

Adopting Parent Name: _____

Case Number: _AD_____

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 203 to pick up the LIVESCAN form to take to the Sheriff's Office (see instructions).
7. Completed Stepparent/Domestic Partner Adoption Informational Questionnaire beginning on Page 2.

Any original documents will be returned to you upon your request at the conclusion of our investigation. Copies of the forms needed to complete this adoption in Tulare County and further instructions are in the "Stepparent Adoption Packet" available at the Superior Court Clerk's Office, Room 201, County Courthouse, Visalia, California, or the Clerk's Window at the South County Justice Center located in Porterville or online at <https://www.tulare.courts.ca.gov/forms-filing/local-forms-information-filing-instructions>.

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

Adopting Parent Name: _____

Case Number: _AD_____

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

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

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

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

Child Name _____

D.O.B. _____ Age: _____ Sex _____

Birthplace _____

School _____ Grade: _____

Health Problems _____

Special Needs: _____

Child Name _____

D.O.B. _____ Age: _____ Sex _____

Birthplace _____

School _____ Grade: _____

Health Problems _____

Special Needs: _____

Child Name _____

D.O.B. _____ Age: _____ Sex _____

Birthplace _____

School _____ Grade: _____

Health Problems _____

Special Needs: _____

Child Name _____

D.O.B. _____ Age: _____ Sex _____

Birthplace _____

School _____ Grade: _____

Health Problems _____

Special Needs: _____

Adopting Parent Name: _____

Case Number: _AD_____

Native American Ancestry ☐ Yes ☐ No; If yes, name tribal affiliation: _____

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

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

Name _____ Other Name/s _____

Address _____

Phone (Hm) _____ (Wk) _____ (Cell) _____

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

D.O.B. _____ Birthplace _____ Drivers License # _____

Social Security Number: _____ U.S. citizen: ☐ Yes ☐ No

Military service: ☐ Yes ☐ No; Discharge type: _____

How long at current residence _____ In Tulare County _____ In California _____

Social Organizations: _____

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

Date of arrest	Arresting Agency	Charge	Disposition

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

Date of involvement	Agency involved	Allegations	Disposition/Conclusion

Marital and Relationship History of STEPPARENT/DOMESTIC PARTNER:

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

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

Adopting Parent Name: _____

Case Number: _AD_____

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

Is the Department of Child Support Services involved? ☐ Yes ☐ No

Employment History of STEPPARENT/DOMESTIC PARTNER:

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

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

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

Name _____ Other Name/s _____

Address _____

Phone (Hm) _____ (Wk) _____ (Cell) _____

D.O.B. _____ Birthplace _____ Drivers License # _____

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

Social Security Number: _____ U.S. citizen: ☐ Yes ☐ No

Military service: ☐ Yes ☐ No; Discharge type: _____

How long at current residence _____ In Tulare County _____ In California _____

Social Organizations: _____

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

Date of arrest	Arresting Agency	Charge	Disposition

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

Date of involvement	Agency involved	Allegations	Disposition/Conclusion

Adopting Parent Name: _____

Case Number: _AD_____

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Marital and Relationship History of BIOLOGICAL/LEGAL PARENT WHO HAS CUSTODY:

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

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

Employment History of BIOLOGICAL/LEGAL PARENT WHO HAS CUSTODY:

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

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

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

Is the Department of Child Support Services involved? ☐ Yes ☐ No

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

☐ Single Family ☐ Condo ☐ Apartment ☐ Mobile Home ☐ Other _____

☐ Rent ☐ Own ☐ Employer Provided ☐ Other _____

☐ Residential ☐ Rural ☐ Mobile Home Park ☐ Apt. Complex ☐ Other _____

Adopting Parent Name: _____

Case Number: _AD_____

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

Rent or Mortgage payments _____ Balance Owed _____

Household Composition

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

Full Legal Name	Date of Birth	Relationship to Child/ren

Finances:

Assets

Bank Name/Asset Name	Type of Account

Debts (other than mortgages):

To Whom	Amount	Payments

Insurance:

