

# ADOPTION OF MINOR/CHILD

What you will find in this packet:

- **Interpreter Request** (MC-300e&s)
- **Requirements for Filing Court Papers** (MC-500-INFO)
- **Information About Forms** (FamLaw-28a)
- **How to Adopt a Child in California** (ADOPT-050-INFO)
- **Adoption Request** (ADOPT-200)
- **Declaration Confirming Parentage in Stepparent Adoption** (ADOPT-205)
- **Adoption Agreement** (ADOPT-210)
- **Adoption Order** (ADOPT-215)
- **Adoption of Indian Child** (ADOPT-220)
- **Parent of Indian Child Agrees to End Parental Rights** (ADOPT-225)
- **Indian Child Inquiry Attachment** (ICWA-010(A))
- **Parental Notification of Indian Status** (ICWA-020)
- **Adoption Expenses** (ADOPT-230)
- **Contact After Adoption Agreement** (ADOPT 310)
- **Request to: Enforce, Change, End Contact After Adoption Agreement** (ADOPT-315)
- **Answer to Request to: Enforce, Change, End Contact After Adoption Agreement** (ADOPT-320)
- **Judge's Order to: Enforce, Change, End Contact After Adoption Agreement** (ADOPT-325)
- **Petition for Authorization to Inspect Adoption and Birth Records Information and to Obtain Copies** (FamLaw-120)

**You Can Get Court Forms FREE at: [www.cc-courts.org/forms](http://www.cc-courts.org/forms)**

*If you don't find what you're looking for here, you may want to check out the additional resources listed on the back of this page*

# Superior Court of California, County of Contra Costa

## Interpreter Request

If you need an interpreter, please complete the form below and submit it to any Filing Window or courtroom.

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

### Case Type:

- |   |   |
|---|---|
| <input type="checkbox"/> Criminal                                 | <input type="checkbox"/> Small Claims – (\$12,500 or less)  |
| <input type="checkbox"/> Traffic                                  | <input type="checkbox"/> Civil - <input type="checkbox"/> \$25,000 <input type="checkbox"/> over \$25,000 |
| <input type="checkbox"/> Civil Harassment                         | <input type="checkbox"/> Civil – Other _____  |
| <input type="checkbox"/> Conservatorship                          | <input type="checkbox"/> Family Law   |
| <input type="checkbox"/> Proceedings to terminate parental rights | <input type="checkbox"/> Unlawful Detainer  |
| <input type="checkbox"/> Dependent Adult Abuse                    | <input type="checkbox"/> Guardianship   |
| <input type="checkbox"/> Juvenile                                 | <input type="checkbox"/> Elder Abuse  |

Party Requesting Interpreter: \_\_\_\_\_

Is interpreter for a witness? ☐ Yes ☐ No

Phone Number(s) where party can be reached: \_\_\_\_\_

Date of Hearing: \_\_\_\_\_ Time of Hearing: \_\_\_\_\_

Department: \_\_\_\_\_ Location: ☐ Martinez ☐ Pittsburg ☐ Richmond ☐ Walnut Creek

Language Needed: ☐ Spanish ☐ Mandarin ☐ Cantonese ☐ Vietnamese

☐ Other: \_\_\_\_\_

To avoid the risk that your hearing will have to be postponed, please submit this form a minimum of one week in advance.

Current information about this program is available at our website:

[www.cc-courts.org/interpreter](http://www.cc-courts.org/interpreter)

# Superior Court of California, County of Contra Costa

## Solicitud Para Intérprete

Si necesita un intérprete, favor completar este formulario y presentarlo en cualquier ventanilla para archivar documentos o con la secretaria del tribunal.

Número de Caso: \_\_\_\_\_

### Tipo de Caso:

- |  |  |
|--|--|
| <input type="checkbox"/> Criminal                                      | <input type="checkbox"/> Demanda Civil – (\$12,500 o menos)  |
| <input type="checkbox"/> Tráfico                                       | <input type="checkbox"/> Demanda Civil -<br><input type="checkbox"/> \$25,000 <input type="checkbox"/> más de \$25,000 |
| <input type="checkbox"/> Acoso Civil                                   | <input type="checkbox"/> Civil – otro tipo _____   |
| <input type="checkbox"/> Conservador                                   | <input type="checkbox"/> Casos de Familia  |
| <input type="checkbox"/> Casos para Terminar Derechos de Madre o Padre | <input type="checkbox"/> Juicio de Desalojo  |
| <input type="checkbox"/> Abuso de Adultos Incapacitados                | <input type="checkbox"/> Tutela  |
| <input type="checkbox"/> Tribunal de Menores                           | <input type="checkbox"/> Abuso de Personas Mayores   |

