

Stepparent/Domestic Partner Adoption Instruction Packet Assistance for Self-Represented Litigants

Superior Court of California, County of Tulare

If you are filing for a stepparent/domestic partner adoption and do not have an attorney representing you, there is free assistance available.

Please contact:

**SELF-HELP RESOURCE CENTER/FAMILY LAW FACILITATOR AT:
(559) 737-5500**

**3400 West Mineral King, Ste C 300 E. Olive Ave
Visalia, CA 93291 OR Porterville, CA 93257**

The Self-Help Resource Center will provide instructions on how to complete the forms and how to properly notice all the necessary parties.

They can answer your procedural questions and explain the Court process.

The Self-Help Resource Center will NOT represent you in Court.

Please call for an appointment.

The following is a guide to stepparent/domestic partnership adoption in Tulare County.

For more information on these actions, we suggest you contact an attorney, contact a legal typing service, research information at the Law Library located at the Visalia

Courthouse on the Ground Floor and/or access the Court's Self-Help website at <http://www.courts.ca.gov/selfhelp-adoption.htm>. You may select the Spanish icon at the right of the webpage for information in Spanish.

You may also consult Do Your Own California Adoption: Nolo's Guide for Stepparents & Domestic Partners by Frank Zagone & Attorney Emily Doskow. It is available at the Public Library or may be ordered from your local bookstore or online.

Each county has different procedures for this process. We hope that this explanation will assist you with the procedures for this county. The forms located in this packet, which are marked as Judicial Council forms (such as, ADOPT-200), can also be found on the internet at www.courtinfo.ca.gov/selfhelp-adoption.htm and may be completed online in a .pdf document and printed. The forms in the packet from the Department of Social Services may be accessed at <http://www.dss.cahwnet.gov/cdssweb/PG164.htm#ad> (AD forms). The form in the packet from the California Department of Public Health may be accessed at: www.cdph.ca.gov/pubsforms/forms/CtrlldForms/VS44.pdf. The Tulare County Local Forms are designated with an FCS prefix.

Stepparent/Domestic Partner Adoption Packet Forms:

ADOPT-050	How to Adopt a Child in California/ Stepparent/Domestic Partner Adoptions
FCS-507-2016-M (INFO)	Stepparent/Domestic Partner Adoption Instructions Packet
ADOPT-200	Adoption Request
ADOPT-210	Adoption Agreement
ADOPT-215	Adoption Order
ADOPT-220	Adoption of Indian Child
AD 2A/2B	Stepparent Adoption: Consent to Adoption by a Parent in or outside of California Giving Custody to Husband or Wife or Domestic Partner of Other Parent
FCS-500-2016-M	Petition to Declare Minor(s) Free From Parental Custody and Control and Terminate Parental Rights
FCS-501-2016-M	Declaration of Custodial Parent
FCS-502-2016-M	Citation for Freedom From Parental Custody and Control
FCS-503-2016-M	Application and Order for Publication OR Dispensing with Notice to Alleged Father on Petition to Terminate Parental Rights
FCS-504-2016-M	Declaration of Due Diligence in Support of a Request for An Order of Publication or For Order Dispensing with Notice
FCS-505-2016-M	Findings and Order of the Court on the Petition to Delcare Minor Free From Parental Custody and Control and Terminate Parental Rights
FCS-506-2016-M	Stepparent/Domestic Partner Adoption Informational Questionnaire
ICWA-010(A)	Indian Child Inquiry Attachment
ICWA-030	Notice of Child Custody Proceeding for Indian Child
ICWA-020	Parental Notification of Indian Status

COURTHOUSE LOCATIONS:

Any paperwork that requires filing with the Clerk's Office may be filed at the following locations Monday through Friday between 8:00 a.m. and 4:00 p.m.:

Superior Court of California, County of Tulare Visalia Division 221 S Mooney Blvd, Room 201 Visalia, CA 93291 (559) 750-5000, Option 3	OR	South County Justice Center 300 E Olive Ave., Clerk's window Porterville, CA 93257 (559) 782-3700
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FAMILY COURT SERVICES LOCATION:

Superior Court of California, County of Tulare
221 S Mooney Blvd, Room 203, Visalia, CA 93291
(559) 730-5000, Option 6

STEP 1**GATHER NECESSARY DOCUMENTS:**

The Court Investigator at Family Court Services will require the following documents in order to complete the stepparent adoption investigation. These documents listed below will **NOT** be filed with the Court, but will be provided to Family Court Services, Room 203 at the Visalia Courthouse when you provide a copy of your filed documents immediately after filing your documents with the Clerk's Office. Be sure to bring a copy of all original documents below (original certificates are required to be verified by Family Court Services staff).

1. Original Birth Certificate/s of the child/ren to be adopted.
2. Marriage License of the petitioner and biological/legal parent who has custody, or the Domestic Partner Registration Certificate.
3. All final judgments of divorce (or death certificates) for any prior marriages of the petitioner and the parent who has custody.
4. The Original death certificate of the absent parent, (if applicable).
5. Any court order awarding custody of the child to Petitioner's spouse/partner (i.e. the minor's natural parent – this may be contained in the divorce decree).
6. Any Order Terminating Parenting Rights or Order Declaring Minor Free from Parental Custody and Control, if one has been obtained in another court proceeding.

If you are seeking Certificates for events (birth, death or marriage) that occurred in Tulare County, contact the Tulare County Clerk's Office at (559) 636-5051. Their office is located on the first floor of the Visalia courthouse.

