

ADOPTION PACKET

ADOPT-050 How to Adopt a Child in California

In California, there are several kinds of adoption. Learn about stepparent/domestic partner adoptions on page 1 and independent, agency, and international adoptions and adoption of an Indian child on page 2.

Stepparent/Domestic Partner Adoptions

If you want to adopt your stepchild or the child of your domestic partner, fill out and file the forms listed below. You can get them from the court clerk or from the California Courts Self-Help Center: www.courtinfo.ca.gov/selfhelp.

1 Fill out court forms.

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

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 every adoption, 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
- Friends/relatives (*optional*)

Independent, Agency, or International Adoptions

If this is an independent, agency, or international adoption, fill out and file the forms below. You can get them from the court clerk or from the California Courts Self-Help Center: www.courtinfo.ca.gov/selfhelp.

1 Fill out court forms.

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

2 The social worker writes a report.

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

3 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
- Friends/relatives (*optional*)

4 Is this an "open" adoption?

If you want your child to have contact with his or her birth family, fill out ADOPT-310, which asks for an open adoption.

5 If you are adopting an Indian child

In addition to the forms listed in ①, fill out and bring:

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

If you are adopting through a tribal customary adoption:

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

ADOPT-200 Adoption Request

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

Clerk stamps date here when form is filed.

Fill in court name and street address:

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

Court fills in case number when form is filed.

Case Number:

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

a. _____

b. _____

Relationship to child: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

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

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

- Where the adopting parent(s) reside;
- Where the child was born or resides at the time of filing;
- Where an office of the agency that placed the child for adoption is located;
- Where an office of the department or public adoption agency that is investigating the petition is located;
- Where a placing birth parent or parents resided when the adoptive placement agreement, consent, or relinquishment was signed;
- Where a placing birth parent or parents resided when the petition was filed;
- Where the child was freed for adoption.

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

3 Type of adoption (check one):

- Agency (name): _____
 - Relative Nonrelative
- Joinder will be filed. Joinder is being filed at same time as this Adoption Request.
- Tribal customary adoption (attach tribal customary adoption order)
- Independent
 - Relative Nonrelative
- Intercountry (name of agency): _____

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

Stepparent

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

Hearing is set for:

Hearing Date

Date: _____

Time: _____

Dept.: _____ Room: _____

Name and address of court if different from above:

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



Your name: _____

Case Number: _____

4 Information about the child:

a. The child's new name will be: _____

b. Boy Girl

c. Date of birth: _____ Age: _____

d. Child's address (if different from yours):

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 your physical care: _____

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

6 Does the child have a legal guardian? Yes No

(If yes, attach a copy of the Letters of Guardianship and fill out below):

a. Date guardianship ordered: _____

b. County: _____

c. Case number: _____

7 Is the child a dependent of the court? Yes No

(If yes, fill out below):

Juvenile case number: _____

County: _____

8 Child may have Indian ancestry: Yes No

a. Whether you answered "Yes" or "No," you must fill out and attach *Indian Child Inquiry Attachment* (form ICWA-010(A)) and *Parental Notification of Indian Status* (form ICWA-020) or other proof that ICWA inquiry has been completed in accordance with rule 5.481(a).

b. If you answered "Yes," you must also fill out and attach *Adoption of Indian Child* (form ADOPT-220) if, after notice, it is determined that ICWA does apply to the child.

9 Names of birth parents, if known:

a. Mother: _____

b. Father: _____

10 If this is an agency adoption:

a. I/We have received information about the Adoption Assistance Program, the Regional Center, mental health services available through Medi-Cal or other programs, and federal and state tax credits that might be available.
 Yes No

b. All persons with parental rights agree that the child should be placed for adoption by the California Department of Social Services or a county adoption agency or a licensed adoption agency (Fam. Code, § 8700) and have signed a relinquishment form approved by the California Department of Social Services, and the time to revoke the relinquishment has expired or been waived.

Yes No (If no, list the name and relationship to child of each person who has not signed the relinquishment form or whose time to revoke the relinquishment has not expired or been waived):



Your name: _____

- c. This is a tribal customary adoption under Welfare and Institutions Code section 366.24. Parental rights have been modified under and in accordance with the attached tribal customary adoption order, and the child has been ordered placed for adoption. Yes No
- d. This is an adoption conducted under the requirements of the Hague Adoption Convention and the child will be moving or has already moved with the adopting parent(s) to another Hague Convention member country at the conclusion of this adoption. Yes No If yes, child will be moving or has moved to *(name of country)*: _____ and adopting parent(s): seek(s) a California adoption will be petitioning for a Hague Adoption Certificate will be seeking a Hague Custody Declaration.

11 If this is an independent adoption:

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

12 If this is a stepparent adoption:

- a. The birth parent *(name)*: _____ has signed a consent will sign a consent
- b. The birth parent *(name)*: _____ has signed a consent will sign a consent
- c. The adopting parents were married on **or** The domestic partnership was registered on *(date)*: _____ *(For court use only. This does not affect social worker's recommendation. There is no waiting period.)*

- 13** There is no presumed or biological father because the child was conceived by artificial insemination using semen provided to a medical doctor or a sperm bank. (Fam. Code, § 7613.)

