dages co	children reside							

Ado	opting Parent N	Name:			Case N	Number: _AD
1						
Rio	logical/Legal	Parent Who Doe	s Not Have	Custody (Co	ntinued):	
		she receive child				ean from prior
mai	rriages or relat	ionsnips?i es	no; if yes	s, explain to w	nom and now	much paid or from
who	om and how m	uch received: of Child Support				
Is tl	he Department	of Child Support	Services inv	olved?Yes	s ∐No	
DE	MADIZO					
	MARKS:		_			
Plea	ase use the space	e below to include	any remarks c	or comments yo	u wish the inv	estigator to have.
						
_						
RE	FERENCES:					
DI.	1: -4 -!		. 	l 4l4		-4!4
		es and addresses o				out and return to this
			ey will receive	e a questionnair	e and ask men	n to complete and return
11 10	our office pron	приу.				
	NAME		ADDRESS		рц	ONE NUMBER
1	NAME		ADDRESS		III	ONE NUMBER
1.						
2.						
3.						
4.						
4.						
4.						
 4. 5. 						
5.						

Adopting Parent Name:	Case Number: _AD
I declare that the information I have provided above knowledge.	is true and accurate to the best of my
Signed	Date
IMPORTANT INFO	<u>ORMATION</u>
REMINDER: IF FAMILY COURT SERVICES DOES INFORMATION WITHIN 2 MONTHS FROM THE DAYOU, THE CASE WILL BE PLACED IN THE INACTI ACTIVITY AFTER 30 DAYS, THE CASE WILL BE CISERVICES OFFICE AND THE PETITIONER WILL NICLERK OF THE COURT (ROOM 201) LOCATED IN LOCATED AT THE SOUTH COUNTY JUSTICE CENTO PURSUE THE ADOPTION.	TE THE QUESTIONNAIRE IS MAILED TO VE FILES. IF THERE IS NO FURTHER LOSED WITH THE FAMILY COURT EED TO FILE A NEW PETITION WITH THE VISALIA OR AT THE CLERK'S WINDOW
Please remember that in Termination of Parental Rig Adoption Investigations ALL children ages seven an 7851 unless "the age, physical, emotional, or other confrom providing the investigator with a meaningful reinformation." This will be determined by the investigations will be asked of the child about the birth paradoption as required by the Family Code and parents pursuing adoption.	and older will be interviewed per Family Code condition of the child precluded the child sponse or requests for additional gator at the time of the interview. Specific arent and the stepparent/domestic partner
A signed consent for the adoption by the non-cus	todial biological/legal parent must be filed.
A petition to Terminate Parental Rights must be Stepparent/Domestic Partner Adoption can	
☐ Minor child/ren's birth certificate/s	
☐ Marriage certificate of biological/legal parents if	previously married
Marriage certificate or Domestic Partner Registre parent (must be married or registered for at least oper local policy)	
All final judgments of divorce (or death certificat parent	es) for any prior marriages of the adopting
All final judgments of divorce (or death certificate who has custody	es) for any prior marriages of the parent
Complete the "Acknowledgment" form (which is taken and bring the Acknowledgment with you at Check the Stepparent/Domestic Partner Adoption sure it is thoroughly completed and signed.	the time of the appointment.

ATTO	DRNEY OR PARTY WITHOUT ATTORNEY (Name, Address, and Telephone No.):	FOR COURT USE ONLY
ATTO	DRNEY FOR: ATTO	RNEY BAR #:	
Stree Maili	ERIOR COURT OF CALIFORNIA, COUNTY of Address: County Civic Centering Address: 221 S Mooney Blvd. OR and Zip code: Visalia, CA 93291	South County Justice Center 300 E. Olive Ave.	
IN TI	HE MATTER OF THE ADOPTION PETITION		
on be	ehalf of:	_ (Adopting stepparent/domestic partner)	
		_ _ (Minor/s)	
	PETITION TO DECLARE MINOR(CUSTODY AND CONTROL AND TE	•	CASE NUMBER:
Petiti	oner respectfully represents:		
1.	Petitioner,	, is an adult persor	n, the stepfather/stepmother of the minor
	child/ren		, and
	seeks to adopt the child/ren on te	rmination of rights of	·
2.	Petitioner is the husband/wife of _		, who is the mother/father of the
	minor and who has custody of the	e minor/s.	
3.			is/are unmarried minor child/ren who was/
	were born	and is a/are re	sident/s of,
	Tulare County, California.		
4.		is the	e parent who has custody of the child/ren and
	resides at	, Tulare	County, California.
5.		is the non-cu	ustodial parent of the child/ren who resides at
6.		by their father/mother,	·
			, without provision for support
			(1) year, and without communication from
	him/her with the intent on the part		

IN THE	MATTER OF THE ADOPTION PETITIC	ON OF (Name of adopting Parent)		CASE NUMBER:	
Where	fore, Petitioner prays for judgme	ent as follows:			
1.	For an order declaring that the	e minor child/ren,			_,
	is/are free from the custody ar	nd control of			_,
	and terminating all of his/her r	ights and responsibilities w	vith regard to the chi	ld/ren;	
2.	For such other and further reli	ef as the court may deem	proper.		
		VED 1510 A			
		VERIFICAT	ION		
Rights		and that the same is true	of my own knowledg	d Control and Terminate Parental ge, except as to the matters which a em to be true.	re
I certify	/ (or declare) under penalty of p	erjury under the laws of th	e State of California	that the foregoing is true and corre	ct.
Execut	ed on (DATE)	at		, California	a .
	(DATE)		(PLACE)		
(SIGN	ATURE OF PETITIONER)				
,					