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

Adopting Parent Name: _____

Case Number: _AD_____

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

Name _____ Other Name/s _____

Address _____

Phone (Hm) _____ (Wk) _____ (Cell) _____

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

D.O.B. _____ Birthplace _____ Drivers License # _____

Social Security Number: _____ U.S. citizen: ☐ Yes ☐ No

Military service: ☐ Yes ☐ No Discharge type: _____

How long at current residence _____ In Tulare County _____ In California _____

Social Organizations: _____

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

Date of arrest	Arresting Agency	Charge	Disposition

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

Date of involvement	Agency involved	Allegations	Disposition/Conclusion

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

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

Employment History of BIOLOGICAL/LEGAL PARENT WHO DOES NOT HAVE

CUSTODY: Please list employers you know of during the last ten years beginning with the current or most recent.

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

Adopting Parent Name: _____

Case Number: _AD_____

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

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

Is the Department of Child Support Services involved? ☐ Yes ☐ No

REMARKS:

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

REFERENCES:

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

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

Adopting Parent Name: _____

Case Number: _AD_____

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

Signed

Date

IMPORTANT INFORMATION

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

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

CHECK OFF LIST:

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

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

Petitioner respectfully represents:

- Petitioner, ADOPTING PARENT'S NAME, is an adult person, the stepfather/stepmother of the minor child/ren CHILD'S NAME, and seeks to adopt the child/ren on termination of rights of PARENT WHOSE RIGHTS WILL BE TERMINATED.
- Petitioner is the husband/wife of PARENT KEEPING THEIR RIGHTS, who is the mother/father of the minor and who has custody of the minor/s.
- CHILD'S NAME is/are unmarried minor child/ren who was/were born CHILD'S BIRTHDATE and is a/are resident/s of CITY WHERE CHILD LIVES, Tulare County, California.
- PARENT KEEPING THEIR RIGHTS is the parent who has custody of the child/ren and resides at ADDRESS OF PARENT KEEPING THEIR RIGHTS Tulare County, California.
- PARENT WHOSE RIGHTS WILL BE TERMINATED is the non-custodial parent of the child/ren who resides at ADDRESS OF PARENT WHOSE RIGHTS WILL BE TERMINATED.
- The child/ren has/have been left by their father/mother, PARENT WHOSE RIGHTS WILL BE TERMINATED, in the care and custody of PARENT KEEPING THEIR RIGHTS, without provision for support since MONTH AND YEAR, a period of more than one (1) year, and without communication from him/her with the intent on the part of PARENT WHOSE RIGHTS WILL BE TERMINATED to abandon the child/ren.

Wherefore, Petitioner prays for judgment as follows:

1. For an order declaring that the minor child/ren, CHILD'S NAME,
is/are free from the custody and control of PARENT WHOSE RIGHTS WILL BE TERMINATED,
and terminating all of his/her rights and responsibilities with regard to the child/ren;
2. For such other and further relief as the court may deem proper.

VERIFICATION

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

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

Executed on _____ at _____, California.
(DATE) (PLACE)

ADOPTING PARENT'S NAME
(SIGNATURE OF PETITIONER)

DECLARATION OF CUSTODIAL PARENT

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

1. The child's name: _____

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

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

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

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

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

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

as a _____
(position or type of work)

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

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

If Yes, _____
(name of school, city, state)

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

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

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

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

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

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

If yes, which court, when, and in what amounts? _____

DECLARATION OF CUSTODIAL PARENT

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

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

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

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

10. Has s/he offered to take the child into his/her home? Yes ☐ No ☐ Don't Know ☐
11. Has the birth father ever acknowledged that he is the father of the child? Yes ☐ No ☐ Don't Know ☐
If yes, when, where, and in what manner? _____

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

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

13. Has the child ever lived with the non-custodial parent rather than with you? Yes ☐ No ☐
If yes, give dates: From: _____ to: _____
18. Has any legal action been brought to determine custody or paternity of the child? Yes ☐ No ☐ Don't Know ☐
If yes, who brought the action, where, and when? _____

DECLARATION OF CUSTODIAL PARENT

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

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

24. Other information: _____

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

Executed at _____ on _____
(city , state) (date)

PARENT KEEPING THEIR RIGHTS

(Signature)

(Address)

ANY THIRD PARTY WITNESS

(Printed name of person who witnessed signature)