14 Contact after adoption

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

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

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



Case Number: _____

Your name: _____

b. A court ended the parental rights of:

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

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

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

c. The child is the subject of a tribal customary adoption order under Welfare and Institutions Code section 366.24, which has modified the parental rights of:

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

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

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

(Attach a copy of the order.)

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

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

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

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

f. The child has been abandoned as follows:

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

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

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

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

g. The consent of the presumed father is not required because he did not become a presumed father before the mother's relinquishment or consent became irrevocable or the mother's parental rights were terminated. (Fam. Code, § 8604(a).)

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

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____



Case Number: _____

Your name: _____

16 Suitability for adoption

Each adopting parent:

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

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

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

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

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

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

Date: _____ *Type or print your name*  _____ *Signature of attorney 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).

ADOPT-210 Adoption Agreement

Clerk stamps date here when form is filed.

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 Child's name before adoption: _____
Child's name after adoption: _____
Date of birth: _____ Age: _____

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

Date: _____
Type or print your name _____
Signature of child (child must sign at hearing if 12 or older; optional if child is under 12) _____

④ If there is only **one** adopting parent, read and sign below. Sign at the hearing in front of the judge.

- 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 (sign at hearing) _____

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

Date: _____
Type or print your name _____
Signature of spouse or registered domestic partner (may be signed before hearing) _____



Your name: _____

5 If there are *two* adopting parents, read and sign below. Sign at the hearing in front of the judge.

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 (sign at hearing)

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

Date: _____
Type or print your name

▶ _____
Signature of adopting parent (sign at hearing)

6 If this is a tribal customary adoption, read and sign below. Sign at the hearing in front of the judge.

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 (sign at hearing)

Date: _____
Type or print your name

▶ _____
Signature of adopting parent (sign at hearing)

7 For stepparent adoptions only:

If you are the legal parent of the child listed in **2**, read and sign below. Sign at the hearing in front of the judge.

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

Date: _____
Type or print your name

▶ _____
Signature of legal parent (sign at hearing)

8 Executed:

Date: _____

▶ _____
Judge (or Judicial Officer)

ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

1 Your name (*adopting parent(s)*):
a. _____
b. _____
Relationship to child: _____
Street address: _____
City: _____ State: _____ Zip: _____
Daytime telephone number: _____
Lawyer (*if any*): (*Name, address, telephone number, 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 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 date: _____
Dept.: _____ Div.: _____ Rm.: _____ Judicial Officer: _____
Clerk's office telephone number: _____

5 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 5" at the top, and list the additional names and each person's relationship to child.

Judge will fill out section below.

6 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. This is a tribal customary adoption and the child's consent is not required.

7 The judge has reviewed the report and other documents and evidence and finds that each adopting parent:
a. Is at least 10 years older than the child or meets the criteria in Fam. Code, § 8601(b)
b. Will treat the child as his or her own
c. Will support and care for the child
d. Has a suitable home for the child *and*
e. Agrees to adopt the child



Your name: _____

Case Number: _____

- 8 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: _____
- 9 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 (14) below.
- 10 The judge approves the *Contact After Adoption Agreement* (ADOPT-310)
 As submitted As amended on ADOPT-310
- 11 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.
- 12 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.
- 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* (ADOPT-200) *Adoption of Indian Child* (ADOPT-220)
 Adoption Order (ADOPT-215) *Contact After Adoption Agreement* (ADOPT-310)

in a sealed envelope, marked "Confidential" and addressed to:

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

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

Place: _____ on (date): _____

Date: _____ Clerk, by: _____, Deputy

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

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

Clerk stamps date here when form is filed.

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

Court fills in case number when form is filed.
Case Number:

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

- a. If applicable, please state the permanent address outside the United States of the adopting parent(s): _____

- b. Will you be moving the child to permanently reside in another country? Yes No
- c. If your answer to 1(b) is yes, what is the name of the other country?

- d. If your answer to 1(b) is yes, when will the move occur?

- e. Has the child lived in any other country since his/her birth? Yes No
- f. If your answer to 1(e) is yes, please indicate the country and the length of time the child resided there.
 (country): _____
 (length of time resided in country): _____
- g. What is the child's citizenship? _____
- h. Please state date(s) for any contact between the prospective adoptive parent(s) and the child's birth parent(s) or any other person who has had care of the child and describe the contact:

- i. Please state the amount and purpose of any payments made by the adopting parent(s) to the birth parent(s) or any other person who has had care of the child:

2 Court Findings (to be completed by the judge)

The court finds as follows:

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



Your name: _____

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

3 Court Verifications (to be completed by the judge)

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

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

4 Court Orders

The court grants

- Final adoption order.
- Final custody decree.

Date: _____

Judge (or Judicial Officer)

ADOPT-225

Parent of Indian Child Agrees to End Parental Rights

Clerk stamps below when form is filed.

Court name and street address:

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

Case Number:

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

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

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

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

City: _____ State: _____ Zip: _____

Phone #: _____ Your tribe(s): _____ Enrollment #: _____

Check here if you do not know the enrollment #.