STEP 2**COMPLETE AND FILE THE REQUIRED FORMS AND PAY FEES:**

Type or neatly hand print **all** of the following required forms in black ink (or in the alternative, complete the forms in .pdf form available on the Court's website at www.courts.ca.gov/forms, select the Category Adoptions):

1. Complete the necessary forms from the Checklist provided in ADOPT-050, *How to Adopt a Child in California* (Stepparent/Domestic Partner Adoption Section).
2. Tulare County Superior Court Requires the following additional information:
 - a. **ADOPT-200 – Adoption Request** – One form for each child must be filled out and filed with the Clerk (cost is \$20.00 per child). You must send or bring a copy to Family Court Services, Room 203, OR to the Clerk's window at the South County Justice Center located in Porterville.
 - b. **ADOPT-215- Adoption Order** – Must be lodged with the court prior to the hearing date. This will be completed at the stepparent adoption hearing.
 - c. **ADOPT-210- Adoption Agreement** - Must be lodged (placed in the court's file) prior to the hearing date. It will be completed at the stepparent adoption hearing.

STEP 3

PROVIDE COPIES TO FAMILY COURT SERVICES:

1. Immediately upon filing your documents with the Clerk's Office, the petitioner shall provide a copy of the filings to Family Court Services, Room 203 at the Visalia Courthouse. If filing in Visalia, the petitioner shall provide a copy to Family Court Services directly. If filing at the South County Justice Center, the petitioner shall provide a copy of the filings to the Court Clerk who will forward the copies to Family Court Services.
2. In addition to the copies of the filed documents, the petitioner shall provide a copy of the "Necessary Documents" outlined in Step 1.
3. Upon receipt of the documents by Family Court Services, a file will be opened. A Stepparent/Domestic Partner Questionnaire will be mailed to the petitioner along with a Fingerprint Authorization form (or the petitioner may obtain the Questionnaire and Authorization Form from Family Court Services in person).
 - a. The petitioner will turn in the completed and signed Authorization Form (either to Family Court Services located in Room 203 of the Visalia Courthouse, or to the Self-Help Resource Center in either location) in exchange for a Live Scan Form.
 - b. The petitioner will then make an appointment for Live Scan fingerprinting. Detailed instructions are provided on the Live Scan Authorization form. The petitioner will be directed to provide a copy of the completed Live Scan form to Family Court Services. This is necessary so that Family Court Services may keep track of the results.
 - c. The petitioner shall complete and return the Questionnaire to Family Court Services (either directly to Room 203 at the Visalia Courthouse or to the Court Clerk at the South County Justice Center located in Porterville who will forward it to Family Court Services) as soon as possible so that the investigation may proceed.

STEP 4

CONSENT OR ENDING PARENTAL RIGHTS:

The petitioner will need to obtain the consent of the biological parent who is giving up custody of the child.

If the other parent does NOT want to sign a consent form, you will have to file a petition to end his or her parental rights. This must occur before the court will hear your adoption petition and must be filed at the same time the Adoption Request is filed.

HOW TO PROCEED IF YOU HAVE CONSENT: If the Non-Custodial Parent Consents, or the Non-Custodial Parent is deceased, or the Non-custodial parental rights have been terminated by a Court:

1. Complete and File the DSS form **AD 2A/2B - Consent to Adoption by Parent In California/Outside California Giving Custody to Husband or Wife of Other Parent** – signed by the parent giving up his/her rights. In addition, there are forms that can be used by a parent outside California (AD-2B) and a parent in the Armed Forces (AD-2C). These Department of Social Services forms may be accessed at <http://www.dss.cahwnet.gov/cdssweb/PG164.htm#ad>

NOTE: The consent must be witnessed by a notary public, court clerk, probation officer, qualified court investigator, or county welfare department staff member if the parent resides in California. If the parent resides outside California, the form must be signed in the presence of a notary public. If the parent resides outside of the Country, it is best to consult with an attorney and obtain legal advice. If the parent resides in Mexico, the Self-Help Resource Center has a packet available titled “Letters Rogatory, Service in Mexico – Instructions for Service of Process of Initial Family Law Filings in Mexico”.

2. A hearing date should not be scheduled for the stepparent adoption at this time.
3. Once all paperwork has been received (the Questionnaire and all “Necessary Documents” outlined in Step 1, the Live Scan results are received (this can take a few days or several months), and all references are returned (these will be mailed out by Family Court Services upon receipt of the Questionnaire), and a Child Welfare Services Inquiry is completed, the case will be assigned to a Court Investigator.
 - a) The Court Investigator will contact the petitioner to make an appointment for the in-person interviews of the petitioner, custodial parent, and child/ren which will occur at the Family Court Services office located in Room 203 of the Visalia Courthouse.
4. The investigator will witness the signature on the Consent of the Parent Retaining Custody at the time of the interview.
5. After the interviews, a Report will be completed by the Investigator and mailed to the Petitioner with a Cover letter, directing the petitioner to Contact the Clerk of the Court, Room 201 of the Visalia Courthouse or the Clerk’s window at the South County Justice Center, to place the matter on the Court’s calendar for the Stepparent/Domestic Partner Adoption.