(Signature of person who witnessed signature of declarant)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, and Telephone No.): ADOPTING PARENT'S NAME CURRENT MAILING ADDRESS PHONE NUMBER ATTORNEY FOR: IN PRO PER ATTORNEY BAR #:	FOR COURT USE ONLY CASE NUMBER:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE Street Address: County Civic Center South County Justice Center Mailing Address: 221 S. Mooney Blvd. 300 E. Olive Ave. City and Zip code: Visalia, CA 93291 Porterville, CA 93257	
IN THE MATTER OF THE ADOPTION PETITION OF: <u>ADOPTING PARENT'S NAME</u> (Adopting stepparent/domestic partner)	
CITATION FOR FREEDOM FROM PARENTAL CUSTODY AND CONTROL	

The People of the State of California

To (name) PARENT WHOSE RIGHTS WILL BE TERMINATED:

YOU ARE advised that you are required to appear in the Superior Court of the 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) CHILD'S NAME, minor/s should not be declared free from parental custody and control (for the purpose of adoption) as requested in the petition.

You are advised that if the parent/s are present at the time and place above stated, the judge will read the petition, and if requested, may explain the effect of the granting of the petition and, if requested, shall explain any term or allegation contained therein and the nature of the proceeding, its procedures and possible consequences, and may continue the matter for not more than 30 days for the appointment of counsel or to give counsel time to prepare.

The court may appoint counsel to represent the minor whether or not the minor is able to afford counsel. If any parent appears and is unable to afford counsel, the court shall appoint counsel to represent each parent who appears unless such representation is knowingly and intelligently waived.

If you wish to seek the advice of an attorney in this matter, you should do so promptly so that your pleading, if any, may be filed on time.

Stephanie Cameron
CLERK OF THE SUPERIOR COURT

Date: _____ by _____, Deputy

=====

The above citation was called in open court
at the date and time therein set forth (with)
(without) response.

Stephanie Cameron
CLERK OF THE SUPERIOR COURT

By _____, Deputy

IN THE MATTER OF THE ADOPTION PETITION OF:	CASE No.
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PROOF OF SERVICE OF CITATION (FOR FREEDOM FROM PARENTAL CUSTODY AND CONTROL)
(use separate proof of service for each person served)

1. I served the person cited (name): **PARENT WHOSE RIGHTS WILL BE TERMINATED**

with the citation and petition as follows:

 - a. by serving
 - (1) Person cited
 - (2) Person and title or relationship to person cited (name, etc.): _____
 - b. **Delivery** at: home business
 - (1) Date: _____
 - (2) Time: _____
 - (3) Address: _____
 - c. **Mailing**
 - (1) Date: _____
 - (2) Time: _____
 - (3) Address: _____
2. Manner of service: (check proper type)

 - a. **(Personal service).** By personally delivering copies (CCP 415.10)
 - b. **(Substituted service on natural person, minor, incompetent or candidate).** By leaving copies at the dwelling house usual place of business of person cited in the presence of: (name) _____ , who was informed of the general nature of the papers, and thereafter mailing by first class mail, postage prepaid, copies to the person cited at the place where the copies were left (CCP 415.20(b)). (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
 - c. **(Mail and acknowledgement service).** By mailing by first-class mail copies to the person cited, together with two copies of the form Notice and Acknowledgement of Receipt and a return envelope, postage prepaid, addressed to the sender (CCP 415.30). (Attach completed Acknowledgement of Receipt form.)
 - d. **(Return receipt requested mail service).** By mailing to address outside California, with return Receipt requested, copies to the person cited (CCP 415.40). Attach signed return receipt or other evidence of actual delivery to the person served.)
 - e. **(Other—CCP 413.10, 413.30).** Attach separate page if necessary:
Additional page is attached.
3. At the time of service I was at least 18 years of age and not a party to this case.
4. Fee for service is: \$
5. Name, address and telephone number of person serving:

 - a. Not a registered California process server (CCP 417.40 _____ and exempt (Bus & P Code 22350)
 - b. Registered: Number: County:
 - c. California sheriff, marshal or constable
 - (1) Title:
 - (2) County:
 - (3) Municipal or Justice Court District:

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

DATE OF SIGNING _____ SERVER TO PRINT _____ SERVER TO SIGN _____
 Date _____ Typed or printed name _____ Signature _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, and Telephone No.): ADOPTING PARENT'S NAME CURRENT MAILING ADDRESS PHONE NUMBER	FOR COURT USE ONLY
ATTORNEY FOR: IN PRO PER ATTORNEY BAR #:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE Street Address: County Civic Center South County Justice Center Mailing Address: 221 S Mooney Blvd. OR 300 E. Olive Ave. City and Zip code: Visalia, CA 93291 Porterville, CA 93257	
IN THE MATTER OF THE ADOPTION PETITION OF: <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> ADOPTING PARENT'S NAME </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <div style="text-align: right;"> Adopting Parents/Domestic Partner </div>	
APPLICATION AND ORDER FOR PUBLICATION OR DISPENSING WITH NOTICE TO ALLEGED PARENT ON PETITION TO TERMINATE PARENTAL RIGHTS	CASE NUMBER:

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

- I, ADOPTING PARENT'S NAME, hereby declare:
- I am the PETITIONER, in the above-entitled action.
(i.e., petitioner, respondent, objector)
 - I have attempted personal service on PARENT WHOSE RIGHTS WILL BE TERMINATED and I am unable to complete such service.
 - The following facts show that I have lost contact with PARENT WHOSE RIGHTS WILL BE TERMINATED and cannot reasonably locate him/her:

 - I have used the following ways to attempt to locate this person: (check the boxes that apply)
 - ☐ The last known address for _____ is:

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

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

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

- ☐ The last known business address for this person is: _____

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

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

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

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

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

Executed on _____ at _____, California.
Date Place

ADOPTING PARENT'S NAME

SIGNATURE OF DECLARANT

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

Page 2 of 2

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

A petition to terminate the parental rights of PARENT WHOSE RIGHTS WILL BE TERMINATED, who is
 (name of absent parent)

- ☐ presumed father
- ☐ mother

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

- ☐ _____ is the natural parent of the subject minor _____,
 born on _____, who is now in the custody of the above-named adopting parent.
- ☐ the non-custodial parent of such child has been served notice of this action.

It is therefore the ORDER OF THIS COURT that the parental rights of PARENT WHOSE RIGHTS WILL BE TERMINATED
 (presumed father/mother)
 be terminated.

 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 selfhelp.courts.ca.gov/independent-adoption/placed.
- 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



ADOPT-050-INFO

How to Adopt a Child in California

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**.

1 Fill out court forms

- | | | |
|---------------|---|--|
| • ADOPT-203 | <i>Stepparent Adoption Request</i> | This tells the judge about you and the child you are adopting. |
| • 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. |
| • ADOPT-215 | <i>Adoption Order</i> | The judge signs this form if your adoption is approved. |
| • 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. |
| • 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

- | | | |
|--|--|--|
| • 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-

- | | | |
|--|---|--|
| • 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. |
|--|---|--|



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 \$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.

3 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.

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*); and
- Friends/relatives (*optional*).
- California Department of Social Services form VS-44 may be needed (see selfhelp.courts.ca.gov/stepparent-adoption/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).

1 Fill out court forms

- | | | |
|----------------|---|--|
| • ADOPT-200 | <i>Adoption Request</i> | This tells the judge about you and the child you are adopting. |
| • 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. |
| • ADOPT-215 | <i>Adoption Order</i> | The judge signs this form if your adoption is approved. |
| • ADOPT-230 | <i>Adoption Expenses</i> | This lets the judge know what payments were made that relate to the child you are adopting. |
| • 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. |
| • 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 for adoptions under the Welfare and Institutions Code; other evidence, including court orders regarding ICWA may be necessary.



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 \$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.

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 and your attorney 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*); 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.

1 Fill out court forms

- | | | |
|---------------|---|--|
| • ADOPT-200 | <i>Adoption Request</i> | This tells the judge about you and the child you are adopting. |
| • 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. |
| • ADOPT-215 | <i>Adoption Order</i> | The judge signs this form if your adoption is approved. |
| • ADOPT-230 | <i>Adoption Expenses</i> | This lets the judge know what payments were made that relate to the child you are adopting. |
| • 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. |
| • 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. |

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 \$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.