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

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



Case Number: _____

Your name: _____

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

Date: _____
Type or print your name

▶ _____
Signature of Indian parent

Judge's Certification

I, Judge _____,
Superior Court of California, County of _____, certify:

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

Certified:

Date: _____

▶ _____
Judge (or Judicial Officer)

ADOPT-230 Adoption Expenses

Clerk stamps date here when form is filed.

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

① Your name (adopting parent):

a. _____

b. _____

Relationship to child: _____

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

Street: _____

City: _____ State: _____ Zip: _____

Telephone number: (____) _____

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

Fill in court name and street address:

Superior Court of California, County of
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	_____	\$ _____	_____



Case Number: _____

Your name: _____

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

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

Number of pages attached: _____

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

Date: _____
Type or print your name

▶ _____
Signature of adopting parent

Date: _____
Type or print your name

▶ _____
Signature of adopting parent

ADOPT-310

Contact After Adoption Agreement

Original Change

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

a. _____
 b. _____

Relationship to child: _____

Your address (skip this if you have a lawyer):
 Street: _____
 City: _____ State: _____ Zip: _____

Your phone #: (____) _____

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

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 #: (____) _____ State Bar #: _____

3 The people below agree with the parent(s) in **1** about contact with the child after adoption. *If the agreement is confidential, write "Confidential" instead of the person's name.*
 If other relatives, 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: _____



Your name(s): _____

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 the continued contact between the child and the specified relatives in view of the best interest of the child.

Notice

After the judge grants the Adoption Request and approves this agreement, the adoption is still valid. It can never be canceled or changed even if one of the people signing this agreement:

- Does not follow this agreement *and/or*
- Files ADOPT-315 (to change, end, or enforce this agreement)

When the adopted child turns 18, he or she can undo all or part of this agreement.

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

- a. _____
b. _____

Relationship to child: _____

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

Street: _____

City: _____ State: _____ Zip: _____

Your phone #: (_____) _____

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

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 mediation or some other form of dispute resolution.

4 List all people who signed the original Contact After Adoption Agreement (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 adoption of the child named in 2 is still valid.
- The adoption can never be canceled or changed.
- If you disagree with this form, you must file ADOPT-320 within 30 days after receiving this form.



ADOPT-320 Answer to Request to: Enforce, Change, End Contact After Adoption Agreement

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

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 interest.
 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: _____

Date: _____ *Type or print your name* ➤ *Sign your name*

Date: _____ *Type or print your name* ➤ *Sign your name*

ADOPT-325 Judge's Order to:
Enforce, Change, End-
Contact After Adoption Agreement

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 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 #: (____) _____

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

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 a legally enforceable agreement.

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 mediation or similar method.

(2) Enforcing the agreement is not in the child's best interest.

(3) Other: _____

Your name(s): _____

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 with the requests listed in ADOPT-315
 - (2) It is in the best interest of the child
 - (3) There have been important changes since the original agreement was approved *and*
 - (4) The applicant has participated, or tried to participate, in ways to solve the problem, such as 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 participate in ways to solve the problem, such as 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) If the requests in ADOPT-315 will benefit the child
 - (2) The child's wishes
 - (3) The child's mental health
 - (4) Other: _____
- d. The study or evaluation will be done by (*individual or agency*): _____
The people involved must cooperate with this individual or agency.
- e. The cost of the study or evaluation and written report will be paid by:
Name(s) of person to pay: _____
Relationship to child: _____
- f. The judge and all people involved in this case will get a complete report by (*date*): _____
- g. The judge will review the report and make a decision by: _____
- h. The people involved in this case must return to court on (*date*): _____
at (*time*): _____ a.m. p.m.

Date: _____



Judge (or Judicial Officer)

COURT REPORT OF ADOPTION

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

STATE FILE NUMBER _____

LOCAL REGISTRATION NUMBER _____

TYPE OR PRINT CLEARLY IN BLACK INK ONLY

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

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

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.

FATHER/PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE FATHER/PARENT <input type="checkbox"/> BIOLOGICAL FATHER/PARENT <input type="checkbox"/>			
	8A. NAME OF FATHER/PARENT—FIRST		8B. MIDDLE	8C. LAST (BIRTH)
	9. STATE/FOREIGN COUNTRY OF BIRTH		10. DATE OF BIRTH—MM/DD/CCYY	
MOTHER/PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE MOTHER/PARENT <input type="checkbox"/> BIOLOGICAL MOTHER/PARENT <input type="checkbox"/>			
	11A. NAME OF MOTHER/PARENT—FIRST		11B. MIDDLE	11C. LAST (BIRTH)
	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 of the hospital or other facility where 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 county 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.

COUNTY 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 COUNTY 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		ADDRESS—Street and Number	
	CITY, STATE, ZIP CODE		DAYTIME TELEPHONE NUMBER ()	

GENERAL INFORMATION

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

The Office of 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 County 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 Office of 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 the Office of 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 County 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 the Office of Vital Records, but there is an additional fee for each additional certified copy requested. Please contact the Office of 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 the Office of Vital Records is:

California Department of Public Health
Office of Vital Records
MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410