

E.1. Sample Forms: Adoption - All Purpose Adoption Forms

Petition for Adoption	Adopt-200
Petitioner Consent and Agreement to Adoption	Adopt-210
Order of Adoption	Adopt-215
Attachment To Petition for Adoption	
- Adoption of an Indian Child	Adopt-220
Consent to Termination of Parental Rights and Certification	
-Adoption of an Indian Child	Adopt-225

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF THE ADOPTION PETITION OF: <i>(Names of adopting parents or parent)</i>	
PETITION FOR ADOPTION	ADOPTION CASE NUMBER: _____

1. Type of adoption: Stepparent Independent Intercountry
 Agency (*name*): _____
2. Petitioner(s) (*specify name of each petitioner*):

 seek(s) to adopt the following child:
 a. Male Female
 b. Date of birth:
 c. Age:
 d. Place of birth (*if known*):
 e. Dependent child of (*specify county*): _____ ; case no. (*specify*): _____
 I/We have been provided with written information on the Adoption Assistance Program and on the availability of mental health services through the Medi-Cal program or other programs.
3. Petitioner(s) is/are the grandparent aunt uncle first cousin sibling
 other relative (*specify*): _____ of the child.
 A **Kinship Adoption Agreement** (form ADOPT-310) is attached will be submitted
 will not be submitted.
4. Petitioner(s) has/have been named in the will of a deceased mother father as an intended adoptive parent and the child has no other parent.
5. Address of each petitioner (*specify*):
6. Child's address (*if different*):
7. For independent adoption
 a. A copy of the *Adoptive Placement Agreement* is attached. (*Required in most independent adoptions; see Fam. Code, § 8802.*)
 b. Petitioner(s) will file promptly with the department or delegated county adoption agency information required by the department in the investigation of the proposed adoption.
 c. The consent of the birth mother presumed father is not necessary because (*specify Fam. Code, § 8606 subdivision*):
8. a. Parental rights of the birth mother presumed father biological father unknown father
 have been terminated. (*Attach copy of order if available.*)
 b. A petition to terminate the parental rights of the birth mother presumed father biological father
 will be filed.

(Continued on reverse)

IN THE MATTER OF THE ADOPTION PETITION OF <i>(Names of adopting parents or parent):</i>	CASE NUMBER:
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- 9. The birth mother presumed father biological father has relinquished the child to an agency for adoption.
- 10. The birth mother presumed father biological father has consented to the adoption. *(Attach signed consent, if available.)*
- 11. The birth mother presumed father biological father is deceased.
- 12. The child has been determined to be an Indian child, and an *Attachment to Petition for Adoption—Adoption of an Indian Child* (form ADOPT-220) is attached.
- 13. The child is the subject of a guardianship established on *(date):*
in *(specify county):* _____ ; case no. *(specify):* _____
 A copy of the letters of guardianship is attached.
- 14. The child is a proper subject for adoption, the home of each petitioner is suitable for the child, and each petitioner will support and care properly for the child. The welfare of the child will be served and the child's best interest promoted by this adoption, and each petitioner will treat the child in all respects as his or her own lawful child. Each petitioner is at least 10 years older than the child, and each petitioner consents to the adoption of the child by the other.
- 15. The child is 12 years of age or older and consents to the adoption.
- 16. **Petitioner(s) request(s) the court to grant the petition for adoption and to declare that each petitioner and the child shall sustain toward one another the legal relation of parent and child, with all the rights and duties of the relationship, and that the child shall be known as *(state child's full adoptive name):***

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 OF PETITIONER)

Date: _____

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER(S))


Date: _____

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR PETITIONER(S))

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF THE ADOPTION PETITION OF: <i>(Names of adopting parents or parent)</i>	
PETITIONER CONSENT AND AGREEMENT TO ADOPTION (Petitioners and Child 12 or Older)	ADOPTION CASE NUMBER:

1. a. I, the undersigned petitioner, hereby agree with the State of California and with the child named in the adoption petition that the child shall be adopted and treated in all respects as my lawful child and shall enjoy all the rights of a natural child of mine, including the right of inheritance.
- b. I, the undersigned petitioner, also consent to the adoption by the other petitioner. *(Do not check this box if you are the only petitioner.)*

_____  _____
 (TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

2. a. I, the undersigned petitioner, hereby agree with the State of California and with the child named in the adoption petition that the child shall be adopted and treated in all respects as my lawful child and shall enjoy all the rights of a natural child of mine, including the right of inheritance.
- b. I, the undersigned petitioner, also consent to the adoption by the other petitioner.