Persona que Necesita Intérprete: \_\_\_\_\_

☐ Marque aquí si esta persona es un testigo

Número Telefónico: \_\_\_\_\_

Fecha de la Audiencia Judicial: \_\_\_\_\_ Hora: \_\_\_\_\_

Departamento: \_\_\_\_\_ Ciudad: ☐ Martinez ☐ Pittsburg ☐ Richmond ☐ Walnut Creek

Idioma Solicitado: ☐ Español ☐ Mandarín ☐ Cantonés ☐ Vietnamita

☐ Otro Idioma: \_\_\_\_\_

Para evitar la posibilidad que su audiencia sea aplazada, favor the presentar este formulario al menos una semana antes de la fecha de su audiencia.

Información actualizada acerca de este servicio se encuentra en nuestra página web:  
[www.cc-courts.org/interpreter](http://www.cc-courts.org/interpreter)

**The Clerk of the Court cannot accept for filing any papers that do not comply with California Rules of Court 2.100 et seq. (CRC 2.118)**

**To avoid having your papers rejected by the clerk:**

**Use Judicial Council forms whenever possible**

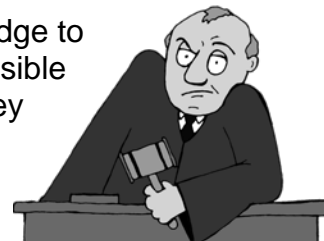
If you print Judicial Council forms from your computer, print them out single-sided. (Don't print double-sided unless you know how to tumble the pages). Judicial Council forms can be found at <http://www.courts.ca.gov/forms.htm>.

If the form you need is not on the Judicial Council website, you will have to make your own form which follows these rules

1. White or unbleached paper – 8 1/2 by 11 inches
2. One-sided paper – only one side of each page may be used
3. 12 pt font (Courier, Times New Roman, Arial or equivalent (Handwritten papers are OK – but write legibly)
4. Line spacing - One and one-half or double-spaced (use pleading paper – either the Judicial Council form MC-20 or create your own using the legal template in your word processor)
5. Margins – at least 1 inch from the left edge and ½ inch from right edge
6. Page Numbers – pages must be numbered consecutively on the bottom (1, 2, 3 ...)
7. Binding – Original and copies must be firmly bound (e.g. stapled) AND the Original must be 2-hole punched at the top.

You will need the **Original document**, signed in ink (blue is best), and correct number of identical copies (***original for the Court, a copy for each party***) for the clerk to file.

**The Rules are important** – Remember - You want the Judge to understand what you have written. Don't make that impossible by submitting papers that are too hard to read because they are upside down, the print is too small or too light, or the pages have fallen out of the file because they are too small or too large and/or not properly fastened.



# **ADOPTIONS**

## **INFORMATION ABOUT FORMS**

To ask the court to approve an adoption you need to get and fill out the following forms:

- **Adoption Request** (Form ADOPT-200)
- **Declaration Confirming Parentage in Stepparent Adoption**  
(Form ADOPT-205 (Optional))
- **Adoption Agreement** (Form ADOPT-210)
- **Adoption Order** (Form ADOPT-215)

If you want an amended Birth Certificate with the names of the adoptive parents on it, also get a copy of the following form and fill out (in black ink only) **Part II**:

- **Court Report of Adoption** (State Office of Vital Records Form VS 44)  
(Included as pages 17-18 in the Adoption Process packet available from the California Department of Public Health: [www.cdph.ca.gov](http://www.cdph.ca.gov))

If this is going to be an “open adoption” – allowing continuing contact between the birth relatives, including birth parents and the child if the court agrees it is in the best interest of the child – also get and fill out:

- **Contact after Adoption Agreement** (Form ADOPT-310)

## **IMPORTANT: ADDITIONAL FORMS ARE NEEDED FOR DIFFERENT TYPES OF ADOPTIONS**

### **AGENCY ADOPTION**

In addition to **ADOPT-200**, **ADOPT-205** (Optional) **ADOPT-210** and **ADOPT-215**, you will need the Agency report and

