

Cost: \$5.00

# ADOPTION PACKET

Updated: October 5, 2020

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

## General Information on Adoptions

**Seek legal advice about your family's options before beginning any adoption.** Every family is different and adoption may not be necessary for some families. Visit the California Court's Online Self-Help Center 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 cannot afford a lawyer: [www.courts.ca.gov/selfhelp-adoption.htm](http://www.courts.ca.gov/selfhelp-adoption.htm). You can also get copies of adoption forms at your local court clerk's office.

In California there are several kinds of adoption. This form includes instructions for:

- Stepparent/domestic partner adoptions (*page 1*)
- Independent, agency, and international adoptions (*page 2*)
- Adoption of an Indian (*Native American*) child (*page 2*)
- Open adoptions (*page 2*)

## Stepparent/Domestic Partner Adoptions

Answer these questions to get started.

- Was the adopting parent in a union with the birth parent at the time the child was born? Check one ☐ Yes ☐ No  
A "union" means a:
  - Marriage;
  - California registered domestic partnership; or
  - Registered domestic partnership or civil union from out of state that is legally equivalent to a marriage.
- Is the adopting parent still in a union with the birth parent? Check one ☐ Yes ☐ No  
(See the above explanation of a "union")

If you answered "No" to **either** question, complete items 1 through 4 below for a *Stepparent/Domestic Partner Adoption*.

If you answered "YES" to **both** questions, complete items 1 and 2, only, for a *Stepparent Adoption to Confirm Parentage*.

### 1 Fill out court forms.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> ADOPT-200                                | <i>Adoption Request</i>  | This tells the judge about you and the child you are adopting.   |
| <input type="checkbox"/> ADOPT-210                                | <i>Adoption Agreement</i>                                      | This tells the judge that you and the child, if over 12, agree to the adoption. Fill it out, but do not sign it until the judge asks you to sign it.   |
| <input type="checkbox"/> ADOPT-215                                | <i>Adoption Order</i>  | The judge signs this form if your adoption is approved.  |
| <input type="checkbox"/> ICWA-010(A)                              | <i>Indian Child Inquiry Attachment</i>                         | This lets the judge know that you have asked whether the child may have Indian ancestry.   |
| <input type="checkbox"/> ICWA-020                                 | <i>Parental Notification of Indian Status</i>                  | This proves that the child's parents have been asked about Indian ancestry.  |
| <input type="checkbox"/> ADOPT-205 (or an equivalent declaration) | <i>Declaration Confirming Parentage in Stepparent Adoption</i> | This tells the court how you conceived your child and whether there are any other parents. Only use this if you are seeking a stepparent adoption to confirm parentage. See above for more information on this type of adoption. Both the birth parent and the adopting parent must complete a separate declaration. |

### 2 Take your forms to court.

Take the completed forms to the court clerk in the county where you live. The court will charge a filing fee. Or take the forms to your lawyer or adoption agency, if you are using one.

### 3 The social worker writes a report.

In most adoptions, a social worker writes a report. This report gives important information to the judge about the adopting parents and the child. The social worker will ask you questions. You may have to fill out forms. You may be required to pay a fee for this report. The social worker will file the report with the court and send you a copy. When you get the report, ask the clerk for a date for your adoption hearing.



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## 4 Go to court on the date of your hearing.

Bring:

- ☐ The child you are adopting      ☐ Form ADOPT-210      ☐ Form ADOPT-215  
☐ A camera, if you want a photo of you and your child with the judge (*optional*)      ☐ Friends/relatives (*optional*)

## Independent, Agency, or International Adoptions

If this is an independent, agency, or international adoption, fill out and file the forms listed in items 1 through 4 below.

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

## 1 Fill out court forms.

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> ADOPT-200   | <i>Adoption Request</i>                       | This tells the judge about you and the child you are adopting.   |
| <input type="checkbox"/> ADOPT-210   | <i>Adoption Agreement</i>                     | This tells the judge that you and the child, if over 12, agree to the adoption. Fill it out, but do not sign it until the judge asks you to sign it. |
| <input type="checkbox"/> ADOPT-215   | <i>Adoption Order</i>                         | The judge signs this form if your adoption is approved.  |
| <input type="checkbox"/> ADOPT-230   | <i>Adoption Expenses</i>                      | This lets the judge know what payments were made that relate to the child you are adopting.  |
| <input type="checkbox"/> ICWA-010(A) | <i>Indian Child Inquiry Attachment</i>        | This lets the judge know that you have asked whether the child may have Indian ancestry.   |
| <input type="checkbox"/> ICWA-020    | <i>Parental Notification of Indian Status</i> | This proves that the child's parents have been asked about Indian ancestry.  |

## 2 Take your forms to court.

Take the completed forms to the court clerk in the county where you live. The court will charge a filing fee. Or take the forms to your lawyer or adoption agency, if you are using one.

## 3 The social worker writes a report.

In most adoptions, a social worker writes a report. This report gives important information to the judge about the adopting parents and the child. The social worker will ask you questions. You may have to fill out forms. You may be required to pay a fee for this report. The social worker will file the report with the court and send you a copy. When you get the report, ask the clerk for a date for your adoption hearing.

## 4 Go to court on the date of your hearing.

- Bring: ☐ The child you are adopting      ☐ Form ADOPT-210      ☐ Form ADOPT-215      ☐ Form ADOPT-230  
☐ A camera, if you want a photo of you and your child with the judge (*optional*)      ☐ Friends/relatives (*optional*)

## “Open” Adoption

If you want your child to have contact with his or her birth family, request an “open” adoption. Form [ADOPT-310](#) describes the type of contact the birth family will have with your child. In addition to the forms listed in 1 on pages 1 and 2, fill out and bring to court Form ADOPT-310.