HOW TO PROCEED IF THE NON-CUSTODIAL PARENT WILL NOT CONSENT, OR YOU DO NOT KNOW THE IDENTITY OR WHEREABOUTS OF THE NON-CUSTODIAL PARENT:

A petition to terminate the parental rights of the father/mother/legal parent *must be* filed with the Court Clerk along with the forms listed in Step 1. The Tulare County local forms for terminating the parental rights of the non-custodial parent are listed below and are included in this packet:

- a. **FCS-500-2016-M - Petition to Declare Minor Free from Parental Custody and Control and Terminate Parental Rights** - If the non-custodial parent has not consented to the adoption, this petition must be filed to terminate that parent’s rights

- before any adoption can take place.
- b. **FCS-501-2016-M - *Declaration of Custodial Parent***– This is completed if there is no consent filed with the Petition to Declare Minor Free from Parental Custody and Control and Terminate Parental Rights.
 - c. **FCS-502-2016-M - *Citation and Proof of Service for Petition to Declare Minor Free From Parental Custody and Control*** - This form can be used to cite the non-custodial parent to the hearing.
 - d. **FCS-503-2016-M - *Application and Order for Publication or Dispensing with Notice*** - Fill out this form if you are unable to serve the absent parent with the Petition to Declare Minor Free from Parental Custody and Control (FCS-500-2016-M). Bring it with the Declaration of Due Diligence (FCS-504- 2016-M) to the court clerk for the judge’s signature to allow you to publish a notice in the newspaper most likely to be read by that parent. If you are asking that the court dispense with notice to an alleged natural father you will fill this form out also with the Declaration of Due Diligence (FCS-504-2016-M).
 - e. **FCS-504-2016-M – *Declaration of Due Diligence in Support of a Request for an Order of Publication or for an Order Dispensing with Notice*** – This form is filled out and submitted with the Application and Order for Publication or Dispensing with Notice (FCS-503-2016-M) and outlines what efforts you have made to try to find the absent parent.
 - f. **FCS-505-2016-M – *Findings and Order of Court On Petition to Declare Minor(s) Free From Parental Custody and Control and Terminate Parental Rights***. This form is submitted to court for signature at the Court hearing.

Type or neatly print all of the following required forms in black ink:

1. Complete and File the forms a. through f. above (as applicable) with the Court Clerk in Room 201 of the Visalia Courthouse or at the Clerk’s window at the South County Justice Center located in Porterville. Remember to provide a copy of all filed documents to Family Court Services (Room 203 of the Visalia Courthouse or to the Clerk’s window at the South County Justice Center located in Porterville, who will forward the copies to Family Court Services).
2. A file will be opened in Family Court Services and a Court Investigator will be assigned. A Stepparent/Domestic Partner Questionnaire will be mailed to the petitioner (or provided to the petitioner in person upon delivery of the documents to Family Court Services) along with a Fingerprint Authorization form.
 - a. The petitioner will turn in the completed and signed Authorization Form (either to Family Court Services located in Room 203 of the Visalia Courthouse, or to the Self-Help Resource Center) in exchange for a Live Scan Form.
 - b. The petitioner will then make an appointment for Live Scan fingerprinting. Detailed instructions are provided on the Live Scan Authorization form. The petitioner will be directed to provide a copy of the completed Live Scan form to Family Court Services. This is necessary so that Family Court Services may keep track of the results.
3. The Court Investigator from Family Court Services will be completing an investigation for this hearing and must be given notice of the hearing date in sufficient time to complete a

report and recommendation to the Court. There is a quick turnaround for these hearings, and the Court Investigator cannot begin their investigation until the petitioner has provided **all** necessary documents in order to proceed with the investigation. Failure to provide the necessary documentation may result in a delay in the proceedings.

- a. The investigator will call the petitioner to schedule in-person interviews with the petitioner, custodial parent, and children at issue at the Family Court Services Offices, Room 203, at the Visalia Courthouse. Interviews will also be conducted with the non-custodial parent if their whereabouts are known.
4. The non-custodial parent must be given notice of this hearing and has the right to have counsel appointed to represent him/her. *The Citation and Proof of Service* must be filled out and the Court Clerk will fill in the hearing date. Once the parent is served, the Original Proof of Service is filled out and returned to the Court Clerk's office.
5. If the non-custodial parent cannot be located after reasonable efforts have been made, you must file a *Declaration of Due Diligence in Support of a Request for an Order of Publication or for an Order Dispensing with Notice setting forth those efforts and an Application and Order for Publication* (d). This order must be signed by the Court and publication completed prior to the hearing date. (See Family Code 7882), unless the Court Dispenses with Notice to the Non-custodial parent.
6. Once it is determined by the Judge at a hearing that the non-custodial parent's rights are terminated, a copy of the Judge's order must be given to Family Court Services by the petitioner so that the stepparent adoption report may be completed.
7. Once all paperwork has been received by Family Court Services (all "Necessary Documents" outlined in Step 1), the Live Scan results are received (this can take a few days or several months), and all references are returned (these will be mailed out by Family Court Services upon receipt of the Questionnaire), and a Child Welfare Services Inquiry is completed, the Court Investigator will complete the Stepparent Adoption Report.
 - a. The Stepparent Adoption Report will be mailed to the petitioner with a Cover letter, directing the petitioner to Contact the Court Clerk, Room 201 of the Visalia Courthouse or the Clerk's window at the South County Justice Center, to place the matter on the Court's calendar for the Stepparent/Domestic Partner Adoption.

STEP 5

ON THE DATE OF THE ADOPTION HEARING:

- 1) The petitioner, custodial parent and child/ren must appear, unless an order is first signed upon a showing of good cause excusing the appearance of the child/ren. The adoptive parent will sign the *Adoption Agreement* (ADOPT-210) in the presence of the Judge who then signs the Agreement and the *Adoption Order* (ADOPT-215). If the child to be adopted is 12 years of age or older, s/he must consent in writing to the adoption at the time of the hearing. Once these forms are signed and filed, the adoption is considered final. The signed order will be delivered to the Clerk of the Court, Room 201 at the Visalia Courthouse and to the Clerk's window at the South County Justice Center located in Porterville. You may need to return to the Court Clerk to obtain your certified copies.