1. **Consent to Adoption by Parent(s) (In California)** (Social Services Form AD 1A\*)  
**OR (Outside California)** (Social Services Form AD 1C\*)
2. **Adoption Petition - Consent and Joinder** (Social Services Form AD 824\*)
3. **Adoption Expenses** (Judicial Council Form ADOPT-230)

### **ADOPTION OF A CHILD OF INDIAN ANCESTRY**

In addition to **ADOPT-200**, **ADOPT-205** (Optional) **ADOPT-210** and **ADOPT-215**, you will need an Agency report and

1. **Adoption of Indian Child** (Form ADOPT-220)
2. **Parent of Indian Child Agrees to End Parental Rights** (Form ADOPT-225)
3. **Adoption Expenses** (Form ADOPT-230)

## INDEPENDENT ADOPTION

In addition to **ADOPT-200**, **ADOPT-205** (Optional) **ADOPT-210** and **ADOPT-215**, you will need an Agency report and

1. **Consent to Adoption by Parent(s) (In California)** (Social Services Form AD 1A\*)  
OR **(Outside California)** (Social Services Form AD 1C\*)
2. **Independent Adoption Placement Agreement** (Social Services Form AD 924\*)
3. **Adoption Petition - Consent and Joinder** (Social Services Form AD 824\*)
4. **Adoption Expenses** (Judicial Council Form ADOPT-230)

## INTERNATIONAL ADOPTION

In addition to **ADOPT-200**, **ADOPT-205** (Optional) **ADOPT-210** and **ADOPT-215**, you will need:

1. **Adoption Petition - Consent and Joinder** (Social Services Form AD 824\*)
2. **Adoption Expenses** (Judicial Council Form ADOPT-230)

**NOTE:** An agency report is not required to set a hearing on International adoptions. Granting an international adoption is subject to judicial determination when there is no report.

## STEP PARENT OR DOMESTIC PARTNER ADOPTION

In addition to **ADOPT-200**, **ADOPT-205** (Optional) **ADOPT-210** and **ADOPT-215**, you will need an Agency report and:

1. **Consent to Adoption by Parent(s) (In California)** (Social Services Form AD 1A\*)  
OR **(Outside California)** (Social Services Form AD 1C\*)

## ADOPTION OF MINOR/CHILD

No forms are needed in addition to **ADOPT-200**, **ADOPT-205** (Optional) **ADOPT-210** and **ADOPT-215**

\*California Department of Social Services forms can be printed from the following website:  
[www.cdss.ca.gov/cdssweb/formsandpu\\_271.htm](http://www.cdss.ca.gov/cdssweb/formsandpu_271.htm)

### General Information on Adoptions

#### Before you begin

**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 Self-Help Guide to the California Courts adoption page to get copies of adoption forms, look for organizations that provide legal help with adoptions, and learn how to complete the adoption process on your own if you do not have a lawyer: [selfhelp.courts.ca.gov/adoptions](https://selfhelp.courts.ca.gov/adoptions). You can also get copies of adoption forms at your local court clerk's office.

**What type of adoption will you be filing?** In California there are several kinds of adoptions. This information sheet provides steps for the following types:

- Stepparent and domestic partnership
- Stepparent and domestic partnership confirmation of parentage
- Independent
- Agency (within the United States) and includes:
  - Agency placement or agency joinder
- Intercountry

For more information and definitions on these types of adoptions, see [selfhelp.courts.ca.gov/adoptions](https://selfhelp.courts.ca.gov/adoptions).

#### What department or agency will be handling your home study or investigation?

In most adoptions, a home study or an investigation will be necessary.

- For independent adoptions
  - A regional office of the Department of Social Services (DSS).
  - An adoption agency.
  - For an independent adoption of a newborn, you must also choose an adoption service provider (ASP).

The ASP is an individual or an adoption agency licensed and certified by the State of California. Their role is to explain to the birth parent their rights in the adoption process (before “placing” the child with you) and to witness the signing of documents and consent.

There is a listing of all providers who have been licensed as an ASP on the California Department of Social Services website. You can see the list by agency or the list by individual. The ASP will charge a fee. You must pay the fee as the adoptive parent.