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*); 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 *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](#).
- ☐ 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 *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.



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How to Adopt a Child in California

- ☐ 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.
 - 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.

Clerk stamps date here when form is filed.

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 [ADOPT-050-INFO](#) and selfhelp.courts.ca.gov/stepparent-adoption.

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 selfhelp.courts.ca.gov/stepparent-adoption.

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:**1 Adopting parent**

- a. Name: _____
- b. Street address: _____
City: _____ State: _____ Zip: _____
Telephone number: _____
- c. Lawyer (if any) (Name, State Bar number, address, telephone numbers, email): _____
IN PRO PER
- ☐ 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 court if different from 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;



Name of adopting parent: _____

Case Number: _____

- 4 e. ☐ A birth parent who will be retaining custody lived in this county when the request was filed;
f. ☐ The child was freed for adoption in this county.

5 **Type of stepparent adoption (check all that apply):**

- a. ☒ The adopting parent is married to or in a registered domestic partnership with the legal parent of a child the adopting parent is seeking to adopt. (*Attach proof of the marriage or domestic partnership.*)
The adopting parent married or entered into a registered domestic partnership with the legal parent on (date): _____
(For court use only. There is no waiting period.)
- b. ☐ The adopting parent is seeking a stepparent adoption to confirm parentage. At the time the child was born, the adopting parent 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:
- (1) ☐ Form ADOPT-205, *Declaration Confirming Parentage in Stepparent Adoption*
 - (2) ☐ Form ADOPT-206, *Declaration Confirming Parentage in Stepparent Adoption: Gestational Surrogacy*
 - (3) ☐ Declaration describing the circumstances of the child's conception.
- c. ☐ The child will have more than two parents. The following persons with existing parental rights agree to this adoption and will maintain their existing parental rights:
- (1) Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____
 - (2) An agreement waiving termination of parental rights, signed by both the existing parents and the adopting parent or parents, was filed with the court.

Note: If a person who may have parental rights has not signed a consent or relinquishment, the adopting parent or parents must obtain other signed documents or file for termination of parental rights or other action.

6 **Information about the child**

- a. Name before adoption: _____
- b. Gender: ☐ Female ☐ Male ☐ Nonbinary
- c. Date of birth: _____
- d. Address (*if different from address of adopting parent*)
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. ☐ The child was conceived by assisted reproduction in compliance with Family Code section 7613.

7 **Legal guardian**

Does the child have a court-ordered guardian appointed? ☐ Yes ☐ No
(If yes, attach *Letters of Guardianship* or fill out below.)

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 be an Indian child has been made, and a completed *Indian Child Inquiry Attachment* (form ICWA-010(A)) is attached.



Name of adopting parent: _____

Case Number: _____

- 8 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.
- 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 parent has 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.

10 **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 8616.5)

11 **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 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.
- b. ☒ I would like the court to choose someone to do an investigation. I understand that the court can charge me money for this investigation.
- c. ☐ This is an adoption to confirm parentage. No investigation is required unless court-ordered for good cause.

Additional Information Needed

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 must provide additional documents to the court or the investigator during the adoption process. These documents can include:

- Consent or relinquishment for adoption—properly signed and accepted by court.
- Death certificates, prior court orders, or pending court orders.
- Waiver or denial of parentage—properly signed and accepted by 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.



Name of adopting parent: _____

Case Number: _____


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: DATE OF SIGNING ADOPTING PARENT'S NAME  ADOPTING PARENT'S SIGNATURE
Type or print your name *Signature of adopting parent*

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

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

1. Name of child: **CHILD'S NAME**

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 **NAME OF PERSON YOU SPOKE WITH** 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: **DATE OF SIGNING**

ADOPTING PARENT'S NAME

(TYPE OR PRINT NAME)

ADOPTING PARENT'S SIGNATURE

(SIGNATURE)

INDIAN CHILD INQUIRY ATTACHMENT

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

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

1. Name: **PARENT KEEPING THEIR RIGHTS**
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: **DATE OF SIGNING**

PRINT NAME OF PARENT KEEPING THEIR RIGHTS

(TYPE OR PRINT NAME)

SIGNATURE OF PARENT KEEPING THEIR RIGHTS

(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.