1. If you wish to change the child's name on the birth certificate and/or add the adoptive parent to the birth certificate, complete the *Court Report of Adoption – VS 44* form which will be given to you in the interview with Family Court Services. This is a form from the State Department of Public Health-Vital Records. You may complete this form online at: www.cdph.ca.gov/pubsforms/forms/CtrldForms/VS44.pdf . You must lodge 2 original copies with the Clerk's Office before the hearing and the Clerk will forward it to the State Registrar in Sacramento. One original copy of the new birth certificate will be mailed to the petitioner (this fee was paid as part of your filing fee). It takes on average 7 months for receipt of the birth certificate in the mail.
2. At the Court hearing, the Judge will Order the Investigation Fees to be paid to the Court Clerk after the hearing (Room 201 at the Visalia Courthouse or the Clerk's window at the South County Justice Center in Porterville). The fees for the stepparent adoption are \$300.00. The fees for the stepparent adoption with a termination of parental rights investigation is \$400.00.
3. You may bring a camera if you want a photo with you and your child/ren with the judge. You may also bring friends and relatives.

Frequently Asked Questions:

1. **How long does this process take?** There is not a simple answer to this question and is dependent on many factors. It can take a few months to six or more months. A major factor is how quickly forms are returned and the accuracy of the form completion.
2. **Do the children need to be present at the court hearings?** The children do not need to be present at the Termination of Parental Rights hearing unless they are ordered to by the Court. The children **must** be present at the Stepparent Adoption hearing.
3. **Do I have to tell the children about the Stepparent adoption?** Yes. If you are asking the Court to terminate the non-custodial parents' rights, children age 7 and older will be interviewed by the Court Investigator and must be asked statutory questions about their non-custodial parent, with a few exceptions. It is not the role of the Court Investigator to inform the child of their non-custodial parent.

If the non-custodial parent has consented, the same statutory questions are not required, but the children will be in Court and will hear that the proceedings involve a stepparent adoption, so exposure to the topic is important. The child will be asked in the interview about what they know about the adoption and whether they Consent. Children ages 12 and older **must** consent to the Adoption.

4. **My spouse/domestic partner and I have been married less than a year. May we still apply for the stepparent adoption?** Yes. Although the Court prefers that the petitioner and custodial parent have been married (or in a registered domestic partnership) for more than a year, this is addressed on a case by case basis during the investigation. Many factors are considered such as the duration of the relationship between the petitioner and child.

5. **I have a criminal background. Will this prevent me from adopting my stepchildren?** Not necessarily. Every situation is evaluated on a case by case basis and this will be addressed in the interviews with the Court Investigator.
6. **One of my stepchildren is almost 18 years old. Can I still adopt?** If the child turns the age of majority (age 18) during the investigation, that child cannot be adopted through a stepparent adoption. If the parties continue to desire to proceed with an adoption after the age of 18, they may consider an Adult Adoption. There are no Judicial Council forms for this process and the parties would have to conduct their own research. The Law Library located on the Ground Floor of the Visalia Courthouse has examples of forms used for this process in the Procedural books under the topic "Adult Adoption".

PLEASE NOTE:

It is always in your best interest to seek legal advice in these matters—legal processes are confusing. The adoption hearing is the last step, where the Adoption Agreement and Order are signed, but your case may require hearings prior to the final adoption hearing for the judge to make orders regarding such issues as dispensing with notice, terminating parental rights, etc.

THIS FORM IS NOT INTENDED TO BE A COMPLETE STATEMENT OF ALL OF YOUR LEGAL RESPONSIBILITIES, AND IS NOT INTENDED TO SUBSTITUTE FOR LEGAL ADVICE.

General Information on Adoptions

Seek legal advice about your family's options before beginning any adoption. Every family is different and adoption may not be necessary for some families. Visit the California Court's Online Self-Help Center adoption page to get copies of adoption forms, look for organizations that provide legal help with adoptions, and learn how to complete the adoption process on your own if you cannot afford a lawyer: www.courts.ca.gov/selfhelp-adoption.htm. You can also get copies of adoption forms at your local court clerk's office.

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

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

Stepparent/Domestic Partner Adoptions

Answer these questions to get started.

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

If you answered "No" to either question, complete items 1 through 4 below for a *Stepparent/Domestic Partner Adoption*.
If you answered "YES" to both question, complete items 1 and 2, only, for a *Stepparent Adoption to Confirm Parentage*.

1 Fill out court forms.

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

2 Take your forms to court.

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

3 The social worker writes a report.

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



4 Go to court on the date of your hearing.

Bring:

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

Independent, Agency, or International Adoptions

If this is an independent, agency, or international adoption, fill out and file the forms listed in items 1 through 4 below.
 Note: The rights of the existing parents usually terminate with adoptions. In an independent adoption, if the existing and adopting parents agree, the rights of the existing parent(s) do not have to be terminated.

1 Fill out court forms.

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

2 Take your forms to court.

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

3 The social worker writes a report.

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

4 Go to court on the date of your hearing.

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

"Open" Adoption

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

Adopting an Indian Child

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

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

If you are adopting through a tribal customary adoption:

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

ADOPT-200 Adoption Request

Clerk stamps date here when form is filed.

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

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

a. _____

b. _____

Relationship to child: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

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

Fill in court name and street address:

Superior Court of California, County of _____

Court fills in case number when form is filed.

Case Number: _____

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

Where the adopting parent(s) 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 Additional Parent(s)

Intercountry (name of agency): _____

(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.

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



Your name: _____

 Stepparent Stepparent adoption to confirm parentage. (Select this option if you were married to or in a state-registered domestic partnership with the birth parent at the time the child was born and you remain in that union.)**4** Information about the child:

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

e. Place of birth (if known): _____

b. Boy Girl

City: _____

c. Date of birth: _____ Age: _____

State: _____ Country: _____

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

f. If the child is 12 or older, does the child agree to the adoption? Yes No

Street: _____

g. Date child was placed in your physical care: _____

City: _____ State: _____ Zip: _____

5 Child's name before adoption (Fill out ONLY if this is an independent, stepparent, or tribal customary adoption):
_____**6** Does the child have a legal guardian? Yes No

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

a. Date guardianship ordered: _____

b. County: _____

c. Case number: _____

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

(If yes, fill out below):

Juvenile case number: _____

County: _____

8 Child may have Indian ancestry: Yes Noa. 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):

_____

Case Number: _____

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
- d. This is an independent adoption involving additional parent(s): All persons with existing parental rights agree to this adoption and will maintain their existing parental rights. An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s) is attached.

