

Cost: \$5.00

ADOPTION PACKET

Updated: January 1, 2021

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 do not have a lawyer: www.courts.ca.gov/selfhelp-adoption.htm. You can also get copies of adoption forms at your local court clerk's office.

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

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

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

Stepparent/Domestic Partner Adoptions

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

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

If you answered "No" to **either** question, complete 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 be an Indian child. |
| <input type="checkbox"/> ICWA-020 | <i>Parental Notification of Indian Status</i> | One form is required for each birth parent. This shows that the child's parents have been asked about potential Indian status. |

Additional Forms for Stepparent Adoption to Confirm Parentage

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



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

2 Take your forms to court

Take the completed forms to the court clerk in the county where you live. The court will charge a filing fee. Or take the forms to your lawyer or adoption agency, if you are using one. If there is no hearing, the ADOPT-210 must be signed in front of the court clerk or a notary.

3 The social worker writes a report

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

4 Go to court on the date of your hearing

Bring:

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

Independent or Agency Adoptions in the United States

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

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

1 Fill out court forms

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

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

2 Take your forms to court

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

3 The social worker writes a report

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

4 Go to court on the date of your hearing

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



Intercountry Adoptions

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

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

1 Fill out court forms

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

2 Postadoption or postplacement visits and reports

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

3 Attach documentation

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

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

4 Take your forms to court

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

5 Provide a copy of the forms and documents

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

6 Go to court on the date of your hearing

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



Inquiry and Notice Under the Indian Child Welfare Act

- ☐ The child and other people in the child's life must be asked specific questions in order to determine whether the child may be an Indian child. The *Indian Child Inquiry Attachment* (form [ICWA-010\(A\)](#)) should be attached to the *Adoption Request*. In agency adoptions, it is the responsibility of the agency to ensure that this inquiry is conducted and that the form is made part of the adoption file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible. For more information about the duty of inquiry, see form [ICWA-005-INFO](#).
- ☐ A completed version of *Parental Notification of Indian Status* (form [ICWA-020](#)) for each birth parent should be attached to the *Adoption Request*, OR it should be shown that a good faith attempt was made to provide the form to each birth parent, the Indian custodian, or guardian of the child and inform them that they are required to complete and submit the form to the court. In agency adoptions, it is the responsibility of the agency to ensure that this form is provided to the birth parents and made part of the adoption file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible.
- ☐ If there is **reason to believe** that the child is or may be an Indian child, additional inquiry is required. For more information about the duty of inquiry, see form [ICWA-005-INFO](#).
- ☐ If, after additional inquiry, there is **reason to know** that the child is an Indian child, notice must be provided of the adoption request to the child's tribe or tribes, parents, Indian custodian, and the Bureau of Indian Affairs, using *Notice of Child Custody Proceeding for Indian Child* (form [ICWA-030](#)). This form must be served by registered or certified mail, with return receipt requested.
- ☐ If it is determined that the child **is an Indian child** or this is a tribal customary adoption, see Adoption of an Indian Child, below.

Adoption of an Indian Child

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

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

If this is a tribal customary adoption, a copy of the tribal customary adoption order must be attached to the petition and the order.

“Open” Adoption

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

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 Adopting parent(s)

a. Name: _____

b. Name: _____

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 County of filing

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

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

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

Hearing Date

Hearing is set for:

➔ Date: _____

Time: _____

Dept.: _____ Room: _____

Name and address of court if different from above:

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

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

3 Type of adoption

Check one of the following:

☐ Agency (name): _____ ☐ Relative ☐ Nonrelative

☐ Tribal customary adoption (attach tribal customary adoption order)

☐ Independent: ☐ Relative ☐ Nonrelative ☐ Additional Parent(s)

☐ Intercountry (name of agency): _____

☐ Stepparent adoption

☐ Stepparent adoption to confirm parentage. See form [ADOPT-050-INFO](#) to determine whether you are eligible for the stepparent adoption to confirm parentage process.

Joinder:

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

☐ Joinder will be filed.



Your name: _____

4 Information about the child

- a. The child's new name will be: _____
- b. Sex: ☐ Female ☐ Male ☐ Nonbinary
- c. Date of birth: _____ Age: _____
- d. Child's address (if different from address of adopting parent or parents):
Street: _____ City: _____ State: _____ Zip: _____
- e. Place of birth (if known): City: _____ State: _____ Country: _____
- f. If the child is 12 or older, does the child agree to the adoption? ☐ Yes ☐ No
- g. Date child was placed in the physical care of the adopting parents: _____
- h. ☐ The child was conceived by assisted reproduction in compliance with Family Code section 7613.
- i. ☐ The child is a dependent of the court. Juvenile Case No. _____ County: _____

5 Child's name before adoption (fill out ONLY for independent, stepparent, or tribal customary adoption)

Child's name before adoption: _____

6 Birth parents

Names of birth parents, if known: _____

7 Legal guardianDoes the child have a legal guardian? ☐ Yes ☐ No (If yes, attach *Letters of Guardianship* and fill out below.)