## Adopting an Indian Child

In addition to the forms listed in ① on pages 1 and 2, fill out and bring to court:

- ☐ Form ADOPT-220 *Adoption of Indian Child*  
☐ Form ADOPT-225 *Parent of Indian Child Agrees to End Parental Rights*

If you are adopting through a tribal customary adoption:

- ☐ Attach a copy of the tribal customary adoption order to *Adoption Request*, ADOPT-200  
☐ Attach a copy of the tribal customary adoption order to the *Adoption Order*, ADOPT-215

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

Clerk stamps date here when form is filed.

1 Your name(s) (adopting parent(s)):

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Street address: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of TRINITY**

11 Court Street

PO Box 1258

Weaverville, CA 96093

Court fills in case number when form is filed.

**Case Number:**

2 I/We filed this *Adoption Request* in this court because it is in the county (check all that apply):

☐ Where the adopting parent(s) live;

☐ Where the child was born or where the child now lives;

☐ Where an office of the agency that placed the child for adoption is located;

☐ Where an office of the department or public adoption agency that is investigating the petition is located;

☐ Where a placing birth parent or parents lived when the adoptive placement agreement, consent, or relinquishment was signed;

☐ Where a placing birth parent or parents live(s) when the petition was filed;

☐ Where the child was freed for adoption.

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

3 Type of adoption (check one):

☐ Agency (name): \_\_\_\_\_

☐ Relative ☐ Nonrelative

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

☐ Tribal customary adoption  
(attach tribal customary adoption order)

☐ Independent

☐ Relative ☐ Nonrelative ☐ Additional Parent(s)

☐ Intercountry (name of agency): \_\_\_\_\_

☐ This adoption may be subject to the Hague Adoption Convention ([form ADOPT-216](#) must be filed with this request).

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

Hearing is set for:

**Hearing Date**

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

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

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

Name and address of court if different from above:

\_\_\_\_\_

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



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

- 3 ☐ Stepparent  
☐ Stepparent adoption to confirm parentage. (Select this option if you were married to or in a state-registered domestic partnership with the birth parent at the time the child was born **and** you remain in that union.)

## 4 Information about the child

- a. The child's new name will be: \_\_\_\_\_ e. Place of birth (if known):  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_  
b. ☐ Boy ☐ Girl  
c. Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ f. If the child is 12 or older, does the child agree to  
the adoption? ☐ Yes ☐ No  
d. Child's address (if different from yours):  
Street: \_\_\_\_\_ g. Date child was placed in your physical care: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- 5 Child's name before adoption (Fill out ONLY if this is an independent, stepparent, or tribal customary adoption):  
\_\_\_\_\_

- 6 Does the child have a legal guardian? ☐ Yes ☐ No  
(If yes, attach a copy of the Letters of Guardianship and fill out below):

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

- 7 Is the child a dependent of the court? ☐ Yes ☐ No  
(If yes, fill out below):

Juvenile case number: \_\_\_\_\_  
County: \_\_\_\_\_

- 8 Child may have Indian ancestry: ☐ Yes ☐ No

- a. Whether you answered "Yes" or "No," you must fill out and attach *Indian Child Inquiry Attachment* (form [ICWA-010\(A\)](#)) and *Parental Notification of Indian Status* (form [ICWA-020](#)) or other proof that ICWA inquiry has been completed in accordance with rule 5.481(a).  
b. If you answered "Yes," you must also fill out and attach *Adoption of Indian Child* (form ADOPT-220) if, after notice, it is determined that ICWA does apply to the child.

- 9 Names of birth parents, if known:

a. Mother: \_\_\_\_\_ b. Father: \_\_\_\_\_

## 10 If this is an agency adoption:

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



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

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

- 10** c. 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. ☐ Yes ☐ No
- d. This is an adoption conducted under the requirements of the Hague Adoption Convention and the child will be moving or has already moved with the adopting parent(s) to another Hague Convention member country at the conclusion of this adoption. ☐ Yes ☐ No If yes, child will be moving or has moved to *(name of country)*: \_\_\_\_\_ and adopting parent(s) ☐ seek(s) a California adoption  
☐ will be petitioning for a Hague Adoption Certificate ☐ will be seeking a Hague Custody Declaration.

**11 If this is an independent adoption:**

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

**12 If this is a stepparent adoption:**

- a. The birth parent *(name)*: \_\_\_\_\_ ☐ has signed a consent ☐ will sign a consent.
- b. The birth parent *(name)*: \_\_\_\_\_ ☐ has signed a consent ☐ will sign a consent.
- c. The adopting parents were married on **or** The domestic partnership was registered on  
*(date)*: \_\_\_\_\_. *(For court use only. This does not affect social worker's recommendation. There is no waiting period.)*
- d. ☐ I am seeking a stepparent adoption to confirm my parentage. At the time the child was born, I was married to or in a state-registered domestic partnership with the parent who gave birth and we remain in that union.  
See attached ☐ form ADOPT-205 or ☐ declaration describing the circumstances of the child's conception.
- e. Completing the investigation or written report *(Choose one)*  
☐ I will choose someone to do an investigation or written report. I understand that the person I choose must be a licensed clinical social worker, a licensed marriage and family therapist, or work for a licensed private adoption agency. I will pay this person or agency directly.  
☐ I would like the court to choose someone to do an investigation. I understand that the court can charge me money for this investigation.

- 13** ☐ The child was conceived by assisted reproduction in compliance with Family Code section 7613.