12 If this is a stepparent adoption:

- a. The birth parent *(name)*: _____ has signed a consent will sign a consent
- b. The birth parent *(name)*: _____ has signed a consent will sign a consent
- c. The adopting parents were married on _____ or The domestic partnership was registered on *(date)*: _____ *(For court use only. This does not affect social worker's recommendation. There is no waiting period.)*
- d. I am seeking a stepparent adoption to confirm my parentage. At the time the child was born, I was married to _____ or in a state-registered domestic partnership with the parent who gave birth and we remain in that union. see attached Form ADOPT-205 or Declaration describing the circumstances of the child's conception

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

14 Contact after adoption

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

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

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



Case Number: _____

Your name: _____

- (3) The parent has deserted the child without providing information to identify the child.
- (4) The parent has relinquished the child under Family Code section 8700.
- (5) The parent has relinquished the child for adoption to a licensed or authorized child-placing agency in another jurisdiction.

b. A court ended the parental rights of:

Name: _____ Relationship to child: _____ on (date): _____
 Name: _____ Relationship to child: _____ on (date): _____
 (Enter the date of the court order ending parental rights and attach a copy of the order.)

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

Name: _____ Relationship to child: _____ on (date): _____
 Name: _____ Relationship to child: _____ on (date): _____
 Name: _____ Relationship to child: _____ on (date): _____
 (Attach a copy of the order.)

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

Name: _____ Relationship to child: _____
 Name: _____ Relationship to child: _____

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

Name: _____ Relationship to child: _____
 Name: _____ Relationship to child: _____
 Name: _____ Relationship to child: _____

f. The child has been abandoned as follows:

- (1) The child has been left by the child's parent or parents with no way to identify the child.
- (2) The child has been left in the custody of another person by both parents or the sole parent for six months without providing for the child's support, or without communication from the parent or parents, with the intent to abandon the child.
- (3) One parent has left the child in the care and custody of the other parent for one year or longer without providing for the child's support or without communication from the parent, with the intent to abandon the child.

(If any of the above boxes 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).)



Case Number: _____

Your name: _____

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

Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

16 Suitability for adoption

Each adopting parent:

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

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

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

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

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

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

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

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

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

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

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

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

1 Your name(s) (adopting parent(s)):
a. _____
b. _____
Relationship to child: _____
Address (skip this if you have a lawyer): _____
City: _____ State: _____ Zip: _____
Telephone number: _____
Lawyer (if any): (Name, address, telephone numbers, e-mail address, and State Bar number): _____

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

Signing this forms:

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

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

Date: _____
Type or print your name

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

4 If there is only one adopting parent, read and sign below.

- a. I am the adopting parent listed in 1, and I agree that the child will:
- (1) Be adopted and treated as my legal child (Fam. Code, § 8612(b)) and
 - (2) Have the same rights as a natural child born to me, including the right to inherit my estate.

Date: _____
Type or print your name

Signature of adopting parent



Case Number: _____

Your name: _____

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

Date: _____

Type or print your name

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

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

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

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

Date: _____

Type or print your name

Signature of adopting parent

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

Date: _____

Type or print your name

Signature of adopting parent

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

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

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

Date: _____

Type or print your name

Signature of adopting parent

Date: _____

Type or print your name

Signature of adopting parent

- 7 For stepparent adoptions only:
If you are the legal parent of the child listed in (2), read and sign below.

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

Date: _____

Type or print your name

Signature of legal parent



Case Number: _____

Your name: _____

8 Executed (check one):

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

(1) This form was signed in California

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

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

(2) This form was signed outside of California

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

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

(3) Witness information

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

Name of witness: _____

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

Date: _____

Witness signature: _____

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

Date: _____

Judge (or Judicial Officer)

ADOPT-215**Adoption Order**

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

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

a. _____

b. _____

Relationship to child: _____

Street address: _____

City: _____ State: _____ Zip: _____

Daytime telephone number: _____

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

2 Child's name after adoption: _____

First name: _____

Middle name: _____

Last name: _____

Date of birth: _____ Age: _____

Place of birth (*if known*): _____

City: _____ State: _____ Country: _____

3 Name of adoption agency (*if any*): _____**4** Hearing details

Hearing date: _____ Dept.: _____ Div.: _____ Rm.: _____

Judicial Officer: _____ Clerk's office telephone number: _____

People present at the hearing:

 Adopting parent(s) Lawyer for adopting parent(s) Child Child's lawyer Parent keeping parental rights: _____ Other people present (*list each name and relationship to child*):

a. _____

b. _____

If there are more names, attach a sheet of paper, write "ADOPT-215, Item 4" at the top, and list the additional names and each person's relationship to child. *The hearing is waived pursuant to Family Code section 9000.5 (Check this box only if this is an adoption confirming parentage of a stepparent who was married or in a state-registered domestic partnership with the parent who gave birth at the time the child was born.)***Judge will fill out section below.****5** The judge finds that the child (*check all that apply*):a. Is 12 or older and agrees to the adoptionb. Is under 12c. Is not required to consent because this is a tribal customary adoption.

Case Number: _____

Your name: _____

- 6 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.