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

8 Inquiry and notice under the Indian Child Welfare Act

- a. ☐ The inquiry required under law to determine whether the child may be an Indian child has been made, and a completed *Indian Child Inquiry Attachment* (form ICWA-010(A)) is attached.
Note: In agency adoptions, it is the responsibility of the agency to ensure that this inquiry is conducted and the form is made part of the file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible.
- b. ☐ A completed version of *Parental Notification of Indian Status* (form ICWA-020) is attached OR a good faith attempt has been made to provide the form to the parents, Indian custodian, or guardian of the child and inform them that they are required to complete and submit the form to the court.
Note: In agency adoptions, it is the responsibility of the agency to ensure that these forms are made part of the file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible.
- c. ☐ There is **reason to know** that this child is an Indian child. Notice of the adoption request will be provided to the child's tribe or tribes, parents, Indian custodian, and the Bureau of Indian Affairs, using *Notice of Child Custody Proceeding for Indian Child* (form ICWA-030).

9 Adoption of an Indian child

- a. ☐ This is an adoption of an Indian child. The adopting parents have filled out and attached *Adoption of Indian Child* (form ADOPT-220) and will bring *Parent of Indian Child Agrees to End Parental Rights* (form ADOPT-225) to the hearing.
- b. ☐ This is a tribal customary adoption under Welfare and Institutions Code section 366.24. Parental rights have been modified under and in accordance with the attached tribal customary adoption order, and the child has been ordered placed for adoption.



Your name: _____

Case Number: _____

10 Agency adoption questions

- a. ☐ I/We have received information about the Adoption Assistance Program, the Regional Center, mental health services available through Medi-Cal or other programs, and federal and state tax credits that might be available.
- b. All persons with parental rights agree that the child should be placed for adoption by the California Department of Social Services or a county adoption agency or a licensed adoption agency (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:

11 Independent adoption questions

- 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.)
- b. All persons with parental rights agree to the adoption and have signed the Independent Adoptive Placement Agreement or consent on the appropriate California Department of Social Services form. ☐ Yes ☐ No
(If no, list the name and relationship to child of each person who has not signed the agreement form):
- c. ☐ I/We will file promptly with the department or delegated county adoption agency the information required by the department in the investigation of the proposed adoption.
- d. ☐ This is an independent adoption involving additional parent(s):
☐ All persons with existing parental rights agree to this adoption and will 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 Stepparent adoption and confirmation of parentage questions

- a. The birth parent (name): _____ ☐ has signed a consent ☐ will sign a consent.
- b. The birth parent (name): _____ ☐ has signed a consent ☐ will sign a consent.
- c. The adopting parent married or entered into a registered domestic partnership with the legal parent on (date): _____
_____. *(For court use only. This does not affect social worker's recommendation. There is no waiting period.)*
- d. ☐ I am seeking a stepparent adoption to confirm my parentage. At the time the child was born, I was married to or in a state-registered domestic partnership with the parent who gave birth or whose parentage was established through a gestational surrogacy process, and we remain in that union. See attached:
☐ Form ADOPT-205, *Declaration Confirming Parentage in Stepparent Adoption*
☐ Form ADOPT-206, *Declaration Confirming Parentage in Stepparent Adoption: Gestational Surrogacy*
☐ Declaration describing the circumstances of the child's conception.
- e. The investigation or written report will be completed as follows (choose one):
☐ I will choose someone to do an investigation or written report. 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.
- f. ☐ This is a stepparent adoption involving an additional parent:
☐ 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.



Your name: _____

Case Number: _____

13 Intercountry adoption questions

- a. ☐ This adoption may be subject to the Hague Adoption Convention (*form [ADOPT-216](#) must be filed with this request*).
- b. ☐ This is an adoption conducted under the requirements of the Hague Adoption Convention and the child has already moved with the adopting parent(s) to another Hague Convention member country or will be moving at the conclusion of this adoption.
Child will be moving or has moved to (name of country): _____
Adopting parent(s): ☐ seek(s) a California adoption ☐ will be petitioning for a Hague Adoption Certificate
☐ will be seeking a Hague Custody Declaration.
- c. ☐ This is an intercountry adoption that was finalized in another country before the child entered the United States with the adopting parent(s).
Date the child entered the United States: _____
See form [ADOPT-050-INFO](#) for a list of documents to attach to this *Adoption Request*.