**14 Contact after adoption**

- Contact After Adoption Agreement (form ADOPT-310)* ☐ is attached ☐ will not be used  
☐ will be filed at least 30 days before the adoption hearing ☐ is undecided at this time.  
☐ This is a tribal customary adoption. Postadoption contact is governed by the attached tribal customary adoption order.

**15 Consent for adoption is not necessary because (complete all sections that apply to your adoption):**

- a. ☐ The consent of the ☐ birth parent ☐ presumed father is not necessary because  
*(check the applicable reasons under Fam. Code, § 8606):*  
(1) ☐ The parent has been judicially deprived of the custody and control of the child.



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

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

- 15** a. (2) ☐ The parent has voluntarily surrendered the right to custody and control of the child in a judicial proceeding in another jurisdiction, under a law of that jurisdiction providing for the surrender.
- (3) ☐ The parent has deserted the child without providing information to identify the child.
- (4) ☐ The parent has relinquished the child under Family Code section 8700.
- (5) ☐ The parent has relinquished the child for adoption to a licensed or authorized child-placing agency in another jurisdiction.
- b. ☐ A court ended the parental rights of:
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_
- (Enter the date of the court order ending parental rights and attach a copy of the order.)
- c. ☐ The child is the subject of a tribal customary adoption order under Welfare and Institutions Code section 366.24, which has modified the parental rights of:
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_
- (Attach a copy of the order.)
- d. ☐ I/We will ask the court to end the parental rights of (attach copy of Petition to Terminate Parental Rights or Application for Freedom From Parental Custody, if filed):
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- e. ☐ Adopting parent has custody of the child by court order or by agreement with the other parent, and each of the following persons with parental rights has not contacted the child and has not paid for the child's care, support, and education for one year or more when able to do so. (Fam. Code, § 8604(b).)
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- f. ☐ The child has been abandoned as follows:
- (1) ☐ The child has been left by the child's parent or parents with no way to identify the child.
- (2) ☐ The child has been left in the custody of another person by both parents or the sole parent for six months without providing for the child's support, or without communication from the parent or parents, with the intent to abandon the child.
- (3) ☐ One parent has left the child in the care and custody of the other parent for one year or longer without providing for the child's support or without communication from the parent, with the intent to abandon the child.
- (If any of the above boxes are checked, adopting parent must also check item 15(d) and file an Application for Freedom From Parental Custody. See Fam. Code, § 7822(a).)
- g. ☐ The consent of the presumed father is not required because he did not become a presumed father before the mother's relinquishment or consent became irrevocable or the mother's parental rights were terminated. (Fam. Code, § 8604(a).)



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

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

- 15 h. ☐ Each of the following persons with parental rights has died:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

16 **Suitability for adoption**

Each adopting parent:

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

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

- ☐ I/We ask the court to date its order approving the adoption as of an earlier date (*date*): \_\_\_\_\_  
for the following reason (Fam. Code, § 8601.5): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

- 18 If a lawyer is representing you in this case, he or she must sign here:

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

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

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

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

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



ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NUMBER: _____ NAME: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____ ATTORNEY FOR (name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY</b> STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME: _____	
CHILD'S NAME: _____	
<b>PARENTAL NOTIFICATION OF INDIAN STATUS</b>	
CASE NUMBER: _____	

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

1. Name: \_\_\_\_\_
2. Relationship to child: ☐ Parent ☐ Indian custodian ☐ Guardian ☐ Other: \_\_\_\_\_

#### Indian Status

3. a. ☐ I am or may be a member of, or eligible for membership in, a federally recognized Indian tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Location of tribe(s): \_\_\_\_\_
- b. ☐ The child is or may be a member of, or eligible for membership in, a federally recognized Indian tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Location of tribe(s): \_\_\_\_\_
- c. ☐ One or more of my parents, grandparents, or other lineal ancestors is or was a member of a federally recognized tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Location of tribe(s): \_\_\_\_\_  
 Name and relationship of ancestor(s): \_\_\_\_\_
- d. ☐ I am a resident of or am domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.
- e. ☐ The child is a resident of or is domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.
- f. ☐ The child is or has been a ward of a tribal court.
- g. ☐ Either parent or the child possesses an Indian identification card indicating membership or citizenship in an Indian tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Membership or citizenship number (if any): \_\_\_\_\_
- h. ☐ None of the above apply.
4. A previous form ICWA-020 ☐ has ☐ has not been filed with the court.

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

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

(TYPE OR PRINT NAME)

(SIGNATURE)

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

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

2. (Check one)

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

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

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

Name:

Name:

Address:

Address:

City, state, zip:

City, state, zip:

Telephone:

Telephone:

Date questioned:

Date questioned:

Relationship to child:

Relationship to child:

☐ Additional persons questioned and their information is attached.

3. This inquiry (*check one*):

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

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

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

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

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

Name of tribe(s):

Location of tribe(s):

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

Name of tribe(s):

Location of tribe(s):

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

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

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

Name of tribe(s):

Location of tribe(s):

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

Name of tribe(s):

Location of tribe(s):

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

☐ The child is in foster care.

☐ It is probable the child will be entering foster care.

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

Clerk stamps date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of TRINITY**  
 11 Court Street  
 PO Box 1258  
 Weaverville, CA 96093

Court fills in case number when form is filed.