- 7 This case is an adoption by a relative petitioned under Family Code section 8714.5.
 - The adopting relative The child, who is 12 or older, has requested that the child's name before adoption be listed on this order. (Fam. Code, § 8714.5(g).)
 - The child's name before adoption was:
 First name: _____ Middle name: _____ Last name: _____

- 8 The child is an Indian child. The judge finds that this adoption meets the placement requirements of the Indian Child Welfare Act or that there is good cause to give preference to these adopting parents. The clerk will fill out 13 below.

- 9 The judge approves the *Contact After Adoption Agreement (ADOPT-310)*
 - As submitted As amended on ADOPT-310

- 10 This is a tribal customary adoption. The tribal customary adoption order of the _____ tribe dated _____ containing _____ pages and attached hereto is fully incorporated into this order of adoption.

- 11 This is an adoption under the Hague Adoption Convention. *Verification of Compliance with Hague Adoption Convention Attachment (form ADOPT-216)* is attached and fully incorporated into this order.

- 12 This is an independent adoption involving an additional parent(s). All persons with existing parental rights agreed to this adoption and will maintain their existing parental rights. An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s), was filed with the court.

- 13 The judge believes the adoption is in the child's best interest and orders this adoption. The child's name after adoption will be:
 First name: _____ Middle name: _____ Last name: _____
 The adopting parent or parents and the child are now parent and child under the law, with all the rights and duties of the parent-child relationship or, in the case of a tribal customary adoption, all the rights and duties set out in the tribal customary adoption order and Welfare and Institutions Code section 366.24.
 The judge believes it will serve public policy and the best interest of the child to grant the request of the adopting parent or parents for the court to make this order effective as of (date): _____
 Date: _____

 (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-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*): _____

Fill in court name and street address:

Superior Court of California, County of _____

Fill in case number if known:

Case 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.



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.

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF _____**

In the Matter of the Petition of



STEPPARENT ADOPTION

*Consent to Adoption by a Parent in or outside
of California Giving Custody to Husband or Wife
or Domestic Partner of Other Parent*

Petitioner

I, being the parent of _____ (Gender: M F)
Name of Minor child

Do hereby give my full and free consent to the adoption of said child by

Name of Petitioner (Stepparent)

The petitioner herein, it being fully understood by me that with the signing of this document my consent may not be withdrawn except with court approval and that with the signing of the order of adoption by the court, I shall give up all my rights of custody; services, and earning of said child, and that said child cannot be reclaimed by me.

Said child was born on _____ in _____
Date City and State

And is the child of _____ and _____
Name of Birth Parent Name of Birth Parent

DATE _____ Signature of Parent

WITNESS BY:

If this form is being signed in the State of California the Clerk of the Superior Court, the Probation Officer, qualified court investigator or; where stepparent investigations are delegated to County Welfare Departments, a County Welfare Department Staff member may witness. [Family Code § 9003]

If this form is being signed outside the State of California only a notary or other person authorized to perform notary acts within that state can witness.

SIGNED IN COUNTY/STATE	NAME OF AGENCY
NAME OF WITNESS	TITLE OF WITNESS
SIGNATURE OF WITNESS	DATE

COMPLETED BY NOTARY PUBLIC

Complete this section when the form is not being signed in the presence of an agency representative. The Notary Public must staple the acknowledgement document to this form and sign and date.

SIGNATURE OF NOTARY	DATE
---------------------	------

NOTICE TO THE BIRTH PARENT WHO CONSENTS TO THE CHILD'S ADOPTION: *If you and your child lived together at any time as parent and child, the adoption of your child by a stepparent does not affect the child's right to inherit your property or the property of blood relatives. For further information regarding this right of inheritance, you should consult an attorney at your own expense.*

This form to be used only when parent is giving custody of the child to the husband or wife or domestic partner, as defined in Family Code Section 297, or other parent. Original for court record.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, and Telephone No.): ATTORNEY FOR: _____ ATTORNEY BAR #: _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE Street Address: County Civic Center OR South County Justice Center Mailing Address: 211 S. Mooney Blvd. OR 300 E. Olive Ave. City and Zip code: Visalia, CA 93291 OR Porterville, CA 93257	
IN THE MATTER OF THE ADOPTION PETITION OF: _____ (Adopting stepparent/domestic partner)	
CITATION FOR FREEDOM FROM PARENTAL CUSTODY AND CONTROL	CASE NUMBER: _____

The People of the State of California

To (name) _____:

YOU ARE advised that you are required to appear in the Superior Court of the State of California, for the County of Tulare, at the County Courthouse, Department _____, located at 221 S. Mooney Blvd., Visalia, CA 93291 on _____ at _____ a.m. to show cause, if any you have, why (name/s)

_____, minor/s should not be declared free from parental custody and control (for the purpose of adoption) as requested in the petition.

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

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

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

LARAYNE CLEEK
CLERK OF THE SUPERIOR COURT

Date: _____ by _____, Deputy

=====

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

LARAYNE CLEEK
CLERK OF THE SUPERIOR COURT

By _____, Deputy

IN THE MATTER OF THE ADOPTION PETITION OF:

CASE No.