14 Contact after adoption

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

15 Consent for adoption

Complete all sections that apply to your adoption:

- a. ☐ The consent of the birth parent is not necessary because (*check the applicable reasons under Fam. Code, § 8606*):
- (1) ☐ The parent has been judicially deprived of the custody and control of the child.
 - (2) ☐ The parent has voluntarily surrendered the right to custody and control of the child in a judicial proceeding in another jurisdiction, under a law of that jurisdiction providing for the surrender.
 - (3) ☐ The parent has deserted the child without providing information to identify the child.
 - (4) ☐ The parent has relinquished the child under Family Code section 8700.
 - (5) ☐ The parent has relinquished the child for adoption to a licensed or authorized child-placing agency in another jurisdiction.
- b. ☐ The child has a presumed parent under Family Code, section 7611. The consent of the presumed parent is not required because:
- (1) ☐ The presumed parent did not become a presumed parent before the mother's relinquishment or consent became irrevocable or the mother's parental rights were terminated. (Fam. Code, § 8604(a).)
 - (2) ☐ The presumed parent signed a Waiver of the Right to Further Notice of Adoption Proceedings pursuant to Family Code, section 7660.5.
- c. ☐ Termination of parental rights of an alleged father is not required because:
- (1) ☐ The relationship to the child was previously terminated or determined not to exist by a court.
 - (2) ☐ The alleged father was served as prescribed in Family Code section 7666 with a written notice of alleged parentage and the proposed adoption, and has failed to bring an action pursuant to subdivision (c) of section 7630 within 30 days of service of the notice or the birth of the child, whichever is later. (*Attach proof of notice to this Adoption Request.*)
 - (3) ☐ The alleged father has executed a written form to waive notice, deny parentage, relinquish the child for adoption, or consent to the adoption of the child.



Your name: _____

Case Number: _____

15

- d. ☐ A court ended the parental rights of:

Name: _____ Relationship to child: _____ on (date): _____

Name: _____ Relationship to child: _____ on (date): _____

(Enter the date of the court order ending parental rights and attach a copy of the order.)

- e. ☐ The child is the subject of a tribal customary adoption order under Welfare and Institutions Code section 366.24, which has modified the parental rights of (attach a copy of the order):

Name: _____ Relationship to child: _____ on (date): _____

Name: _____ Relationship to child: _____ on (date): _____

Name: _____ Relationship to child: _____ on (date): _____

- f. ☐ I/We will ask the court to end the parental rights of (attach copy of Petition to Terminate Parental Rights or Application for Freedom From Parental Custody, if filed):

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

- g. ☐ Adopting parent has custody of the child by court order or by agreement with the other parent, and each of the following persons with parental rights has not contacted the child and has not paid for the child's care, support, and education for one year or more when able to do so. (Fam. Code, § 8604(b).)

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

- h. ☐ The child has been abandoned as follows:

(1) ☐ The child has been left by the child's parent or parents with no way to identify the child.

(2) ☐ The child has been left in the custody of another person by both parents or the sole parent for six months without providing for the child's support, or without communication from the parent or parents, with the intent to abandon the child.

(3) ☐ One parent has left the child in the care and custody of the other parent for one year or longer without providing for the child's support or without communication from the parent, with the intent to abandon the child.

(If any of the above boxes are checked, adopting parent must also check item 15d and file an Application for Freedom From Parental Custody. See Fam. Code, § 7822(a).)

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

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

16 Suitability for adoption

Each adopting parent:

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



Your name: _____

Case Number: _____

17 Requests to court


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

☐ I/We ask the court to date its order approving the adoption as of an earlier date (*date*): _____
for the following reason (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, the lawyer must sign here:

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

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

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

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

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

Your name: _____


☐ This form is attached to [Form ADOPT-200](#), *Adoption Request*.

This optional form may be attached to the form ADOPT-200 if the adopting parent was married to or in a state-registered domestic partnership with the parent who gave birth to the child at the time the child was born. You may instead attach a declaration in another format containing substantially the same information. The birth parent and the adopting parent must complete separate declarations.

- 1 I (write your name) _____ declare as follows:
- 2 Relationship between the birth parent and the adopting parent seeking to confirm parentage (check one):
- a. ☐ I am the parent who gave birth to the child to be adopted. I married or entered into a state-registered domestic partnership (including a domestic partnership or civil union from out-of-state that is legally equivalent to a marriage) with the adopting parent who is seeking to confirm parentage (name of adopting parent seeking to confirm parentage) _____ and we remain in that union.
- b. ☐ I am the adopting parent seeking to confirm parentage. I married or entered into a state-registered domestic partnership with the parent who gave birth (name of parent who gave birth to the child to be adopted) _____ and we remain in that union.
- 3 We were married/registered as domestic partners on (date you entered into your earliest union) _____, before our child was born. A copy of our marriage certificate, registered domestic partner certificate, or certificate of out-of-state domestic partnership or civil union is attached.
- 4 Our child (name of child to be adopted) _____ was born on (date) _____. A copy of our child's birth certificate is attached.
- 5 ☐ Our child was conceived through assisted reproduction in compliance with Family Code section 7613 as described below (Describe how your child was conceived and whether you used a known or unknown donor. A letter from your sperm bank or a written donor agreement verifying conception by assisted reproduction should be attached. If you used a known donor without a sperm bank or written donor agreement, you should seek legal advice before submitting this form):

Case Number:

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 your name *Sign name*

Your name: _____

☐ This form is attached to form ADOPT-200 (*Adoption Request*).