**Case Number:****1** Your name(s) (*adopting parent(s)*):

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address (*skip this if you have a lawyer*): \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Lawyer (*if any*): (*Name, address, telephone numbers, e-mail address, and State Bar number*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

**Signing this forms:**

- *Adoptions usually require a hearing where most signatures on this form must be completed in front of a judge.*
- *Item 4(b) 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 during the union, usually no hearing is required and you may sign this form in front of a proper witness. See paragraph 8(a) for instructions on having your signature properly witnessed. If the court orders a hearing in this case, you must sign this form at the hearing in front of the judge.*
- *All other signatures must be signed at a hearing, in front of a judge, unless waived by the judge for good cause.*

**3** I am the child listed in **2** and I agree to the adoption. (*Not required in the case of a tribal customary adoption under Welf. & Inst. Code, § 366.24.*)Date: \_\_\_\_\_  
Type or print your name

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

**4** If there is only **one** adopting parent, read and sign below.a. I am the adopting parent listed in **1**, and I agree that the child will:(1) Be adopted and treated as my legal child (*Fam. Code, § 8612(b)*) and

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

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

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



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

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

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

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

\_\_\_\_\_  
Signature of spouse or registered domestic partner  
(may be signed before hearing)

- ⑤ If there are **two** adopting parents, read and sign below. We are the adopting parents listed in ①, and we agree that the child will:

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

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

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

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

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

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

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

- ⑥ If this is a tribal customary adoption, read and sign below. I/we are the adopting parents listed in ①, and I/we agree that the child will:

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

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

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

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

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

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

- ⑦ For stepparent adoptions only:

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

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

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

\_\_\_\_\_  
Signature of legal parent



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

**8 Executed (check one):**

- a. ☐ This form was signed outside of a hearing. *(Select this option only for a stepparent adoption involving a spouse or partner who gave birth to the child during the union, where the court did not order a hearing for good cause.)*

- (1) ☐ This form was signed **in** California

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

- ☐ notary public *(the notary acknowledgment is attached)*  
☐ court clerk  
☐ probation officer  
☐ qualified court investigator  
☐ authorized representative of a licensed adoption agency  
☐ county welfare department staff member

- (2) ☐ This form was signed **outside** of California

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

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

- (3) Witness information

This form was signed in: (county) \_\_\_\_\_ (state) \_\_\_\_\_ (country) \_\_\_\_\_

Name of witness: \_\_\_\_\_

Agency witness works for *(if applicable)*: \_\_\_\_\_

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

Witness signature: \_\_\_\_\_

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

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

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

# ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of TRINITY**  
11 Court Street  
PO Box 1258  
Weaverville, CA 96093

Court fills in case number when form is filed.

**Case Number:**

**1** Your name (adopting parent(s)):

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Street address: \_\_\_\_\_

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

Daytime telephone number: \_\_\_\_\_

Lawyer (if any): (Name, address, telephone number, e-mail address, and State Bar number):  
\_\_\_\_\_  
\_\_\_\_\_

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

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

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

Place of birth (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**3** Name of adoption agency (if any): \_\_\_\_\_

**4** Hearing details

Hearing date: \_\_\_\_\_ Dept.: \_\_\_\_\_ Div.: \_\_\_\_\_ Rm.: \_\_\_\_\_

Judicial Officer: \_\_\_\_\_ Clerk's office telephone number: \_\_\_\_\_

People present at the hearing:

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

☐ Child ☐ Child's lawyer

☐ Parent keeping parental rights: \_\_\_\_\_

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

a. \_\_\_\_\_

b. \_\_\_\_\_

*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.*

☐ The hearing is waived pursuant to Family Code section 9000.5 (Check this box only if this is an adoption confirming parentage of a stepparent who was married or in a state-registered domestic partnership with the parent who gave birth 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.



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

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

- 6 The judge has reviewed the report and other documents and evidence and finds that each adopting parent:
- Is at least 10 years older than the child or meets the criteria in Fam. Code, § 8601(b);
  - Will support and care for the child;
  - Has a suitable home for the child; *and*
  - Will treat the child as his or her own;
  - Agrees to adopt the child.
- 7 ☐ This case is an adoption by a relative petitioned under Family Code section 8714.5.  
☐ The adopting relative ☐ The child, who is 12 or older, has requested that the child's name before adoption be listed on this order. (Fam. Code, § 8714.5(g).)  
The child's name before adoption was:  
First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_
- 8 ☐ The child is an Indian child. The judge finds that this adoption meets the placement requirements of the Indian Child Welfare Act or that there is good cause to give preference to these adopting parents. The clerk will fill out 13 below.
- 9 ☐ The judge approves the *Contact After Adoption Agreement* ([ADOPT-310](#))  
☐ As submitted ☐ As amended on ADOPT-310
- 10 This is a tribal customary adoption. The tribal customary adoption order of the \_\_\_\_\_ tribe dated \_\_\_\_\_ containing \_\_\_\_\_ pages and attached hereto is fully incorporated into this order of adoption.
- 11 ☐ This is an adoption under the Hague Adoption Convention. *Verification of Compliance with Hague Adoption Convention Attachment* ([form ADOPT-216](#)) is attached and fully incorporated into this order.
- 12 ☐ This is an independent adoption involving an additional parent(s). ☐ All persons with existing parental rights agreed to this adoption and will maintain their existing parental rights. ☐ An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s), was filed with the court.
- 13 The judge believes the adoption is in the child's best interest and orders this adoption.  
The child's name after adoption will be:  
First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_  
The adopting parent or parents and the child are now parent and child under the law, with all the rights and duties of the parent-child relationship or, in the case of a tribal customary adoption, all the rights and duties set out in the tribal customary adoption order and Welfare and Institutions Code section 366.24.  
☐ The judge believes it will serve public policy and the best interest of the child to grant the request of the adopting parent or parents for the court to make this order effective as of (date): \_\_\_\_\_  
Date: \_\_\_\_\_ Judge (or Judicial Officer): \_\_\_\_\_  
(Date of Signature)

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

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

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

Place: \_\_\_\_\_ on (date): \_\_\_\_\_

Date: \_\_\_\_\_ Clerk, by: \_\_\_\_\_, Deputy

**ADOPT-216****Verification of Compliance with Hague Adoption Convention Attachment**

(Attach to Adoption Order (form ADOPT-215) in cases proceeding under the Hague Adoption Convention.)