PROOF OF SERVICE OF CITATION (FOR FREEDOM FROM PARENTAL CUSTODY AND CONTROL)
(use separate proof of service for each person served)

- 1. I served the person cited (name):
with the citation and petition as follows:
a. by serving
(1) Person cited
(2) Person and title or relationship to person cited (name, etc.):
b. Delivery at: home business
(1) Date:
(2) Time:
(3) Address:
c. Mailing
(1) Date:
(2) Time:
(3) Address:
2. Manner of service: (check proper type)
a. Personal service. By personally delivering copies (CCP 415.10)
b. Substituted service on natural person, minor, incompetent or candidate. By leaving copies at the dwelling house usual place of business of person cited in the presence of: (name) , who was informed of the general nature of the papers, and thereafter mailing by first class mail, postage prepaid, copies to the person cited at the place where the copies were left (CCP 415.20(b)). (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
c. Mail and acknowledgement service. By mailing by first-class mail copies to the person cited, together with two copies of the form Notice and Acknowledgement of Receipt and a return envelope, postage prepaid, addressed to the sender (CCP 415.30). (Attach completed Acknowledgement of Receipt form.)
d. Return receipt requested mail service. By mailing to address outside California, with return Receipt requested, copies to the person cited (CCP 415.40). Attach signed return receipt or other evidence of actual delivery to the person served.)
e. Other—CCP 413.10, 413.30. Attach separate page if necessary:
Additional page is attached.
3. At the time of service I was at least 18 years of age and not a party to this case.
4. Fee for service is: \$
5. Name, address and telephone number of person serving:
a. Not a registered California process server (CCP 417.40 and exempt (Bus & P Code 22350)
b. Registered: Number: County:
c. California sheriff, marshal or constable
(1) Title:
(2) County:
(3) Municipal or Justice Court District:

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

Date Typed or printed name Signature

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS)	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE:		
FREE FROM PARENTAL CUSTODY AND CONTROL TERMINATION OF PARENTAL RIGHTS		
DECLARATION OF DUE DILIGENCE		CASE NUMBER:

Note: Please use one form for each person you are unable to serve/locate.

I, the undersigned, declare:

1. I made a reasonable search and cannot locate and serve the following person:

Name	Relationship to Minor/Conservator/Decedent

2. I do not know the name of the person I am to serve and I am unable to find out that information because:

3. The last known address of the person named in item 1 is: _____

4. I spoke with the following relatives and friends of the person named in item 1, or others having knowledge of the person's whereabouts:

Name	Date of Contact	Relationship to Person in item1	Result

5. I searched the telephone directory for _____ County (where the person was last known to live) and this was the result: _____

6. I contacted the California Prisoner Locator System at (916) 445-6713 and this was the result [complete only if there is reason to believe the person is incarcerated in California]: _____

Insert Case Name:	Case #
-------------------	--------

7. I searched the internet to locate the person and this was the result: _____

8. I checked with the following persons who may have knowledge concerning the whereabouts of the person named in item 1:

Last known employer:	Date of contact:	Result:

Last known landlord:	Date of contact:	Result:

9. I have checked public records in _____ County with the following results:

Tax Assessor's Name:	
Voter Registration Records:	
Other:	

10. The last contact I had with the person named in item 1 was or the last information concerning his/her whereabouts is as follows: _____

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

Executed on (date) _____, at (city) _____, California.

Type or print name _____ Signature _____

DECLARATION OF CUSTODIAL PARENT

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

1. The child's name: _____

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

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

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

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

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

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

as a _____
(position or type of work)

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

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

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

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

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

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

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

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

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

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

DECLARATION OF CUSTODIAL PARENT

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

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

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

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

13. Has s/he offered to take the child into his/her home? Yes No Don't Know

14. Has the birth father ever acknowledged that he is the father of the child? Yes No Don't Know
If yes, when, where, and in what manner? _____

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

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

17. Has the child ever lived with the non-custodial parent rather than with you? Yes No
If yes, give dates: From: _____ to: _____

18. Has any legal action been brought to determine custody or paternity of the child? Yes No Don't Know
If yes, who brought the action, where, and when? _____

DECLARATION OF CUSTODIAL PARENT

19. Have you discussed adoption of the child with the non-custodial parent? Yes No

20. Do you think s/he would agree to an adoption if that is what you wished? Yes No Don't Know

21. The identity of the birth father/mother of the minor child is unknown to me because _____

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

23. Other information:

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

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

(Signature)

(Printed name of person who witnessed signature)

(Address)

(Signature of person who witnessed signature of declarant)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, and Telephone No.): ATTORNEY FOR: _____ ATTORNEY BAR #: _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE Street Address: County Civic Center South County Justice Center Mailing Address: 211 S. Mooney Blvd. OR 300 E. Olive Ave. City and Zip code: Visalia, CA 93291 Porterville, CA 93257	
IN THE MATTER OF THE ADOPTION PETITION OF: _____ (Adopting stepparent/domestic partner)	
FINDINGS AND ORDER OF THE COURT ON THE PETITION TO DECLARE MINOR(S) FREE FROM PARENTAL CUSTODY AND CONTROL AND TERMINATE PARENTAL RIGHTS	CASE NUMBER: _____

A petition to terminate the parental rights of _____, who is
 (name of absent parent)

- presumed father
- mother

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

- _____ is the natural mother of the subject minor _____, born on _____, and said natural mother has been served with notice.
- the presumed father of such child has been served notice of this action.
- the Court has previously found cause to waive notice to the presumed father/natural mother.

It is therefore the ORDER OF THIS COURT that the parental rights of _____
 (presumed father/mother)
 be terminated.

 Date

 Judge of the Superior Court

IN THE MATTER OF THE ADOPTION PETITION OF (Name of adopting Parent)	CASE NUMBER:
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Wherefore, Petitioner prays for judgment as follows:

1. For an order declaring that the minor child/ren, _____,
is/are free from the custody and control of _____,
and terminating all of his/her rights and responsibilities with regard to the child/ren;
2. For such other and further relief as the court may deem proper.

VERIFICATION

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

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

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

(SIGNATURE OF PETITIONER)

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

Indian child inquiry made not made and (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): _____
 Name of band (if applicable): _____

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

Name of tribe(s): _____
 Name of band (if applicable): _____

c. The residence or domicile of the child, child's parents, or Indian custodian is in a predominantly Indian community.