DECLARATION OF CUSTODIAL PARENT

I,		, make t	he followin	g statemei	nt in conne	ection with	the adopt	ion plans for my child.		
1.	The child's name:									
	Date of birth:(day, month, year	Place of birth:			(city cto	to)				
						ie)				
2.	I believe that the non-custodial parent	of the child is:(name, i	including a	ny aliases))					
	(If more than one person may be the child's birth father.)					each pers	on whom y	ou believe to be the		
3/	The non-custodial parent lives at:	(street address, city, state)								
	(If present address unknown, give any									
	S/he works for:	(employer's name and addre	ess)							
	as a	as a(position or type of work)								
	Give the names and address of any p	ast employers, ii known.								
3.	Is s/he in school?		Yes □		No 🗆		Don't Kr	now 🗆		
	If Yes,	(name of school, city, state)								
4.	Is s/he in the armed forces		Yes □		No □		Don't Kr	now 🗆		
	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:			(city, sta	te)				
9.	Is the non-custodial parent married?			Yes □		No □		Don't Know □		
6.	Has a court ordered the non-custodial				Yes □		No □	Don't Know □		
	,,, .									

DECLARATION OF CUSTODIAL PARENT

7.	Has s/he promised you in writing to help support the child? Yes $\ \square$		No □		
	If yes, explain:				
S.	Have you ever refused to take money or items to help with child support expense Yes □ No □ If yes, explain:				
7.	Has the non-custodial parent ever written to, spoken to, or visited with the child? If yes, what did he do, when, and how many times (state in numbers):		Yes 🗆	No 🗆	Don't Know □
7.	Have you ever refused to let him write to, speak to, or visit with the child? If yes, explain:		Yes 🗆	No 🗆	
			-		
0.	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? If yes, when, where, and in what manner?		No 🗆		
2	Did you and the other parent sign a Voluntary Declaration of Paternity? If yes, when and where was the declaration signed?		Yes 🗆	No 🗆	
6.	Has a paternity test been administered to the child and any possible fathers? If yes, who administered the tests and what were their results?		Yes 🗆	No 🗆	
3.	Has the child ever lived with the non-custodial parent rather than with you? If yes, give dates: From:	to:		Yes □	No □
18.	Has any legal action been brought to determine custody or paternity of the child? If yes, who brought the action, where, and when?	,	Yes □	No □ Don't Kr	

DECLARATION OF CUSTODIAL PARENT

20.	Have you discussed adoption of the child with the non-custodial paren	t? Yes		No 🗆
21.	Do you think s/he would agree to an adoption if that is what you wishe	d? 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:			
	stand that this information is given to assist the court in the investigation of under penalty of perjury under the laws of the State of California that the			d Terminate Parental Rights. I
Execute	ed at	on		
	ed at(city , state)		(date)	
	(Signature)	(Printed name	of person wh	o witnessed signature)
	(Address)	(Signature of po	erson who w	itnessed signature of declarant)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Ad	ddress, and Telephone No.):	FOR COURT USE ONLY
ATTORNEY FOR: ATTORNEY BA	AR #:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULA	RE	_
Street Address: County Civic Center Mailing Address: 221 S. Mooney Blvd. OR City and Zip code: Visalia, CA 93291	South County Justice Center 300 E. Olive Ave. Porterville, CA 93257	
IN THE MATTER OF THE ADOPTION PETITION OF:		
(Adopting stepparent/domestic partner)		
CITATION FOR FREEDOM FROI	M PARENTAL	CASE NUMBER:
CUSTODY AND CONT		
The People of the State of California		
To (name)	:	
YOU ARE advised that you are required to appea		e State of California, for the County of
Tulare, at the County Courthouse, Department _	, located at 221 S	. Mooney Blvd., Visalia, CA 93291 or
300 E Olive Ave, Porterville, CA 93257 on _	at	a.m. to show cause, if any
you have, why (name/s)		
should not be declared free from parental custody	y and control (for the purpose	e of adoption) as requested in the petition.
You are advised that if the parent/s are present a requested, may explain the effect of the granting contained therein and the nature of the proceedir matter for not more than 30 days for the appointm	of the petition and, if requesting, its procedures and possib	ed, shall explain any term or allegation le consequences, and may continue the
The court may appoint counsel to represent the appears and is unable to afford counsel, the unless such representation is knowingly and intel	court shall appoint counse	
If you wish to seek the advice of an attorney in th be filed on time.	is matter, you should do so p	promptly so that your pleading, if any, may
	Stephanie C CLERK OF THE SU	
Date: by		, Deputy
The above citation was called in open court at the date and time therein set forth (with)		
(without) response.	Stephanie C	
	CLERK OF THE SU	PERIOR COURT
Ву		, Deputy
·		

FCS-502 Mandatory Form Rev. Jan 2024

IN	THE	MAT.	TER (JE TH		OPT	ION	DET	ITION	OF.
H١		IVIAI	IEK	ノΓΙΓ	IE AL	וו דעע	IUII			UE.

CASE No.