Clerk stamps date here when form is filed.

Superior Court of California, County of  
TRINITY  
11 Court Street  
PO Box 1258  
Weaverville, CA 96093

Court fills in case number when form is filed.

Case Number:

**1 Determination of Application of Hague Adoption Convention  
(to be completed by adopting parent(s)):**

- a. If applicable, please state the permanent address outside the United States of the adopting parent(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Will you be moving the child to permanently reside in another country? ☐ Yes ☐ No
- c. If your answer to 1(b) is yes, what is the name of the other country?  
\_\_\_\_\_
- d. If your answer to 1(b) is yes, when will the move occur?  
\_\_\_\_\_
- e. Has the child lived in any other country since his/her birth? ☐ Yes ☐ No
- f. If your answer to 1(e) is yes, please indicate the country and the length of time the child resided there.  
(country): \_\_\_\_\_  
(length of time resided in country): \_\_\_\_\_
- g. What is the child's citizenship? \_\_\_\_\_
- h. Please state date(s) for any contact between the prospective adoptive parent(s) and the child's birth parent(s) or any other person who has had care of the child and describe the contact:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- i. Please state the amount and purpose of any payments made by the adopting parent(s) to the birth parent(s) or any other person who has had care of the child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2 Court Findings (to be completed by the judge)**

The court finds as follows:

- ☐ The Hague Adoption Convention applies to this adoption.
- ☐ All parental rights have been terminated and the child has been declared free from the custody and control of his or her parents; thus, the child is adoptable. (Convention, art. 4(a).)





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

- ☐ By clear and convincing evidence, an intercountry adoption is in the best interest of the child. (*Convention, art. 4(b).*)
- ☐ The adoption services provider meets the requirements of 22 C.F.R. (*Code of Federal Regulations*) part 96.

**3 Court Verifications (to be completed by the judge)**

The court verifies that the agency has met the substantive regulatory requirements of 22 C.F.R. § 97.3(a)–(k) in the following categories:

- ☐ Preparation of child background study (*Convention, art. 16(1)(a); 22 C.F.R. § 97.3(a);*
- ☐ Transmission of child data to foreign authorized entity (*Convention, art. 16(2); 22 C.F.R. § 97.3(b);*
- ☐ Reasonable efforts to find domestic placement (*Convention, art. 4(b); 22 C.F.R. § 97.3(c);*
- ☐ Preparation and transmission of home study (*Convention, art. 15; 22 C.F.R. § 97.3(d);*
- ☐ Authorization for the child to enter the receiving country (*Convention, art. 5; 22 C.F.R. § 97.3(e);*
- ☐ Consent to the adoption/custody by foreign authorized entity (*name of entity*): \_\_\_\_\_  
(*Convention, art. 17; 22 C.F.R. § 97.3(f);*
- ☐ Guardian/parent counseling and consent (*specify*): \_\_\_\_\_  
(*Convention, art. 4(d); 22 C.F.R. § 97.3(g);*
- ☐ Child counseling and consent (*if applicable*)(*specify*): \_\_\_\_\_  
(*22 C.F.R. § 97.3(h);*
- ☐ The agency and the Central Authority of the receiving country, as defined in Family Code section 8900.5(c),  
(*name of receiving country*): \_\_\_\_\_  
(*name of central authority*): \_\_\_\_\_  
have both signed Placement Adoption Papers (*22 C.F.R. § 97.3(i);*
- ☐ The agency has taken all steps to ensure the secure transfer of the child, including obtaining permission for  
the child to leave the United States (*Convention, arts. 18 & 19; 22 C.F.R. § 97.3(i);*
- ☐ The agency has taken all steps to keep the Central Authority of the receiving country informed about the  
adoption process, as well as the progress of the placement if a probationary period is required (*Convention, art.  
20; 22 C.F.R. § 97.3(i);*
- ☐ Proper observance of the “no-contact” rule, if applicable (*22 C.F.R. § 97.3(j);*
- ☐ That no improper financial or other gain was derived (*22 C.F.R. § 97.3(k).*

**4 Court Orders**

The court grants

- ☐ Final adoption order.
- ☐ Final custody decree.

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

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

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

Clerk stamps below when form is filed.

Court name and street address:

**Superior Court of California, County of**  
**TRINITY**  
11 Court Street  
PO Box 1258  
Weaverville, CA 96093**Case Number:**

- ① I want my child to be adopted by (name(s)):
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- Their relationship to Indian child: (Check all that apply)
- ☐ Related to child (specify): \_\_\_\_\_
- ☐ Members of child's tribe ☐ Indian parents
- ☐ None of the above
- ② The parent(s) in ① ☐ meet ☐ do not meet the placement preference requirements of the Indian Child Welfare Act.
- ③ Indian child (name): \_\_\_\_\_
- Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_
- Child's tribe(s): \_\_\_\_\_
- Enrollment #: \_\_\_\_\_
- ☐ Check here if you do not know the enrollment #.

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

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

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

☐ Check here if you do not know the enrollment #.

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

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



Case Number:

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

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

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

▶ \_\_\_\_\_  
Signature of Indian parent

**Judge's Certification**

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

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

Certified:

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

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

Clerk stamps date here when form is filed.