1 I (write your name) declare as follows:

2 Relationship between the legal parent and the adopting parent seeking to confirm parentage (*check one*):

- a. ☐ I am the parent of a child born through a gestational surrogacy process. Only my parentage was established through the Uniform Parentage Act or another proceeding related to the surrogacy. Before the birth of the child, I married, or entered into a state-registered domestic partnership (including a domestic partnership or civil union from out-of-state that is legally equivalent to a marriage) with, the adopting parent who is seeking to confirm parentage, *(name)* _____, and we remain in that union.
- b. ☐ I am the adopting parent seeking to confirm parentage. Before the birth of the child, I married, or entered into a state-registered domestic partnership (including a domestic partnership or civil union from out-of-state that is legally equivalent to a marriage) with, the parent whose parentage has been established for a child born through a gestational surrogacy process, *(name)* _____, and we remain in that union.

3 We were married/registered as domestic partners on *(date you entered into your earliest union)* _____, before our child was born. A copy of our marriage certificate, registered domestic partner certificate, or certificate of out-of-state domestic partnership or civil union is attached.

4 Our child (*name of child to be adopted*) _____ was born on (*date*) _____ outside of the state of California. A copy of our child's birth certificate is attached.

5 ☐ Our child was conceived through a gestational surrogacy process. *(Describe how your child was conceived.)*

[illegible]

Case Number:

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 your name*  _____ *Sign your name*

Clerk stamps date here when form is filed.

1 Adopting parent(s)

a. Name: _____

b. Name: _____

Relationship to child: _____

Address (skip this if you have a lawyer): _____

City: _____ State: _____ Zip: _____

Telephone number: _____

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

Fill in court name and street address:

Superior Court of California, County of
Trinity
11 Court Street
PO Box 1258
Weaverville, CA 96093**2 Information about the child**

Child's name before adoption: _____

Child's name after adoption: _____

Date of birth: _____ Age: _____

Court fills in case number when form is filed.

Case Number:**Signing this form:**

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

3 I am the child listed in **(2)** and I agree to the adoption. (Not required in the case of a tribal customary adoption under Welf. & Inst. Code, § 366.24.)Date: _____
Type or print your nameSignature of child (child must sign if 12 or older;
optional if child is under 12)**4** If there is only **one** adopting parent and that person is married and not separated, the consent of their spouse is required under section 8603 of the Family Code. Read and sign below. Stepparent adoptions: Go to Item 7.a. I am the adopting parent listed in **(1)**, and I agree that the child will:

(1) Be adopted and treated as my legal child (Fam. Code, § 8612(b)) and

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

Date: _____
Type or print your name

Signature of adopting parent



Your name: _____

Case Number: _____

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

Date: _____
Type or print your name

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

⑤ If there are **two** adopting parents, read and sign below.

We are the adopting parents listed in ①, and we agree that the child will:

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

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

Date: _____
Type or print your name

Signature of adopting parent

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

Date: _____
Type or print your name

Signature of adopting parent

⑥ If this is a tribal customary adoption, read and sign below.

I/we are the adopting parents listed in ①, and I/we agree that the child will:

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

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

Date: _____
Type or print your name

Signature of adopting parent

Date: _____
Type or print your name

Signature of adopting parent

⑦ For stepparent adoptions only:

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

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

Date: _____
Type or print your name

Signature of legal parent



Your name: _____

8 Executed (check one):

- a. ☐ This form was signed outside of a hearing. *(Select this option only for a stepparent adoption to confirm parentage under Family Code, § 9000.5, where the court did not order a hearing for good cause.)*

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

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

- ☐ Notary public *(the notary acknowledgment is attached)*
☐ Court clerk
☐ Probation officer
☐ Qualified court investigator
☐ Authorized representative of a licensed adoption agency
☐ County welfare department staff member

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

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

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

- (3) Witness information

This form was signed in: (county) _____ (state) _____ (country) _____

Name of witness: _____

Agency witness works for *(if applicable)*: _____

Date: _____

Witness signature:  _____

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

Date: _____

Judge (or Judicial Officer)

ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

1 Adopting parent(s)

a. Name: _____
b. Name: _____
Relationship to child: _____
Street address: _____
City: _____ State: _____ Zip: _____
Daytime telephone number: _____
Lawyer (if any) (name, address, telephone number, 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 Information about the child

Child's name after adoption: _____
First name: _____
Middle name: _____
Last name: _____
Date of birth: _____ Age: _____
Place of birth (if known): _____
City: _____ State: _____ Country: _____

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 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.