Date		Typed or printed name Signature
	are unde	penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	a. b. c.	Not a registered California process server (CCP 417.40 and exempt (Bus & P Code 2235 Registered: Number: County: California sheriff, marshal or constable (1) Title: (2) County: (3) Municipal or Justice Court District:
5.		address and telephone number of person serving:
3. 4.		service is: \$
3.	At the	ime of service I was at least 18 years of age and not a party to this case.
	e.	Receipt requested, copies to the person cited (CCP 415.40). Attach signed return receipt or other evidence of actual delivery to the person served.) (Other—CCP 413.10, 413.30). Attach separate page if necessary: Additional page is attached.
	d.	cited, together with two copies of the form Notice and Acknowledgement of Receipt and a reture envelope, postage prepaid, addressed to the sender (CCP 415.30). (Attach completed Acknowledgement of Receipt form.) (Return receipt requested mail service). By mailing to address outside California, with return
	C.	of: (name), who was informed of t general nature of the papers, and thereafter mailing by first class mail, postage prepaid, copies 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.) [Mail and acknowledgement service]. By mailing by first-class mail copies to the person
	a. b.	(Personal service). By personally delivering copies (CCP 415.10) (Substituted service on natural person, minor, incompetent or candidate). By leaving copie at the dwelling houseusual place of business of person cited in the presence
2.	Manne	r of service: (check proper type)
	C.	(3) Address: Mailing (1) Date: (2) Time: (3) Address:
	b.	(2) Person and title or relationship to person cited (name, etc.): Delivery at: home business (1) Date: (2) Time:
	with th a.	e citation and petition as follows: by serving (1) Person cited
1.		d the person cited (name):
	PROC	(use separate proof of service for each person served)

ATTOI	RNEY OR PARTY WITHOUT ATTORNEY (Na	FOR COURT USE ONLY	
ATTO	RNEY FOR: ATTORI	NEY BAR #:	
Street Mailing	Address: 221 S Mooney Blvd. OR 3	FTULARE outh County Justice Center 00 E. Olive Ave. orterville, CA 93257	
IN THE	E MATTER OF THE ADOPTION PETITION O	F:	
-	Adopting Parents	/Domestic Partner	
	APPLICATION AND ORDE OR	R FOR PUBLICATION	CASE NUMBER:
	DISPENSING WITH NOTICE ON PETITION TO TERMINA		
	Name of Natural Parent or Unknown Natura	al Parent	
	Application is made for an order dir		n the following newspaper most likely to
	give actual service to the party to b		3 - 444
	(Name of newspaper)		-
	Application is made for an order dis	spensing with notice to alleged natu	ral parent.
	DECLARATION OF DUE DILIGEN	CE IN SUPPORT OF THIS APPLIC	CATION IS ATTACHED
I certify	(or declare under penalty of perjury under the	laws of the State of California that the foreg	oing is true and correct.
Execute	d on at	Place	, California
	Date	Tidoc	
Signatu	re		
ORDE	R OF THE COURT		
It is the	order of this Court that notice to the alleged na	atural parent (named above) or unknown na	tural parent is dispensed with.
Date		Judge of the Su	perior Court

ATTORNEY OR PARTY WITH	OUT ATTORNEY:	STATE BAR NO:		
NAME:				
FIRM NAME:				
STREET ADDRESS: CITY:	STA	TE: ZIP CODE		
TELEPHONE NO:				
E-MAIL ADDRESS:				
ATORNEY FOR (Name):	CALIFORNIA COLINITY OF THE ARE			
_	CALIFORNIA, COUNTY OF TULARE	<u>-</u>		
	ooney Blvd., Visalia, CA 93291			
South County Just	ice Center - 300 E. Olive Ave., Po	orterville, CA 93257		
IN THE MATTER OF T	HE ADOPTION PETITION OF:			
(Adopting Parents/Dom	estic Partner)			
	DUE DILIGENCE IN SUPPORT			
l,			hereby declare:	
1 Lam the			in the above-entitle	ed action
	(i.e., petitioner, respondent	objector)	, in the above-entitle	
			an	
complete such				
•				
3. The following f	acts show that I have lost co	ontact with		and cannot
reasonably loca	ate him/her:			
4	f-11		/ also also the also associate at a second A	
4. Thave used the	tollowing ways to attempt	to locate this person:	(check the boxes that apply)	
	The last known address for	٢		is:
	I have contacted the follow	ving people in the vici	nity of that address within the	======================================
			•	e last tillity (50)
	days in an attempt to deter	mine the other party	's whereabouts:	
				
	I have mailed certified, r	eturn receipt letter	s to the following relative, f	friends, etc.,
	who may know the wher	eabouts of this pers	son: (attach proof of mailing	g)
				

	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 thir (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)
certify (or true and co	declare) under penalty of perjury under the laws of the State of California that the foregoing is rrect.
Executed or	Date at, California.
SIGNATU	JRE OF DECLARANT

CASE No:

IN THE MATTER OF THE ADOPTION PETITION OF:

DECLARATION OF DUE DILIGENCE IN SUPPORT OF A REQUEST FOR AN ORDER OF PUBLICATION OR FOR ORDER DISPENSING WITH NOTICE Page $2\ {\rm of}\ 2$

ATTORN	NEY OR P	ARTY WITHOUT ATTO	RNEY (N	ame, Address, and Te	elephone No.):	FOR COURT USE ONLY
ATTOR	NEY FOR:		ATTOR	NEY BAR #:		
Street A	ddress: Address:	RT OF CALIFORNIA, Co County Civic Center 221 S Mooney Blvd. Visalia, CA 93291	OR	F TULARE South County Justice 300 E. Olive Ave. Porterville, CA 93257		
IN THE	MATTER	OF THE ADOPTION PI	ETITION (DF:		
		(Adopting	stepparen	t/domestic partner)		
ON T CU	HE PET	FINDINGS AND FITION TO DECLA AND CONTROL A	RE MIN	OF THE COURT OR(S) FREE FRO RMINATE PAREN	M PARENTAL	CASE NUMBER:
A petitio	n to terr	minate the parental	rights of	f(na	me of absent pare	, who is
		presumed father				
		mother				
						earing, and a notice of hearing having been ne Court finds as follows:
				is the natur	al parent of the su	bject minor,
	born on			, who is now in	the custody of the	e above-named adopting parent.
	the non	-custodial parent of	such ch	nild has been serv	ed notice of this a	ction.
It is ther	efore th	e ORDER OF THIS	COUR	T that the parenta	l rights of	sumed father/mother)
be termi	nated.				(ргез	
Date					Judge of the	Superior Court

General Information on Adoptions

Before you begin

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: selfhelp.courts.ca.gov/adoptions. You can also get copies of adoption forms at your local court clerk's office.