Clerk stamps date here when form is filed.

1 Adopting parent or parents

- a. Name: _____
- b. Name: _____
- c. Address (skip this if you have a lawyer): _____
- City: _____ State: _____ Zip: _____
- Telephone number: _____
- d. Lawyer (if any) (name, address, telephone numbers, e-mail address, and State Bar number): _____
- IN PRO PER
- _____
- _____
- ☐ Check this box if there are more adopting parents. Use a separate piece of paper and write "ADOPT-210, Other Adopting Parents" at the top and complete a-d. Turn it in with this form.

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 **5** 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 9a 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 one adopting parent (including stepparent), read and sign:

I am the adopting parent listed in (1), and I agree that the child will:

- Be adopted and treated as my legal child (Family Code, § 8612(b)) and
- 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



Adopting parent or parents: _____

Case Number: _____

- 5 If the adopting parent is married and not separated, the consent of their spouse is required (Family Code, § 8603). Spouse must sign here:

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)

- 6 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

- 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 child will:

- 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.

Date: _____
Type or print your name

Signature of adopting parent

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

Date: _____
Type or print your name

Signature of adopting parent

☐ Check this box if there are more adopting parents. Use a separate piece of paper and write "ADOPT-210, Item 7" at the top and include name, signature, and date signed. Turn it in with this form.

- 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 customary adoption order dated _____ (copy attached).



Adopting parent or parents: _____

Case Number: _____

8

Date: _____
Type or print your name



Signature of adopting parent

Date: _____
Type or print your name



Signature of adopting parent

- ☐ Check this box if there are more adopting parents. Use a separate piece of paper and write "ADOPT-210, Item 8" at the top and include name, signature, and date signed. Turn it in with this form.

9

Executed (check one):

- a. ☐ This form was signed outside of a hearing. *(Select this option for either a stepparent adoption to confirm parentage under Family Code section 9000.5, where the court did not order a hearing for good cause, or if the court waived appearance under Family Code, section 8613 or 8613.5.)*

- (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.)*
c. ☐ This form was signed by the adopting parent or parents either before or while the adopting parent or parents were attending a remote hearing and was acknowledged by the 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.

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

1 Adopting parent or parents

- a. Name: _____
- b. Name: _____
- c. Name: _____
- d. Street address: _____
City: _____ State: _____ Zip: _____
Daytime telephone number: _____
- e. Additional street address: _____
City: _____ State: _____ Zip: _____
Daytime telephone number: _____
- f. Lawyer (if any) (name, address, telephone number, e-mail address, and State Bar number): _____
IN PRO PER _____

2 Information about the child

- Child's name after adoption:
- a. First name: _____
- b. Middle name: _____
- c. Last name: _____
- d. Date of birth: _____ Age: _____
- e. Place of birth (if known): _____
City: _____ State: _____ Country: _____

3 Name of adoption agency (if any): _____

4 Hearing details

- a. Hearing date: _____ Dept.: _____ Div.: _____ Rm.: _____
- b. Judicial officer: _____ Clerk's office telephone number: _____
- c. People present at the hearing:
- ☒ Adopting parent or parents ☐ Lawyer for adopting parent or parents
- ☒ Child ☐ Child's lawyer
- ☒ Parent or parents keeping parental rights: **NAME OF PARENT KEEPING THEIR RIGHTS** _____
- ☐ Other people present (list each name and relationship to child):
- (1) _____
- (2) _____
- ☐ 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.



Adopting parent or parents: _____

Case Number: _____

- 4 ☐ 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.
- 6 The judge has reviewed the report and other documents and evidence and finds that:
- a. Proper notice to all persons with actual or possible parental rights has been provided and their voluntary or 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 Family Code section 8601(b);
 - (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.

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 parent or parents. The clerk will fill out 14 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.



Adopting parent or parents: _____

Case Number: _____

- 12 ☐ (Do not complete for intercountry adoptions.) The child will have more than two parents. The following persons with existing parental rights agree to this adoption and will maintain their existing parental rights:
- a. Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____
- b. An agreement waiving termination of parental rights, signed by both the existing parents and the adopting parent or parents, 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