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 their 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 adoption involving an additional parent or parents. ☐ All persons with existing parental rights agreed to this adoption and will maintain their existing parental rights. ☐ An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s), was filed with the court.
- 13 The judge believes the adoption is in the child's best interest and orders this adoption.
The child's name after adoption will be:
First name: _____ Middle name: _____ Last name: _____
The adopting parent or parents and the child are now parent and child under the law, with all the rights and duties of the parent-child relationship or, in the case of a tribal customary adoption, all the rights and duties set out in the tribal customary adoption order and Welfare and Institutions Code section 366.24.
☐ The judge believes it will serve public policy and the best interest of the child to grant the request of the adopting parent or parents for the court to make this order effective as of (date): _____.

Date: _____

(Date of Signature)

(Judge or Judicial Officer)

Clerk will fill out section below.

14 Clerk's Certificate of Mailing

For the adoption of an Indian child, the clerk certifies:

I am not a party to this adoption. I placed a filed copy of:

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

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

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

Place: _____ on (date): _____

Date: _____ Clerk, by: _____, Deputy

ADOPT-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-220 Adoption of Indian Child

Clerk stamps date here when form is filed.

☒ This form is attached to *Adoption Request* (ADOPT-200).

① Your name (adopting parent):

a. _____

b. _____

Relationship to child: _____

Address (skip this if you have a lawyer):

Street: _____

City: _____ State: _____ Zip: _____

Telephone number: (____) _____

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

Federal law says the state courts must send a copy of all adoption orders for an Indian child to the Secretary of the Interior within 30 days. The state court must also send the following information *Please complete the rest of the form.*

② Indian child's name: _____

Date of birth: _____ Age: _____

③ Indian child's tribe (or tribe child is eligible for): _____

Enrollment #: _____ ☐ Check here if you do not know.

☐ Check here if tribe does not have an enrollment number.

④ Indian child's biological mother (name): _____

Street address: _____

City: _____ State: _____ Zip: _____

☐ Check here if you do not know.

☐ The biological mother attaches her request that her identity remain confidential.

⑤ Indian child's biological father (name): _____

Street address: _____

City: _____ State: _____ Zip: _____

☐ Check here if you do not know.

☐ The biological father attaches his request that his identity remain confidential.

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:



Your name: _____

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

☐ Check here if you do not know.

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

☐ Check here if you do not know.

- 8 Name of any agency with information about this adoption: _____

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

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

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

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

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

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

Clerk stamps below when form is filed.

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):

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 (circle all that apply): 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: _____

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:

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

ADOPT-320**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)

INFORMATION SHEET ON INDIAN CHILD INQUIRY ATTACHMENTS AND NOTICE OF CHILD CUSTODY PROCEEDING FOR INDIAN CHILD

This is an information sheet to help you fill out form ICWA-010(A), *Indian Child Inquiry Attachment* or in a probate guardianship, page 5 of form GC-210(CA), *Guardianship Petition—Child Information Attachment*, and form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.

Form ICWA-010(A), *Indian Child Inquiry Attachment*, or page 5 of form GC-210(CA), *Guardianship Petition—Child Information Attachment*

You are responsible for helping to find out if the child is or may be an Indian child and filling out the information requested on ICWA-010(A), *Indian Child Inquiry Attachment*, or on page 5 of form GC-210(CA), *Guardianship Petition—Child Information Attachment* form. This is important because if the child is an Indian child, specific steps must be taken to prevent the breakup of the child's Indian family and to obtain for the child resources and services that are culturally specific to the child's family. The court will check to make sure that the child receives these resources and services.

Tips on how to fill out form ICWA-010(A), *Indian Child Inquiry Attachment*, or
page 5 of form GC-210(CA), *Guardianship Petition—Child Information Attachment*

1. Try to find contact information for the child's parents or other legal guardian, the child's Indian custodian (if the child is living with an Indian person other than a parent), the child's grandparents and great-grandparents, and other available family members.
2. Contact the child's parents or other legal guardian and the child's Indian custodian and other available family members and ask them (and the child, if he or she is old enough) these questions:
 - a. Is the child a member of a tribe, and if they think he or she might be, then which tribe or tribes?
 - b. Are they members of a tribe, and if they think they might be, which tribes?
 - c. Does the child or the child's parents live in Indian country, including a reservation, rancheria, Alaska Native village or other tribal trust land?
 - d. Does the child or any of the child's relatives receive services or benefits from a tribe, and if yes, which tribe?
 - e. Does the child or any of the child's relatives receive services or benefits available to Indians from the federal government?
3. If you are in touch with any of the child's relatives, ask them the same questions.

The court clerk's office cannot file your petition unless you have filled out and attached to the petition form ICWA-010(A), *Indian Child Inquiry Attachment*. This does not apply to a petition for appointment of a guardian in a probate guardianship or a petition filed in the juvenile court under Welfare and Institutions Code sections 601 or 602.