**If you are adopting your stepchild, do not fill out this form.****1** Your name (adopting parent):

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address (skip this if you have a lawyer): \_\_\_\_\_

Street: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Lawyer (if any): (Name, address, telephone number, and State Bar number): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of TRINITY**  
11 Court Street  
PO Box 1258  
Weaverville, CA 96093

Fill in case number if known:

**Case Number:****2** Name of child after adoption: \_\_\_\_\_**3** List the services you received that were related to the adoption of the child listed in **2**:

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



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

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

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

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

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

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

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

\_\_\_\_\_  
Type or print your name



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

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

\_\_\_\_\_  
Type or print your name



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

**ADOPT-310****Contact After Adoption Agreement**
☐ Original      ☐ Change

Clerk stamps date here when form is filed.

**1** Your name(s):

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Your address (*skip this if you have a lawyer*)

Street: \_\_\_\_\_

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

Your phone number: \_\_\_\_\_

Your lawyer, (if you have one) (*name, address, phone number, and State Bar number*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**  
**TRINITY**  
 11 Court Street  
 PO Box 1258  
 Weaverville, CA 96093

**2** Information about the child

a. Child's name (after adoption): \_\_\_\_\_

b. Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

c. Is the child a dependent of Juvenile Court? ☐ No ☐ Yes*If yes, Juvenile Court and Juvenile Case number:*

County: \_\_\_\_\_ Case #: \_\_\_\_\_

d. *If the child has a lawyer, fill out below. If item 2c is yes, child must have a lawyer (Fam. Code, § 8714.7).*

Name of child's lawyer: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ State Bar number: \_\_\_\_\_

**3** The people below agree with the requesting party(ies) in **1** about contact with the child after adoption. *If the agreement is confidential, write "Confidential" instead of the person's name.*
*If you need more space, attach a sheet of paper. Write "ADOPT-310, Item 3—Other Relatives" at the top.*

Name		Relationship to Child		Type of Contact ( <i>circle all that apply</i> ):					
				Telephone	Letter	Visits	Share Info	E-mail	Other*
a.									
b.									
c.									
d.									
e.									
f.									
g.									

*\*Explain type of contact on a sheet of paper. Write "ADOPT-310, Item 3—Other Types of Contact" at the top.*

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



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

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

- 4 If you have a signed, written agreement about Contact After Adoption, attach a copy.

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

- 5 The parties have discussed the reasons for continued contact between the child and the specified relatives or other parties, considering the best interests of the child.

**Notice**

1. After the judge signs the Adoption Order for this child, the adoption is final. It can never be cancelled or changed, even if anyone who signed this agreement:
  - Does not follow the agreement, and/or
  - Files ADOPT-315 (to change, end, or enforce this agreement).
2. Before this agreement can be changed by the court, all of the people who signed it have to try to fix any problems with it through a dispute resolution program, like mediation.

- 6 Everyone involved in this agreement must sign below (including the child, if 12 or older, and the child's attorney).

Date: \_\_\_\_\_  
Type or print your name and relationship to child Sign your name

Date: \_\_\_\_\_  
Type or print your name and relationship to child Sign your name

Date: \_\_\_\_\_  
Type or print your name and relationship to child Sign your name

Date: \_\_\_\_\_  
Type or print your name and relationship to child Sign your name

Date: \_\_\_\_\_  
Type or print your name and relationship to child Sign your name

Date: \_\_\_\_\_  
Type or print your name and relationship to child Sign your name

If more relatives need to sign, attach a sheet of paper. Write "ADOPT-310, Item 6—Signatures of Other Relatives," at the top.

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

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

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

**ADOPT-315****Request to: Enforce, Change, End  
Contact After Adoption Agreement**

Clerk stamps date here when form is filed.

**1** Your name(s):

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Your address (*skip this if you have a lawyer*):

Street: \_\_\_\_\_

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

Your phone number: \_\_\_\_\_

Your lawyer, (if you have one) (*name, address, phone number, and  
State Bar number*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of  
TRINITY**  
11 Court Street  
PO Box 1258  
Weaverville, CA 96093

Court fills in case number when form is filed.

**Case Number:**  
\_\_\_\_\_  
\_\_\_\_\_**2** Child's name (*if known*):Child's adopted name (*if known*): \_\_\_\_\_

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

- 3**
- I/We want to (
- check one*
- ):
- ☐
- Enforce
- ☐
- Change
- ☐
- End
- 
- an existing Contact After Adoption Agreement.

**The judge will not look at your request unless you and the other people who signed ADOPT-310 first try  
to come to an agreement using a dispute resolution program, like mediation.****4** List all people who signed the original Contact After Adoption Agreement (form ADOPT-310).*If the agreement was confidential, write "Confidential" instead of the person's name.*

Name/Relationship to child:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

**Notice to people listed in ④ who are served with this form:**The person who filed this form is asking the court to enforce, change, or end your Contact After Adoption Agreement. If you do **not** agree with what the person is asking for, you need to file ADOPT-320 within 30 days after you receive this form.**5** Attach to this request:

- A copy of ADOPT-310 (Contact After Adoption Agreement)
- A copy of the signed, written agreement about Contact After Adoption, if there is one
- Proof of Service showing this form was served on each person in ④, along with a blank answer form (ADOPT-320)





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

- 6 If any person in 4 was not served, you must explain in writing why he or she was not served.

Check below, if true:

- a. ☐ I do not know the names of the other people who signed the original Contact After Adoption Agreement, so I could not serve them.
- b. ☐ The other people who signed the original Contact After Adoption Agreement (ADOPT-310) agree with what I am asking in this request and have signed ADOPT-320.