What type of adoption will you be filing? In California there are several kinds of adoptions. This information sheet provides steps for the following types:

- Stepparent and domestic partnership
- Stepparent and domestic partnership confirmation of parentage
- Independent
- Agency (within the United States) and includes:
 - Agency placement or agency joinder
- Intercountry

For more information and definitions on these types of adoptions, see selfhelp.courts.ca.gov/adoptions.

What department or agency will be handling your home study or investigation?

In most adoptions, a home study or an investigation will be necessary.

- For independent adoptions
 - A regional office of the Department of Social Services (DSS).
 - An adoption agency.
 - For an independent adoption of a newborn, you must also choose an adoption services provider (ASP).
 - The ASP is an individual or an adoption agency personnel licensed and certified by the State of California. The role of this person is to explain to the birth parent their rights in the adoption process (before "placing" the child with you), and will witness the signing of documents and consent.
 - There is a listing of all providers who have been licensed as an ASP on the California Department of Social Services website. You can see the list by agency or the list by individual. The ASP will charge a fee. You must pay the fee as the adoptive parent.
 - For more information on a home study or ASP, see <u>selfhelp.courts.ca.gov/independent-adoption/placed</u>.
- For stepparent adoptions, the court investigator or a privately hired, licensed clinical social worker or other appropriate licensed individual will be handling your home study or investigation. See selfhelp.courts.ca.gov/stepparent-adoption.

If you need more information about what office or agency can conduct your home study, you can visit the California Department of Social Services website. Find out what paperwork they will need from you and when it must be sent to them once you file your Adoption Request.

Documents needed in addition to the Adoption Request

For most adoptions, the adopting parent, their legal representative, or the agency will be required to obtain additional signed forms or certified documents. These documents can include:

- Consent or relinquishment for adoption
- Death certificate (if applies)
- Other court orders
- Waiver of notice or denial of parentage



In certain situations additional court proceedings may be necessary. These may include:

- Petition freeing the child from parental custody and control and an order. (Note: This is a separate court action.)
- Petition to terminate parental rights of an alleged parent and an order. (Note: In some courts, this can be filed within the adoption case but in other courts it is a separate court action.)

Each of the above are specific procedures which must be followed based on the determination of the status of the parent. If this is an agency adoption, the agency will obtain the above information for the court.

This paperwork is needed to complete your adoption home-study or investigation.

The status of a parent is based on the relationship of that parent to the child and other factors. For definitions and more information about status of parent and what additional involvement or paperwork is needed, go to selfhelp.courts.ca.gov/adoptions.

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.

•	ADOPT-203	Stepparent 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.
•	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.

Additional Forms for Stepparent Adoption to Confirm Parentage

			11 8
•	ADOPT-205 (or	Declaration	This tells the court how you conceived your child and whether there
	an equivalent	Confirming Parentage	are any other parents. Only use this if you are seeking a stepparent
	declaration)	in Stepparent	adoption to confirm parentage. See above for more information on
		Adoption	this type of adoption. Both the birth parent and the adopting parent
			must complete a separate declaration.
		-OR-	
	A DODT 206 (D 1	This 4.11, 41, 41, 41, 41, 41, 41, 41, 41, 41,

•	ADOPT-206 (or	Declaration
	an equivalent	Confirming Parentage
	declaration)	in Stepparent
		Adoption: Gestational
		Surrogacy

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.



Take your forms to court

Take the completed forms to the court clerk in the county where you live. The court will charge a \$20 filing fee (set by Health and Safety Code section 103730). 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 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 (form ADOPT-215) and the adoption is complete. You and your attorney will receive copies. If the judge orders an investigation and hearing, go to the next steps.

An investigation is completed

In most stepparent adoptions an investigation or a report must be completed before the final hearing. This will be completed by either someone you identified in the request or who was ordered by the court. To begin the investigation you will be required to send the Adoption Request and supporting documentation to the investigator. A home visit may also be required.

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); and
- Friends/relatives (optional).
- California Department of Social Services form VS-44 may be needed (see selfhelp.courts.ca.gov/stepparentadoption/prepare-lodge-forms.

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 parents do not have to be terminated. See Family Code section 8617(b).

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 the required questions have been asked to determine 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.

^{*}The agency or adoption service provider is responsible for getting these forms completed and making them part of the adoption file for adoptions under the Welfare and Institutions Code; other evidence, including court orders regarding ICWA may be necessary.



Take your forms to court

Take the completed forms to the court clerk in the county where you live. The court will charge a \$20.00 filing fee (set by Health and Safety Code section 103730). Or take the forms to your lawyer or adoption agency, if you are using one.

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 and your attorney a copy. When you get the report, ask the clerk for a date for your adoption hearing.

Go to court on the date of your hearing

- 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); and
- 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.

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.

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.



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.

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 \$20.00 filing fee (set by Health and Safety Code section 103730). Or take the forms to your lawyer or adoption agency, if you are using one.

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.

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); and
- Friends/relatives (optional).