After taking the steps listed above to find out whether the child is an Indian child, if you have reason to believe that the child is an Indian child, you must contact the tribe or tribes that may have a connection with the child about your court case. You have reason to believe the child is an Indian child if any of the people you question answers yes to any of your questions. Tribes that learn of the case can investigate and advise you and the court whether the child is a tribal member or eligible to become a tribal member, and can then decide whether to get involved in the case or assume tribal jurisdiction.

Contacts with the tribe or tribes should include contacting the tribe's designated agent for service of notice under the Indian Child Welfare Act published in the Federal Register by telephone, facsimile, or email and sharing with the tribe or tribes information identified by the tribe as necessary to make a determination about the child's tribal membership or eligibility for membership, as well as information on the current status of the child and the case.

Form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*

Following your inquiry about the child's Indian status and contacts with the child's tribe or tribes, if necessary, you must provide formal notice on form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*, if you know or have reason to know the child is an Indian child.

Some tips to help you figure out if you have a reason to know the child is an Indian child. You have reason to know:

1. If the child, an Indian tribe, an Indian organization, an attorney, a public or private agency, or a member of the child's extended family says or provides information to anyone involved in the case that the child is an Indian child;
2. If the child, the child's parents, or an Indian custodian live in a predominately Indian community; or
3. If 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.

These are just a few of the facts that would give you reason to know that a child is an Indian child. There also may be other information that would give you reason to know that the child is an Indian child.

Who do you need to notify?

If you know or have reason to know that the child is an Indian child, you must send the Notice to the following:

1. Child's parents or other legal guardian, including adoptive parents;
2. Child's Indian custodian (if the child is living with an Indian person who has legal custody of the child under tribal law or custom, under state law, or if the parent asked that person to take care of the child);
3. Child's tribe or tribes; and
4. Sacramento Area Director, Bureau of Indian Affairs, Federal Office Building, 2800 Cottage Way, Sacramento, California 95825 (if the parents, Indian custodian, or tribe cannot be determined or located).

Tips on how to find the address for the child's tribe or tribes

The Secretary of the Interior periodically updates and publishes in the Federal Register (see 25 C.F.R. § 23.12), a list of tribe names and addresses. The Bureau of Indian Affairs also keeps a list. You can access the Federal Register list, and other resources related to ICWA, on the Bureau of Indian Affairs website at www.bia.gov/bia/ois/dhs/.

Copy to the Secretary of the Interior and the Area Director of the Bureau of Indian Affairs

If you know the identity and location of the parent, Indian custodian, and the tribe or tribes, when you send the Notice to the parent, Indian custodian, and the tribe or tribes, you must also send a copy to the Secretary of the Interior at 1849 C Street, N.W., Washington, D.C. 20240 and a copy to the Sacramento Area Director, Bureau of Indian Affairs, Federal Office Building, 2800 Cottage Way, Sacramento, CA 95825.

Copy to the Area Director of the Bureau of Indian Affairs

If you do not know the identity and location of the child's parents, Indian custodian, and tribe or tribes, you must send copies of the Notice and the other documents to the Sacramento Area Director, Bureau of Indian Affairs, Federal Office Building, 2800 Cottage Way, Sacramento, CA 95825. In order to help establish the child's tribal identity, provide as much information as possible, including the child's name, birthdate, and birth place; the name of the tribe or tribes; the names of all of the child's known relatives with addresses and other identifying information; and a copy of the petition in the case.

How do you send the Notice and prove to the court that you have done so?

If you have an attorney, he or she will complete the steps described below. If you are representing yourself without an attorney in a probate guardianship case, the court clerk will help you with steps 1 and 2 below, including doing the mailing and signing the certificate of mailing on page 9 of the Notice, but you must deliver copies of the Notice and other documents listed in step 1 below to the court in addressed envelopes ready for mailing and then do step 3.

1. Mail to the persons and organizations listed at the top of this page, by registered or certified mail, with return receipt requested, copies of the following filled-out and signed forms:
 - a. Your petition;
 - b. Form ICWA-010(A), *Indian Child Inquiry Attachment* or, in a probate guardianship case, form GC-210(CA), *Guardianship Petition—Child Information Attachment*; and
 - c. Form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.
2. The person who does the mailing must fill out the information requested on page 10 of form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*, and then date and sign the original form on page 9.
3. Go to the court and file with the clerk of the court proof that you have given notice to everyone listed above and on page 10 of form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*. Your proof must consist of the following:
 - a. The original signed Notice (form ICWA-030) and copies of the documents you sent with it (the petition and form ICWA-010(A) or form GC-210(CA));
 - b. All return receipts given to you by the post office and returned from the mailing; and
 - c. All responses you receive from the child's parents, the child's Indian custodian, the child's tribe or tribes, and the Bureau of Indian Affairs.