If you want to give more explanation, attach a sheet of paper and write "ADOPT-315, Item 6" at the top.

- 7 Remember: The judge will not look at your request until all people who signed ADOPT-310 have tried to come to an agreement using mediation or other form of dispute resolution.

- ☐ I/We have tried to resolve these issues by using a dispute resolution program, like mediation.
- ☐ I have tried to fix these problems, but the other party refuses to participate in a dispute resolution program, like mediation. I am asking for a court date for the judge to review this case.

- 8 Check one of the boxes below:

**I/We ask the court to:**

- a. ☐ Enforce ADOPT-310. Explain how the original agreement has not been followed:

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

If you need more space, attach a sheet of paper and write "ADOPT-315, Item 8—Enforce, Change, or End 310" at the top.

- b. ☐ Change ADOPT-310. Describe the changes you want and how these changes will be good for the child:

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

If you need more space, attach a sheet of paper and write "ADOPT-315, Item 8—Enforce, Change, or End 310" at the top.


- c. ☐ End ADOPT-310. Explain why you want to end the agreement and how ending the agreement will be good for the child:


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

If you need more space, attach a sheet of paper and write "ADOPT-315, Item 8—Enforce, Change, or End 310" at the top.

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

- 9 I/We declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct, which means if I lie on this form, I am guilty of a crime.

Date: \_\_\_\_\_  \_\_\_\_\_  
Type or print your name and relationship to child Sign your name

Date: \_\_\_\_\_  \_\_\_\_\_  
Type or print your name and relationship to child Sign your name

**Answer to Request to: Enforce,  
Change, End Contact After  
Adoption Agreement**

Clerk stamps date here when form is filed.

**1** This is my answer to the request to *(check one)*:☐ Enforce    ☐ Change    ☐ End

an existing Contact After Adoption Agreement.

a. Name(s) of person who filed ADOPT-315 and his or her relationship to the child:

b. I received a copy of the signed, written agreement, ADOPT-310.

**2** Your name(s):

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Your address *(skip this if you have a lawyer)*:

Street: \_\_\_\_\_

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

Your phone number: \_\_\_\_\_

Your lawyer, (if you have one) *(Name, address, phone number, and State Bar number)*:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3** Child's adopted name *(if you know)*: \_\_\_\_\_

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

Date of adoption *(if you know)*: \_\_\_\_\_**4** Check all that apply:a. ☐ I agree with the requests listed in ADOPT-315 and think the requests are in the child's best interests.b. ☐ I do not agree with the requests in ADOPT-315 because:

\_\_\_\_\_

\_\_\_\_\_

*If you need more space, attach a sheet of paper and write "ADOPT-320, Item 4—Do Not Agree With 315" at the top.*

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

c. ☐ I/We have NOT tried to resolve these issues by using a dispute resolution program, like mediation.d. ☐ I/We tried to fix these problems by using a dispute resolution program, like mediation, but were unable to reach an agreement.Date: \_\_\_\_\_  
Type or print your name and relationship to child    Sign your nameDate: \_\_\_\_\_  
Type or print your name and relationship to child    Sign your name

Fill in court name and street address:

**Superior Court of California, County of**  
**TRINITY**  
11 Court Street  
PO Box 1258  
Weaverville, CA 96093

Court fills in case number when form is filed.

**Case Number:**

**Judge's Order to:  
Enforce, Change, End Contact  
After Adoption Agreement**

Clerk stamps date here when form is filed.

**1** Your name(s) (person(s) who asked for this order):

- a. \_\_\_\_\_  
b. \_\_\_\_\_

Your address (skip this if you have a lawyer):

Street: \_\_\_\_\_

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

Your phone number: \_\_\_\_\_

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

Fill in court name and street address:

**Superior Court of California, County of**  
**TRINITY**  
11 Court Street  
PO Box 1258  
Weaverville, CA 96093

Court fills in case number when form is filed.

**Case Number:****2** Adopted child's name:

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

**3** People present in court today (date): \_\_\_\_\_ in:

Dept.: \_\_\_\_\_ Div.: \_\_\_\_\_ Rm.: \_\_\_\_\_

Judge: \_\_\_\_\_

- ☐ Adopting parent(s)    ☐ Lawyer for adopting parent(s)    ☐ Child    ☐ Child's lawyer  
☐ Parent keeping parental rights (stepparent/domestic partner):  
☐ Other people present (list name and relationship to child):

a. \_\_\_\_\_ c. \_\_\_\_\_  
b. \_\_\_\_\_ d. \_\_\_\_\_

☐ Not present: \_\_\_\_\_**Judge will fill out section below.****4** The judge has reviewed:

- ☐ ADOPT-310    ☐ ADOPT-315    ☐ ADOPT-320    ☐ Other evidence    ☐ Testimony  
☐ All people listed in ADOPT-315 have tried to come to an agreement using mediation or some other form of dispute resolution. (Fam. Code, § 8714.7.)