_____  _____
 (TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

3. a. I, the child, am 12 years of age or older, and I consent to the adoption by each petitioner.
 b. I request that my name before this adoption be included on the order of adoption.
 c. I request that I be able to contact my sister(s) or brother(s) after my adoption is finalized.

_____  _____
 (TYPE OR PRINT NAME) (SIGNATURE OF CHILD)

Executed on *(date)*:
 In the presence of

 JUDICIAL OFFICER

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF THE ADOPTION PETITION OF: <i>(Names of adopting parents or parent)</i>	
ORDER OF ADOPTION	ADOPTION CASE NUMBER: _____

1. a. Date of hearing: _____ Dept.: _____ Div.: _____ Room: _____
 b. Judicial officer: _____
 c. Present: (1) Petitioner(s) (2) Attorney for petitioner(s)
 (3) Child (4) Attorney for child
 (5) Other (*specify*): _____
 d. Date and place of child's birth (*specify*): _____
2. The court has read and considered the assessment and other documents and evidence.
 3. The court has examined each petitioner, and each petitioner has executed an agreement in writing that the child will be treated in all respects as the lawful child of petitioner.
 4. The court has examined the child, who is 12 years of age or older, and the child has consented to the adoption, and requested that his or her name before the adoption (*specify name*): _____ appear here.

THE COURT FINDS AND ORDERS THAT

5. The child is a proper subject for adoption, the home of petitioner is suitable for the child, and the interests of the child will be promoted by this adoption.
 6. The petition for adoption is granted.
 7. **The child is now the lawful child of petitioner, and petitioner shall sustain toward the child and the child toward petitioner the legal relation of parent and child.**
 8. The name of the child shall be (*specify*): _____
 9. The child is an Indian child.
 a. The clerk shall transmit a copy of this order, the adoption petition, and the *Attachment to Petition for Adoption—Adoption of an Indian Child* (form ADOPT-220) to the Bureau of Indian Affairs.
 b. The court finds
 (1) the adoptive placement meets the placement preference requirements of the Indian Child Welfare Act, **or**
 (2) good cause exists for modifying the preference order.
 10. The *Kinship Adoption Agreement* is approved as submitted as amended.
 11. The child shall be permitted to contact his or her birth siblings.
 12. Name of parent retaining parental rights (*i.e., stepparent and unmarried couple adoptions*): _____

Date: _____

JUDICIAL OFFICER

(Certificate of mailing on reverse)

IN THE MATTER OF THE ADOPTION PETITION OF <i>(Names of adopting parents or parent):</i> _____	CASE NUMBER:
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NOTE: If the child is an Indian child, the Clerk's Certificate of Mailing below must be completed.

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that an endorsed copy of the foregoing order, the adoption petition, and the *Attachment to Petition for Adoption—Adoption of an Indian Child* (form ADOPT-220) were mailed as follows:

The copies were enclosed in an envelope with postage fully prepaid. The envelope was sealed, marked "Confidential," and addressed to: **Chief, Division of Social Services, Bureau of Indian Affairs, 1849 C Street, N.W., Mail Stop 310-SIB, Washington, DC 20240** and deposited with the United States Postal Service at *(place)*:
on *(date)*:

Date: _____ Clerk, by _____, Deputy

CASE NAME: 	CASE NUMBER:
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**ATTACHMENT TO PETITION FOR ADOPTION—
ADOPTION OF AN INDIAN CHILD**