Please note that you are subject to court sanctions if you knowingly and willfully falsify or conceal a material fact concerning whether the child is an Indian child or counsel a party to do so. (Welf. & Inst. Code, § 224.3(e).)

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

1. Name of child:

2. (Check one)

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

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

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

Name:

Address:

City, state, zip:

Telephone:

Date questioned:

Relationship to child:

Name:

Address:

City, state, zip:

Telephone:

Date questioned:

Relationship to child:

☐ Additional persons questioned and their information is attached.

3. This inquiry (*check one*):

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

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

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

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

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

Name of tribe(s):

Location of tribe(s):

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

Name of tribe(s):

Location of tribe(s):

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

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

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

Name of tribe(s):

Location of tribe(s):

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

Name of tribe(s):

Location of tribe(s):

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

☐ The child is in foster care.

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NUMBER: _____ NAME: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____ ATTORNEY FOR (name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 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: _____
2. Relationship to child: ☐ Parent ☐ Indian custodian ☐ Guardian ☐ Other: _____

Indian Status

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

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

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE)

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

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME:			
CASE NAME:			
NOTICE OF CHILD CUSTODY PROCEEDING FOR INDIAN CHILD (check all that apply): <input type="checkbox"/> JUVENILE <input type="checkbox"/> Dependency <input type="checkbox"/> Delinquency <input type="checkbox"/> ADOPTION <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> CUSTODY (Fam. Code, § 3041) <input type="checkbox"/> DECLARATION OF FREEDOM FROM CONTROL OF PARENT <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> TERMINATION OF PARENTAL RIGHTS <input type="checkbox"/> VOLUNTARY RELINQUISHMENT OF CHILD BY PARENT	CASE NUMBER: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">HEARING DATE:</td> <td>DEPT.:</td> </tr> </table>	HEARING DATE:	DEPT.:
HEARING DATE:	DEPT.:		

NOTICE TO (check all that apply):

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

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

Name
Date of Birth
Place of Birth
2. HEARING INFORMATION

a. Date:	Time:	Dept.:	Room:
Type of hearing:			

- b. Address and telephone number of court ☐ same as noted above ☐ is (specify):

3. The child is or may be eligible for membership in the following Indian tribes (list each):

***Use this form in a conservatorship only if the proposed conservatee is a formerly married minor.**

CASE NAME:	CASE NUMBER:
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4. Under the Indian Child Welfare Act (ICWA) and California law:

- a. The child's parents, Indian custodian, and the child's tribe have the right to be present at all hearings.
- b. The child's Indian custodian and the child's tribe have the right to intervene in the proceedings when ICWA applies.
- c. The child's parent, Indian custodian, or tribe may petition the court to transfer the case to the tribal court of the Indian child's tribe. The child's parent or tribe also have the right to refuse to have the case transferred to the tribal court.
- d. With the limited exceptions of the detention hearing in juvenile cases and the jurisdiction and disposition hearings in delinquency cases as identified in rule 5.482, the court will give up to 20 additional days from the time of the scheduled hearing if the child's parent, Indian custodian, or tribe request such time to prepare for the hearing.
- e. The proceedings could lead to the removal of the child from the custody of the parent or Indian custodian and possible termination of parental rights and adoption of the child.
- f. If the child's parents or Indian custodian have a right to be represented by a lawyer and if they cannot afford to hire one, a lawyer will be appointed for them.
- g. The information contained in this notice and all attachments is confidential. Any tribal representative or agent or any other person or entity receiving this information must maintain the confidentiality of this information and not reveal it to anyone who does not need the information in order to exercise the tribe's rights under the Indian Child Welfare Act (25 U.S.C. § 1901 et seq.).
- h. An Indian custodian is any Indian person who has legal custody of the child under tribal law or custom or state law, or to whom temporary physical custody, care, and control of the child has been transferred by a parent.

5. INFORMATION ON THE CHILD NAMED IN 1

- a. A copy of the petition initiating this case is attached.
- b. The child's birth certificate is ☐ attached ☐ unavailable.
- c. A copy of the tribal registration card of ☐ the child ☐ the parent is attached.
- d. Biological relative information is listed below. *(Indicate if any of the information requested below is unknown or does not apply. Do not use the abbreviation "N/A".) (Required by Fam. Code, § 180; Prob. Code, § 1460.2; and Welf. & Inst. Code, § 224.3.)*
- e. ☐ If the chart does not represent the gender identities of the individuals in the child's family tree, please attach an appropriate equivalent.