Inquiry and Notice Under the Indian Child Welfare Act (ICWA)

The child and other people in the child's life (parents and extended family members, see definition below) must be
asked specific questions in order to determine whether the child may be an Indian child. The <i>Indian Child Inquiry</i>
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 <u>ICWA-005-INFO</u> .
Extended family member is defined by law or custom of the Indian child's tribe or, if no law or custom, must be a person who is 18 years or older and who is the Indian child's grandparent, aunt or uncle, brother or sister, brother-in-

law or sister-in-law, niece or nephew, first or second cousin, or stepparent. (25 U.S.C. § 1903(2)(2).)
A completed version of <i>Parental Notification of Indian Status</i> (form <u>ICWA-020</u>) for each birth parent should be attached to the <i>Adoption Request</i> , 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 <i>Notice of Child Custody Proceeding for Indian Child</i> (form ICWA-030). This form must be served by registered or certified mail, with return receipt requested.
• Reason to know a child is an Indian child means that (1) a person having an interest in the child, including the child informs the court the child is an Indian child; or (2) the child, the child's parents, or Indian custodian lives on a reservation or in an Alaska Native village; or (3) any person, tribe, or organization informs the court that it has discovered information indicating that the child is an Indian child. The court must proceed per rule 5.481(b)(3) of the California Rules of Court.
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).

Note: An Indian child who has reached the age of 18 and who was placed for adoption, may apply to the court which entered the final order or decree. That court shall inform that child of their tribal affiliation, if any, of the child's biological parents and provide such other information as may be necessary to protect any rights flowing from the child's tribal relationship. [USC 25, Chpt.21, Section 1917]

"Open" Adoption and Use of Contact After Adoption Agreement (Family Code **Section 8616.5)**

If you want your child to have contact with their birth relatives after the adoption, you can use Contact After Adoption Agreement (form ADOPT-310). This form describes the kind of contact the birth relatives will have with your child after the adoption is finalized. If you use this form, fill it out and file this form with the court before the finalization hearing or order of the court. A file-marked copy of this agreement must be provided within 30 days of filing to all adult parties to this agreement and any licensed agency that placed the child or consented to the adoption, and the child, if over the age of 12.

Important: This is a voluntary agreement and is not required for the finalization of the adoption. If you chose to use this form, it will become part of the adoption file and will be enforceable by the court.

The adoptive parent or parents, the child, and the child's birth relatives can agree to continuing contact without using this form, but unless that agreement is in writing and attached to the Contact After Adoption Agreement (form ADOPT-310) it may not be enforced by the court if it is not followed.

Birth relatives are birth parents, siblings, and other birth relatives. For Indian children, this can also include the child's Indian tribe.

ADOPT-203

Stepparent Adoption Request

	stamps d	ate here	when form	n is filed.
		ne and str		
Sup	erior Co	urt of C	alifornia	, County o

Case Number:

Instructions

Use this form for a stepparent adoption or a stepparent adoption to confirm parentage. If you are adopting more than one child, fill out an adoption request for each child.

For more information on stepparent adoption and how to fill out this form, see form <u>ADOPT-050-INFO</u> and <u>selfhelp.courts.ca.gov/stepparent-adoption</u>.

If there are any other persons who are or may be the child's parent, you will be required to obtain additional forms, submit specified paperwork, and possibly participate in additional court proceedings. You will be required to provide all documentation to the court or the investigator during the adoption process.

For more information, see stepparent adoption in California <u>selfhelp.courts.</u> <u>ca.gov/stepparent-adoption</u>.

_1)	Adopting	parent
\sim	N.T	

	City	Stata	7:00		
b.	Street address:				
a.	Name:				

Telephone number:

c. Lawyer (if any) (Name, State Bar number, address, telephone numbers, email):

Check this box if there are more stepparents requesting adoption. They should file a separate *Stepparent Adoption Request* (form ADOPT-203).

(2) Hearing is set for:

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



Date:	Time:	☐ a.m.	☐ p.m.	Dept.:	 Room:
Name and address of co	urt if different fr	om above:			

(3) The adopting parent

- a. Will treat the child as their own;
- b. Will support and care for the child;
- c. Has a suitable home for the child; and
- d. Agrees to adopt the child.

(4) County of filing

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

- a.

 The adopting parent lives in this county;
- b. The child was born in or the child now lives in this county;
- c.

 An office of the department or public adoption agency that is investigating the request is located in this county:
- d. A placing birth parent lived in this county when the consent was signed;

Nam	ne of adopting parent:	Case Number:
4	e. A birth parent who will be retaining custody lived in this county when the county was freed for adoption in this county.	en the request was filed;
5	Type of stepparent adoption (check all that apply):	
	a. The adopting parent is married to or in a registered domestic partner adopting parent is seeking to adopt. (Attach proof of the marriage of The adopting parent married or entered into a registered domestic partner (date):	r domestic partnership.)
	(For court use only. There is no waiting period.)	
	 b.	partnership with the parent who gave ogacy process, and we remain in that parent Adoption parent Adoption: Gestational Surrogacy
	c. The child will have more than two parents. The following persons we	with existing parental rights agree to this
	adoption and will maintain their existing parental rights:	
	(1) Name: Relationship to c	hild:
	Name: Relationship to c	hild:
6	 (2) An agreement waiving termination of parental rights, signed by bo parent or parents, was filed with the court. Note: If a person who may have parental rights has not signed a conser or parents must obtain other signed documents or file for termination of lnformation about the child a. Name before adoption: 	nt or relinquishment, the adopting parent
	b. Gender:	
	c. Date of birth:d. Address (if different from address of adopting parent)	
	Street: City:	State: Zip:
	Street: City: St	ate: Country:
	f. If the child is 12 or older, does the child agree to the adoption? g. The child was conceived by assisted reproduction in compliance with	Yes No
7	(If yes, attach <i>Letters of Guardianship</i> or fill out below.)	No
	a. Date guardianship ordered:b. County:	c. Case number:
8	Inquiry and notice under the Indian Child Welfare Act a. The inquiry required under law to determine whether the child may completed <i>Indian Child Inquiry Attachment</i> (form ICWA-010(A)) is	