**5** ☐ **Enforcement****The judge finds and orders:**

- a. ☐ The Contact After Adoption Agreement is enforced. This means that everyone who signed the agreement must do what the agreement says.  
b. ☐ The Contact After Adoption Agreement is not enforced because:  
(1) ☐ The person who asked the judge to enforce the Agreement has not tried to solve the problem using a dispute resolution program, like mediation.  
(2) ☐ Enforcing the agreement is not in the child's best interests.  
(3) ☐ Other: \_\_\_\_\_



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

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

**Judge will fill out section below.**

**6** ☐ **Change or End the Agreement**

- a. ☐ The judge **approves** the request to ☐ change ☐ end the Contact After Adoption Agreement because:
- (1) ☐ All people involved, including the child (if 12 or older), agreed in writing to the requests listed in ADOPT-315;
  - (2) ☐ It is in the best interests of the child;
  - (3) ☐ There have been important changes since the original agreement was approved; *and*
  - (4) ☐ The applicant has tried to resolve the problem using a dispute resolution program, like mediation.
- b. ☐ The judge **does not approve** the request to ☐ change ☐ end the contact After Adoption Agreement because:
- (1) ☐ It is not in the best interest of the child.
  - (2) ☐ No important changes have happened since the original agreement was approved.
  - (3) ☐ The applicant has not tried to resolve the problem using a dispute resolution program, like mediation.
- c. ☐ The judge **approves** the request to ☐ change ☐ end the Contact After Adoption Agreement as amended. A new ADOPT-310 will be filed.

**7** ☐ **More Time to Study or Evaluate**

- a. ☐ The judge needs more time to make a decision.
- b. ☐ The judge orders further study or evaluation of the issues in the request because there is clear and convincing evidence that:
- (1) ☐ It is the only way to protect or promote the child's best interest; *and*
  - (2) ☐ It will not disturb the stability of the child's home
- c. ☐ The study or evaluation must look at the following:
- (1) ☐ Whether the request(s) in ADOPT-315 will be good for the child
  - (2) ☐ The child's wishes
  - (3) ☐ The child's mental health
  - (4) ☐ Other: \_\_\_\_\_
- d. ☐ The study or evaluation will be done by (*individual or agency*): \_\_\_\_\_  
The people involved must cooperate with this individual or agency.
- e. ☐ The cost of the study or evaluation and written report will be paid by  
*name(s) of person to pay*: \_\_\_\_\_  
*relationship to child*: \_\_\_\_\_
- f. ☐ The judge and all people involved in this case will get a complete report by (*date*): \_\_\_\_\_
- g. ☐ The judge will review the report and make a decision by: \_\_\_\_\_
- h. ☐ The people involved in this case must return to court on (*date*): \_\_\_\_\_  
at (*time*): \_\_\_\_\_ ☐ a.m. ☐ p.m.

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

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

# COURT REPORT OF ADOPTION

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

TYPE OR PRINT CLEARLY IN BLACK INK ONLY

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

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

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

PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE PARENT <input type="checkbox"/> BIOLOGICAL PARENT <input type="checkbox"/>						
	8A. NAME OF PARENT—FIRST		8B. MIDDLE		8C. LAST (BIRTH)		8D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	9. STATE/FOREIGN COUNTRY OF BIRTH			10. DATE OF BIRTH—MM/DD/CCYY			
PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE PARENT <input type="checkbox"/> BIOLOGICAL PARENT <input type="checkbox"/>						
	11A. NAME OF PARENT—FIRST		11B. MIDDLE		11C. LAST (BIRTH)		11D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	12. STATE/FOREIGN COUNTRY OF BIRTH			13. DATE OF BIRTH—MM/DD/CCYY			
<b>14. PLEASE CHECK ONE</b> I want the original birth certificate sealed, and a new birth certificate established. . . . . <input type="checkbox"/> Pursuant to Health and Safety Code Section 102640, I choose not to have a new birth certificate established. . . . . <input type="checkbox"/> <b>15. Do you want the name and address of the hospital or other facility where the birth occurred omitted from the new birth certificate as provided for in Section 102645 of the Health and Safety Code? (PLEASE CHECK ONE)</b> YES <input type="checkbox"/> NO <input type="checkbox"/>							
VERIFICATION OF PART II	16. SIGNATURE OF PARENT VERIFYING DATA IN PART II ▶			17. MAILING ADDRESS OF PARENT VERIFYING DATA IN PART II			
AGENCY OR DEPARTMENT	18A. NAME OF AGENCY OR DEPARTMENT			18B. MAILING ADDRESS OF AGENCY/DEPARTMENT THAT INVESTIGATED/HANDLED THE ADOPTION			
ATTORNEY	19A. SIGNATURE AND PRINTED NAME OF ATTORNEY ▶			19B. MAILING ADDRESS OF ATTORNEY			

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

COURT CLERK	20. I HEREBY CERTIFY THAT THE INDIVIDUAL DESCRIBED ABOVE WAS ADOPTED BY THE ABOVE NAMED ADOPTIVE PARENTS ON THE _____ DAY OF _____, 20_____, AS SET FORTH IN THE DECREE OF ADOPTION MADE ON THAT DATE IN CASE NUMBER _____					
	21A. NEW NAME AS SET FORTH IN THE DECREE OF ADOPTION - FIRST		21B. MIDDLE		21C. LAST	
	22. SIGNATURE AND SEAL OF COURT CLERK ▶			BY:		
	23. CLERK IN AND FOR THE COUNTY OF:		24. DATE SIGNED—MM/DD/CCYY		25. DATE PETITION FOR ADOPTION FILED—MM/DD/CCYY	
NAME AND MAILING ADDRESS OF PERSON TO WHOM CERTIFIED COPY IS TO BE SENT	NAME				EMAIL ADDRESS	
	ADDRESS—Street and Number		CITY, STATE, ZIP CODE		DAYTIME TELEPHONE NUMBER (     )	



## GENERAL INFORMATION

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

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

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

## INSTRUCTIONS

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

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

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

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

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

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

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

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

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

California Department of Public Health  
Vital Records - Amendments - MS 5105  
P.O. Box 997410  
Sacramento, CA 95899-7410