Section 1951 of the Indian Child Welfare Act (25 U.S.C. § 1901 et seq. and 25 C.F.R. § 23.71) requires that any state court entering a final decree or adoptive order for any Indian child shall within 30 days provide the Secretary of the Interior a copy of the decree or order, together with any information necessary to show the following:

1. Indian child's name:

2. Indian child's birth date:

3. Indian child's tribal affiliation:
and enrollment number (*if known*):

4. Names and addresses of the biological parents:

5. If known, names of Indian grandparents:

6. Names and addresses of the adoptive parents:

7. Identity of any agency having relevant information relating to the adoptive placement:

8. Others, including persons through which eligibility for the California Roll is traceable (*specify name and relationship to child*):

9. The biological parents have by affidavit requested that their identity remain confidential. A copy of each affidavit is attached.

10. Termination or Voluntary Relinquishment of Parental Rights (*must complete a. or b., below*):
 - a. Parental rights have been terminated on (*specify date*):
 - b. Parental rights have not been terminated; a *Voluntary Consent and Certification for Adoption of an Indian Child* (form ADOPT-225)
 - was filed on (*specify date*):
 - is attached to the *Petition for Adoption*.

NOTE: Pursuant to 25 U.S.C. § 1913, any consent by the Indian parent shall not be valid unless executed in writing and recorded before a judge and accompanied by the judge's certificate that the terms and consequences of the consent were fully explained in detail and were fully understood by the parent.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
CONSENT TO TERMINATION OF PARENTAL RIGHTS AND CERTIFICATION—ADOPTION OF AN INDIAN CHILD	ADOPTION CASE NUMBER:

Pursuant to the Indian Child Welfare Act of 1978 (25 U.S.C. § 1913), I do hereby consent to the termination of parental rights for my child (*name*): _____ born on (*date*): _____ and request his/her placement for adoption with (*specify name(s)*): _____

BEFORE THIS COURT I DO STATE THE FOLLOWING:

1. I am a member of the (*specify*): _____ Tribe of the state of (*specify*): _____
 Enrollment number (*specify, if available*): _____
2. My child (*name*): _____ is a member of or is eligible for membership with the (*specify*): _____ Tribe of the state of (*specify*): _____
 Enrollment number (*specify, if available*): _____
3. I desire to terminate my parental rights to said child or consent to adoption and prefer that, pursuant to the placement preferences of the Indian Child Welfare Act of 1978 (25 U.S.C. § 1915), he/she be placed with (*name*): _____ who is my (*specify relationship, if any*): _____
4. I fully understand the consequences of my actions, and no threats or promises have been made to me to get me to sign this consent.
5. I understand that at any time before the entry of an order terminating parental rights or an order of adoption, I have the right to withdraw my consent and my child will be returned to me.
6. I wish to be notified if the final decree of adoption is set aside or vacated, so that I may exercise my right to petition the court for a return of custody and custody shall be returned if the court finds that it is in the child's best interest to be returned to me.
7. I do not intend to waive any of my rights under the Indian Child Welfare Act by signing this consent.
8. This consent was not signed prior to or within 10 days after the birth of my child (*name*): _____
9. a. I understand that it is not required that the tribe be notified of this proceeding.
 b. I wish that the tribe be notified of this proceeding.
 c. I wish that the tribe not be notified of this proceeding.
 d. I acknowledge that should the tribe become aware of this proceeding it may be entitled to participate.
10. I acknowledge that at the time of the execution of this consent, I am not domiciled on or residing upon any Indian reservation.

Date: _____

(TYPE OR PRINT NAME)
(SIGNATURE)

CERTIFICATION

Pursuant to the Indian Child Welfare Act of 1978 (25 U.S.C. § 1913(a)), I, the Honorable (*name*): _____, Judge of the (*specify county*): _____ Superior or Consolidated Court for the State of California, do hereby certify that this consent was executed in writing and recorded before me in open court (or closed court upon request of the parent), that the terms and consequences were explained in detail to (*name of parent*): _____, that the parent fully understood the consequences, and that the parent understood English or that the proceedings were interpreted into a language that he/she understood.

Certified this (*date*): _____ day of (*month*): _____, (*year*): _____