Name	e of adopting parent:	Case number:
8	b. A completed version of <i>Parental Notification of Indian Status</i> (form faith attempt has been made to provide the form to the parents, Indian inform them that they are required to complete and submit the form to	n custodian, or guardian of the child and
	c. There is reason to know that this child is an Indian child. Notice of the child's tribe or tribes, parents, Indian custodian, and the Bureau of 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 parent has filled Child (form ADOPT-220) and will bring Parent of Indian Child Agree ADOPT-225) to the hearing.	- · · · · · · · · · · · · · · · · · · ·
	b. This is a tribal customary adoption under Welfare and Institutions Cobeen modified under and in accordance with the attached tribal custombeen ordered placed for adoption.	<u> </u>
\smile	Contact after adoption (check any that apply): Contact After Adoption Agreement (form ADOPT-310)	
	a. is attached	
	b. will be filed before the final adoption hearing. (For more information, see form ADOPT-050-INFO; Family Code section 8	8616.5)
	Investigation or written report (check one): The investigation or written report will be completed as follows:	
	a. I will choose someone to do an investigation or written report and wi this person must be a licensed clinical social worker, a licensed marrillicensed private adoption agency.	- ·
	b. I would like the court to choose someone to do an investigation. I und money for this investigation.	derstand that the court can charge me
	c. This is an adoption to confirm parentage. No investigation is required.	l unless court-ordered for good cause.
Add	itional Information Needed	
subn	ere are any other persons who are or may be the child's parent, you will be rent specified paperwork, and possibly participate in additional court proceediments to the court or the investigator during the adoption process. These documents	ngs. You must provide additional cuments can include:
	 Consent or relinquishment for adoption–properly signed and accepted by Death certificates, prior court orders, or pending court orders. 	y court.

Additional court proceedings can include:

- Filing a petition and order freeing the child from parental custody and control. This is a separate action.
- Filing a petition and order terminating parental rights of an alleged father. This action can be filed within the adoption process.

For more information, see: selfhelp.courts.ca.gov/stepparent-adoption.

Waiver or denial of parentage-properly signed and accepted by court.



Nam	ne of adopting parent:
12)	Requests to court
	a. I ask the court to approve the adoption and to declare that the adopting parent 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.
	b. I ask the court to date its order approving the adoption as of an earlier date (date): for the following reason (Family Code, § 8601.5):
	(Enter a date no earlier than the date parental rights were ended.)
13)	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
14)	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

Case Number:

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

ICWA-010(A)

	CHILD'S NAME:		CASE NUMBER:
1.	Name of child:		
2.	(Check one) I have not yet been able to complete the inquiry about the chil	d'e Indian etatue heca	nico.
	Thave not yet been able to complete the miduly about the chil	u s mulan status beca	ruse.
	I understand that I have an affirmative and continuing duty to advise the court of my efforts.	complete this inquiry.	I will do it as soon as possible and
	☐ 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 chil the child's Indian status. The person(s) questioned are:	d's parents, and other	required and available persons about
	Name:	Name:	
	Address:	Address:	
	City, state, zip:	City, state, zip:	
	Telephone:	Telephone:	
	Date questioned:	Date questioned:	1.
	Relationship to child:	Relationship to child	1:
	Additional persons questioned and their information is att	ached.	
3.	This inquiry (check one): gave me reason to believe the child is or may be an Indian ch gave me no reason to believe the child is or may be an Indian		o 4.)
4.	I contacted the tribe(s) that the child may be affiliated with and member or eligible for membership in the tribe(s). Information 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 member Name of tribe(s): Location of tribe(s):	rship in a tribe.	
	 b. The child's parents, grandparents, or great-grandparents Name of tribe(s): Location of tribe(s): 	are or were members	of a tribe.
	c. The residence or domicile of the child, child's parents, or village or other tribal trust land.	Indian custodian is or	n a reservation, rancheria, Alaska Native
	d. The child or the child's family has received services or be tribes or the federal government, such as the Indian Heal		
	(TANF).e. The child is or has been a ward of a tribal court.Name of tribe(s):		
	Location of tribe(s): f.	on card indicating me	mbership or citizenship in an Indian tribe.
6.	If this is a delinquency proceeding under Welfare and Institutions of the child is in foster care. It is probable the child will be entering foster care.	Code section 601 or 6	02:
ld€	eclare under penalty of perjury under the laws of the State of Califor	nia that the foregoing	is true and correct.
Da		, , ,	
Ju			
	(TYPE OR PRINT NAME))	(SIGNATURE)

			IOWA 02
ATTORNEY OR P	ARTY WITHOUT ATTORNEY:	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:			
FIRM NAME:			
STREET ADDRES	SS:		
CITY:		STATE: ZIP CODE:	
TELEPHONE NO.	:	FAX NO.:	
EMAIL ADDRESS	:		
ATTORNEY FOR			
SUPERIOR C	COURT OF CALIFORNIA, COUNTY C	F	
STREET ADDRE			
MAILING ADDRE			
CITY AND ZIP CO			
BRANCH NA			
CHILD'S NAM	VIE:		
	DADENTAL NOTIFICATI		CASE NUMBER:
	PARENTAL NOTIFICATI	ON OF INDIAN STATUS	
about the c	hild's Indian status by completi	ng this form. If you get new informati the case, and the social worker or pr	st provide all the requested information ion that would change your answers, you robation officer, or the court investigator
1. Name:			
2. Relations	hip to child: 🔲 Parent 🔲	Indian custodian 🔲 Guardian [Other:
	_	_ `	
	I am or may be a member of, or e Name of tribe(s) <i>(name each):</i> _	ligible for membership in, a federally re	
b. 🔲	The child is or may be a member Name of tribe(s) (name each):	of, or eligible for membership in, a fede	erally recognized Indian tribe.
_	Name of tribe(s) (name each):		
e. 🗖			ative village, or other tribal trust land. ska Native village, or other tribal trust land.
	Name of tribe(s) (name each): _	es an Indian identification card indication	
h. 🔲	None of the above apply.		
4. A previou	s form ICWA-020 🔲 has	has not been filed with the o	court.
declare unde	r penalty of perjury under the laws	of the State of California that the foreg	going is true and correct.
Date:			
		>	
	(TYPE OR PRINT NAME)		(SIGNATURE)
Note: This f	orm is not intended to constitu	e a complete inquiry into Indian heri	tage. Further inquiry may be required by

Page 1 of 1

the Indian Child Welfare Act.