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 may have Indian ancestry.

f. The child has no known Indian ancestry.

g. Other reason to know the child may be an Indian child: _____

Person(s) questioned:
 Name: _____
 Address: _____
 City, state, zip: _____
 Telephone: _____
 Date questioned: _____
 Means of communication: _____
 Relationship to child: _____
 Summary of information: _____

Person(s) questioned:
 Name: _____
 Address: _____
 City, state, zip: _____
 Telephone: _____
 Date questioned: _____
 Means of communication: _____
 Relationship to child: _____
 Summary of information: _____

h. Information about other persons questioned is attached.

2. If this is a delinquency proceeding under Welfare and Institutions Code, § 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 (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY CASE NUMBER: _____
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CASE NAME: _____	
CHILD'S NAME: _____	
PARENTAL NOTIFICATION OF INDIAN STATUS	

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 _____
 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): _____
 Name of band (if applicable): _____
 - b. I may have Indian ancestry. _____
 Name of tribe(s): _____
 Name of band (if applicable): _____
 - c. The child is or may be a member of, or eligible for membership in, a federally recognized Indian tribe.
 Name of tribe (name each): _____
 Name of band (if applicable): _____
 - d. I have no Indian ancestry as far as I know.
 - e. One or more of my parents, grandparents, or other lineal ancestors is or was a member of a federally recognized tribe.
 Name of tribe (name each): _____
 Name of band (if applicable): _____
 Name and relationship of ancestor(s): _____
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, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: TELEPHONE NO.:			
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:70%; padding: 2px;">HEARING DATE:</td> <td style="width:30%; padding: 2px;">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
 Secretary of the Interior

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):

<u>Name</u>	<u>Date of Birth</u>	<u>Place of Birth</u>
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2. HEARING INFORMATION

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
<input type="checkbox"/> 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 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 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 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. The child's birth certificate is attached unavailable
 - b. A copy of the tribal registration card of the child the parent is attached.
 - c. 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, § 224.2.)*

Biological Mother	Biological Father
Name <i>(include maiden, married, and former names or aliases)</i> :	Name <i>(include former names or aliases)</i> :
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date 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:
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5. c. **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 <i>(include maiden, married, and former names or aliases)</i> :	Name <i>(include maiden, married, and former names or aliases)</i> :
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date 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 <i>(include former names or aliases)</i> :	Name <i>(include former names or aliases)</i> :
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date 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. d. **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 <i>(include maiden, married, and former names or aliases)</i> :	Name <i>(include maiden, married, and former names or aliases)</i> :
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date 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 <i>(include former names or aliases)</i> :	Name <i>(include former names or aliases)</i> :
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date 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. e. **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 <i>(include maiden, married, and former names or aliases):</i>	Name <i>(include maiden, married, and former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date 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 <i>(include former names or aliases):</i>	Name <i>(include former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date 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. 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".)

Indian Custodian Information	Indian Custodian Information
Name <i>(include maiden, married, and former names or aliases):</i>	Name <i>(include maiden, married, and former names or aliases):</i>
Current address:	Current former address:
Former address:	Former address:
Birth date and place:	Birth date 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:

6. ADDITIONAL INFORMATION ON CHILD NAMED IN 1

(Indicate if any of the information requested below is unknown.)

- a. Biological birth father is named on birth certificate. Unknown
- b. Biological birth 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 in 1.

7. Has the child in 1 or any members of his or her 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

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

<u>Name</u>	<u>Mailing Address</u>	<u>Telephone Number</u>
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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 224.2.) Each envelope was sealed and deposited with the United States Postal Service at *(place)*:
on *(date)*:

Date: _____ Title: _____ Department: _____

(TYPE OR PRINT NAME) ▶ (SIGNATURE)

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 224.2.) 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: _____

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF ATTORNEY)

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 224.2.) Each envelope was sealed and deposited with the United States Postal Service at *(place)*:
on *(date)*:

Date: _____ Title: _____ Department: _____

(TYPE OR PRINT NAME) ▶ (SIGNATURE)

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

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

<p>1. <input type="checkbox"/> Parent (Name): Street address: Mailing address: City, state and zip code: Telephone number:</p>	<p>2. <input type="checkbox"/> Parent (Name): Street address: Mailing address: City, state and zip code: Telephone number:</p>
<p>3. <input type="checkbox"/> Guardian (Name): Street address: Mailing address: City, state and zip code: Telephone number:</p>	<p>4. <input type="checkbox"/> Guardian (Name): Street address: Mailing address: City, state and zip code: Telephone number:</p>
<p>5. <input type="checkbox"/> Indian Custodian (Name): Street address: Mailing address: City, state and zip code: Telephone number:</p>	<p>6. <input type="checkbox"/> Indian Custodian (Name): Street address: Mailing address: City, state and zip code: Telephone number:</p>
<p>7. <input type="checkbox"/> Sacramento Area Director Bureau of Indian Affairs Street address: 2800 Cottage Way City and zip code: Sacramento, CA 95825 Telephone number:</p>	<p>8. <input type="checkbox"/> Secretary of the Interior U.S. Department of the Interior Street address: 1849 C Street, N.W. City, state and zip code: Washington D.C. 20240 Telephone number:</p>
<p>9. <input type="checkbox"/> Tribe (Name): Addressee (Name): Title: Street address: Mailing address: City, state and zip code: Telephone number:</p>	<p>10. <input type="checkbox"/> Tribe (Name): Addressee (Name): Title: Street address: Mailing address: City, state and zip code: Telephone number:</p>
<p>11. <input type="checkbox"/> Tribe (Name): Addressee (Name): Title: Street address: Mailing address: City, state and zip code: Telephone number:</p>	<p>12. <input type="checkbox"/> Tribe (Name): Addressee (Name): Title: Street address: Mailing address: City, state and zip code: Telephone number:</p>

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

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