Biological Mother	Biological Father
Name (include maiden, married, and former names or aliases):	Name (include former names or aliases):
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:
Additional information:	Additional information:

CASE NAME:	CASE NUMBER:
------------	--------------

5. f. **INFORMATION ON THE CHILD NAMED IN 1**

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Mother's Biological Mother (Child's Maternal Grandmother)	Father's Biological Mother (Child's Paternal Grandmother)
Name (include maiden, married, and former names or aliases):	Name (include maiden, married, and former names or aliases):
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

Mother's Biological Father (Child's Maternal Grandfather)	Father's Biological Father (Child's Paternal Grandfather)
Name (include former names or aliases):	Name (include former names or aliases):
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

CASE NAME:	CASE NUMBER:
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5. g. **INFORMATION ON THE CHILD NAMED IN 1**

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Mother's Biological Grandmother (Child's Maternal Great-grandmother)	Mother's Biological Grandmother (Child's Maternal Great-grandmother)
Name (include maiden, married, and former names or aliases):	Name (include maiden, married, and former names or aliases):
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

Mother's Biological Grandfather (Child's Maternal Great-grandfather)	Mother's Biological Grandfather (Child's Maternal Great-grandfather)
Name (include former names or aliases):	Name (include former names or aliases):
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

CASE NAME:	CASE NUMBER:
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5. h. **INFORMATION ON THE CHILD NAMED IN 1**

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Father's Biological Grandmother (Child's Paternal Great-grandmother)	Father's Biological Grandmother (Child's Paternal Great-grandmother)
Name (include maiden, married, and former names or aliases):	Name (include maiden, married, and former names or aliases):
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

Father's Biological Grandfather (Child's Paternal Great-grandfather)	Father's Biological Grandfather (Child's Paternal Great-grandfather)
Name (include former names or aliases):	Name (include former names or aliases):
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

CASE NAME:	CASE NUMBER:
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5. i. **INFORMATION ON THE CHILD NAMED IN 1**

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A")

Information on Indian Ancestry of Other Lineal Biological Ancestors	Information on Indian Ancestry of Other Lineal Biological Ancestors
Name (include maiden, married, and former names or aliases):	Name (include maiden, married, and former names or aliases):
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

☐ More information on lineal biological ancestors is attached on a separate sheet.
5. j. **INFORMATION ON THE CHILD NAMED IN 1**

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Indian Custodian Information	Indian Custodian Information
Name (include maiden, married, and former names or aliases):	Name (include maiden, married, and former names or aliases):
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:

CASE NAME:	CASE NUMBER:
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6. ADDITIONAL INFORMATION ON THE CHILD NAMED IN 1*(Indicate if any of the information requested below is unknown.)*

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

☐ Unknown

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

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

- a. Attended an Indian school? ☐ Yes ☐ No ☐ Unknown

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

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

☐ Yes ☐ No ☐ Unknown

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

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

☐ Yes ☐ No ☐ Unknown

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

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

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

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

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

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

Name

Mailing Address

Telephone Number

DECLARATION

(To be completed, dated, and signed in all cases by each petitioner named in companion petition.)

I am the petitioner or we are all of the petitioners in this proceeding. In response to items 5–9 of this form, I/we have given all information I/we have about the relatives and, if applicable, the Indian custodian, of the child named in item 1 of this form.

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

CASE NAME:	CASE NUMBER:
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CERTIFICATE OF MAILING—JUVENILE COURT PROCEEDINGS

(To be completed by social worker or probation officer.)

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

on (date):

Date:	Title:	Department:
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%; border-bottom: 1px solid black; margin-top: 10px;"></div> <div style="width: 5%; text-align: center;">▶</div> <div style="width: 50%; border-bottom: 1px solid black; margin-top: 10px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> (TYPE OR PRINT NAME) (SIGNATURE) </div>		

DECLARATION OF MAILING—ADOPTION, FAMILY LAW, AND PROBATE PROCEEDINGS

(To be completed by the attorney for Petitioner if Petitioner is represented.)

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

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

Date:		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%; border-bottom: 1px solid black; margin-top: 10px;"></div> <div style="width: 5%; text-align: center;">▶</div> <div style="width: 50%; border-bottom: 1px solid black; margin-top: 10px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> (TYPE OR PRINT NAME) (SIGNATURE) </div>		

CERTIFICATE OF MAILING—PROBATE PROCEEDINGS

(To be completed by the clerk of the court if Petitioner is unrepresented.)

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

on (date):

Date:	Title:	Department:
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%; border-bottom: 1px solid black; margin-top: 10px;"></div> <div style="width: 5%; text-align: center;">▶</div> <div style="width: 50%; border-bottom: 1px solid black; margin-top: 10px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> (TYPE OR PRINT NAME) (SIGNATURE) </div>		

This form and all return receipts must be filed with the court.

CASE NAME:

CASE NUMBER:

**NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL PERSONS,
TRIBES, OR AGENCIES TO WHOM NOTICE WAS MAILED**

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

Note: Notice to the tribe must be sent to the tribal chairperson or designated authorized agent for service.

☐ Additional tribes served listed on attached form ICWA-030(A)

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			
14. PLEASE CHECK ONE 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"/> 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) 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. 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