A	DOPT-210 Adoption	on Agreemen	t	Clerk stamps date here when form is filed.
<u> </u>	Adopting parent or parent	s		
<u> </u>	a. Name:			
	b. Name:			
	c. Address (skip this if you ha			
	City:			
	Telephone number:d. Lawyer (if any) (name, ada	lugge talanhana mun	hava a mail ada	dress. Fill in court name and street address:
	and State Bar number):	ress, tetephone num		Superior Court of California, County of
	Check this box if there are piece of paper and write "A	ADOPT-210, Other	Adopting Parent	I
	the top and complete a–d.	lurn it in with this fo	orm.	Case Number:
2	Information about the chil	d		
	Child's name before adoption:			
	Child's name after adoption:			
	Date of birth:			
Sign	 Adoptions usually require a Item (5) may be signed before 	_	st signatures on	this form must be completed in front of a judge.
	birth to the child or establisusually no hearing is requir	shed parentage over red and you may sig signature properly	a child born the n this form in fr witnessed. If the	a spouse or registered domestic partner who gave rough gestational surrogacy during the union, ont of a proper witness. See item 9a for e court orders a hearing in this case, you must
	• All other signatures must b	e signed at a hearin	g, in front of a ji	udge, unless waived by the judge for good cause.
3	I am the child listed in 2 and I Welf. & Inst. Code, § 366.24.)	agree to the adoption	on. (Not required	d in the case of a tribal customary adoption under
	Date:			
	Ty_{I}	pe or print your name	Ā	Signature of child (child must sign if 12 or older; optional if child is under 12)
4	If there is one adopting parent I am the adopting parent listed	`	,	
	a. Be adopted and treated	l as my legal child (l	Family Code, § 8	8612(b)) and
	b. Have the same rights a	s a natural child bor	n to me, includi	ng the right to inherit my estate.
	Date:	pe or print your name		Signature of adopting parent



		Case Number:			
Adoj	oting parent or parents:				
5	If the adopting parent is married and not separated, the consen Spouse must sign here:				
	I am married to, or am the registered domestic partner of, the ac party to this adoption. I agree to the adoption of the child by the				
	Date:	•			
	Type or print your name	Signature of spouse or registered domestic partner (may be signed before hearing)			
6	For stepparent adoptions only: If you are the legal parent of the child listed in (2), read and sign	gn below.			
	I am the legal parent of the child and am the spouse or registere in 1. I agree to the adoption of my child by the adopting parent				
	Date:	•			
	Type or print your name	Signature of legal parent			
7	If there is more than one adopting parent, read and sign below. We are the adopting parents listed in ①, and we agree that the				
	a. Be adopted and treated as our legal child (Family 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 or parents' adoption of the child.				
	Date:	•			
	Type or print your name	Signature of adopting parent			
	I agree to the other parent's or parents' adoption of the child.				
	Deter	•			
	Date: Type or print your name	Signature of adopting parent			
	I agree to the other parent's or parents' adoption of the child.				
	Date:	•			
	Date: Type or print your name	Signature of adopting parent			
	Check this box if there are more adopting parents. Use a sep 7" at the top and include name, signature, and date signed.				
8	If this is a tribal customary adoption, read and sign below. I or we are the adopting parents listed in ①, and I or we agree	that the child will:			
	a. Be adopted and treated as my/our legal child (Family Code,	§ 8612(b)) and			
	b. Have the same rights and duties stated in the tribal customar <i>attached</i>).	ry adoption order dated (copy			



Adoj	pting parent or parents:			Case Number:
	D			
8	Date:	Type or print your name		e of adopting parent
	D			
	Date:	Type or print your name		e of adopting parent
		ere are more adopting parents. lude name, signature, and date	Use a separate piece	of paper and write "ADOPT-210, Item
9	parentage under		where the court did r	ther a stepparent adoption to confirm not order a hearing for good cause, or if 613.5.)
	This form w Notary Court c Probation Qualified Authori	as signed in California. as signed in front of the follow public (the notary acknowledg lerk on officer ed court investigator zed representative of a license welfare department staff mem	ment is attached) d adoption agency	(check one):
	This form w ☐ Notary ☐ Other p ☐ Authori	as signed outside of California as signed in front of the follow public (the notary acknowledgerson authorized to perform no zed representative of an adoptions as signed	ving type of witness ment is attached) otarial acts (proof of	,
	(3) Witness inform	ation		
	This form was s	signed in: (county)	(state)	(country)
	Name of witnes	s:		
	Agency witness			
	Date:			
	Witness signatu	ure:		
	b. ☐ This form was si			 judge will date and sign the form below.
	c. This form was si	gned by the adopting parent or	parents either befor	e or while the adopting parent or parents cial officer. (The judge will date and sign
Date	:		Judge or Judio	ial Officer

	OPT-215 Adoption (Order		oron otam,	os date here when form is filed.
A	dopting parent or parents				
	Name:				
	Name:				
c.	Name:				
	Street address:				
	City:				
	Daytime telephone number:			Fill in court	name and street address:
e.	Additional street address:			Superior	Court of California, County of
	City:			l l	
	Daytime telephone number:			l l	
f.	Lawyer (if any) (name, address, and State Bar number):			· I	
					case number when form is filed.
				Case Nu	mber:
	nild's name after adoption:				
Cl a.	First name:				
Cla.	First name:				
Claa.b.	First name: Middle name: Last name:				
Claa. b. c. d.	First name: Middle name: Last name: Date of birth:	A	ge:		
Claa. b. c. d.	First name: Middle name: Last name: Date of birth: Place of birth (if known):	A	ge:		
Cla. a. b. c. d.	First name: Middle name: Last name: Date of birth: Place of birth (if known): City:	A	ge: State:	Country:	
Cla. a. b. c. d.	First name: Middle name: Last name: Date of birth: Place of birth (if known):	A	ge: State:	Country:	
Claa. b. c. d. e.	First name: Middle name: Last name: Date of birth: Place of birth (if known): City:	A	ge: State:	Country:	
Claa. b. c. d. e.	First name: Middle name: Last name: Date of birth: Place of birth (if known): City: ame of adoption agency (if any):	A	ge: State:	Country: _	
Claa. b. c. d. e. Na	First name:	A	ge: State:	Country:	Rm.:
Cla. a. b. c. d. e. Na He a. b.	First name: Middle name: Last name: Date of birth: Place of birth (if known): City: ame of adoption agency (if any): earing details Hearing date:	A	ge: State:	Country:	Rm.:
Cla. a. b. c. d. e. Na He a. b.	First name: Middle name: Last name: Date of birth: Place of birth (if known): City: ame of adoption agency (if any): earing details Hearing date: Judicial officer:	A	ge: State: Clerk's	Country:	Rm.:
Cla. a. b. c. d. e. Na He a. b.	First name:	Dept.:	ge: State: Clerk's	Country: Div.: office telephone no	Rm.:
Cla. a. b. c. d. e. Na He a. b.	First name: Middle name: Last name: Date of birth: Place of birth (if known): City: ame of adoption agency (if any): earing details Hearing date: Judicial officer: People present at the hearing: Adopting parent or parents Child Parent or parents keeping par	Dept.: Lawye Child's	ge: State: Clerk's r for adopting particular states.	Country: Div.: office telephone nu	Rm.:
Cla. a. b. c. d. e. Na He a. b.	First name:	Dept.: Lawye Child's	ge: State: Clerk's r for adopting particular states.	Country: Div.: office telephone nu	Rm.:
Cla. a. b. c. d. e. Na He a. b.	First name: Middle name: Last name: Date of birth: Place of birth (if known): City: ame of adoption agency (if any): earing details Hearing date: Judicial officer: People present at the hearing: Adopting parent or parents Child Parent or parents keeping par	A Dept.: Lawye: Child's rental rights: ch name and re	ge: State: Clerk's r for adopting particular for adopting particul	Country: Div.: office telephone nuparent or parents hild):	Rm.:

Adoj	oting parent or parents:	Case Number:
4	d. The hearing is waived pursuant to Family Code section 9000.5 (Check confirming parentage of a parent who was married to or in a state-registere registered domestic partnership or civil union from another jurisdiction, with born.)	d domestic partnership, including a
	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. \square Is not required to consent because this is a tribal customary adoption.	
6	The judge has reviewed the report and other documents and evidence and fina. Proper notice to all persons with actual or possible parental rights has be nonvoluntary participation is documented in the court file.	
	 b. Each adopting parent: (1) Is at least 10 years older than the child or meets the criteria in Famil (2) Will treat the child as their own; (3) Will support and care for the child; (4) Has a suitable home for the child; and (5) Agrees to adopt the child. 	y Code section 8601(b);
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 sect 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 Child Welfare Act or that there is good cause to give preference to these will fill out 14 below.	_
9	☐ The judge approves the <i>Contact After Adoption Agreement</i> (form <u>ADOP</u>	T-310)
	☐ As submitted ☐ As amended on form ADOPT-310	
(10)	☐ This is a tribal customary adoption. The tribal customary adoption order	of the
	tribe datedcontainingpages and attached hereto is fully	
11)	☐ This is an adoption under the Hague Adoption Convention. <i>Verification Convention Attachment</i> (form ADOPT-216) is attached and fully incorporate the Convention and Fully incorporate the Convent	



aop	oting parent or paren	.ts:	Case Number:
2		for intercountry adoptions.) The child will ental rights agree to this adoption and will	l have more than two parents. The following person maintain their existing parental rights:
		Relationship to Relationship to	
		iving termination of parental rights, signed	d by both the existing parents and the adopting pare
3	The judge believes the adoption will be:	e adoption is in the child's best interest an	nd orders this adoption. The child's name after
	First name:	Middle name:	Last name:
	ž Q	r parents for the court to make this order e	nterest of the child to grant the request of the ffective as of (date): Mudge or Judicial Officer
		Clerk will fill out section	on below.
4	I am not a party to thi Adoption Request Adoption Order (fin a sealed envelope, Chief, Division Bureau of Incompared to the Mail Stop 310 Washington,	n Indian child, the clerk certifies: is adoption. I placed a filed copy of: (form ADOPT-200)	doption Agreement (form ADOPT-310)
4	For the adoption of an I am not a party to thi Adoption Request Adoption Order (fin a sealed envelope, Chief, Division Bureau of Incompared	n Indian child, the clerk certifies: is adoption. I placed a filed copy of: (form ADOPT-200)	doption Agreement (form ADOPT-310)