- For more information on a home study or ASP, see [selfhelp.courts.ca.gov/independent-adoption/placed](https://selfhelp.courts.ca.gov/independent-adoption/placed).
- For stepparent adoptions, the court investigator or a privately hired, licensed clinical social worker or other appropriate licensed individual will be handling your home study or investigation. See [selfhelp.courts.ca.gov/stepparent-adoption](https://selfhelp.courts.ca.gov/stepparent-adoption).

If you need more information about what office or agency can conduct your home study, you can visit the California Department of Social Services website. Find out what paperwork they will need from you and when it must be sent to them once you file your *Adoption Request*.

#### Documents needed in addition to the *Adoption Request*

For most adoptions, the adopting parent, their legal representative, or the agency will be required to obtain additional signed forms or certified documents. These documents can include:

- Consent or relinquishment for adoption
- Death certificate (if applies)
- Other court orders
- Waiver of notice or denial of parentage



# ADOPT-050-INFO

## How to Adopt a Child in California

In certain situations additional court proceedings may be necessary. These may include:

- Petition freeing the child from parental custody and control and an order. (Note: This is a separate court action.)
- Petition to terminate parental rights of an alleged parent and an order. (Note: In some courts, this can be filed within the adoption case but in other courts it is a separate court action.)

Each of the above are specific procedures which must be followed based on the determination of the status of the parent.

If this is an agency adoption, the agency will obtain the above information for the court.

This paperwork is needed to complete your adoption home-study or investigation.

The status of a parent is based on the relationship of that parent to the child and other factors. For definitions and more information about status of parent and what additional involvement or paperwork is needed, go to

[selfhelp.courts.ca.gov/adoptions](http://selfhelp.courts.ca.gov/adoptions).

### Stepparent/Domestic Partner Adoptions

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

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

If you answered no to **either** question, complete the items below for a **stepparent/domestic partner adoption**.

If you answered yes to **both** questions, complete the items below for a **stepparent adoption to confirm parentage**.

#### 1 Fill out court forms

- |               |   |  |
|---------------|---|--|
| • ADOPT-203   | <i>Stepparent Adoption Request</i>            | This tells the judge about you and the child you are adopting.   |
| • ADOPT-210   | <i>Adoption Agreement</i>                     | This tells the judge that you and the child, if 12 or older, agree to the adoption. Fill it out, but do not sign it until the judge asks you to sign it. |
| • ADOPT-215   | <i>Adoption Order</i>                         | The judge signs this form if your adoption is approved.  |
| • ICWA-010(A) | <i>Indian Child Inquiry Attachment</i>        | This lets the judge know that you have asked whether the child may be an Indian child.   |
| • ICWA-020    | <i>Parental Notification of Indian Status</i> | One form is required for each birth parent. This shows that the child's parents have been asked about potential Indian status.                           |

#### Additional Forms for Stepparent Adoption to Confirm Parentage

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





### 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 \$20 filing fee (set by Health and Safety Code section 103730). Or take the forms to your lawyer or adoption agency, if you are using one. If there is no hearing, form ADOPT-210 must be signed in front of the court clerk or a notary.

**Note: In a stepparent adoption to confirm parentage,** no investigation or hearing is required unless ordered by the court for good cause. Sign form ADOPT-210 in front of a notary or the court clerk when you file the forms and a judge will review your request. If the paperwork is complete and you meet the requirements, the judge will sign the *Adoption Order* (form ADOPT-215) and the adoption is complete. You and your attorney will receive copies. If the judge orders an investigation and hearing, go to the next steps.

### 3 An investigation is completed

In most stepparent adoptions an investigation or a report must be completed before the final hearing. This will be completed by either someone you identified in the request or who was ordered by the court. To begin the investigation you will be required to send the *Adoption Request* and supporting documentation to the investigator. A home visit may also be required.

### 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*); and
- Friends/relatives (*optional*).
- California Department of Social Services form VS-44 may be needed, see [selfhelp.courts.ca.gov/stepparent-adoption/prepare-lodge-forms](https://selfhelp.courts.ca.gov/stepparent-adoption/prepare-lodge-forms).

## Independent or Agency Adoptions in the United States

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

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

### 1 Fill out court forms

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

\*The agency or adoption service provider is responsible for getting these forms completed and making them part of the adoption file for adoptions under the Welfare and Institutions Code; other evidence, including court orders regarding ICWA may be necessary.



### 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 \$20.00 filing fee (set by Health and Safety Code section 103730). 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 and your attorney 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*); and
- Friends/relatives (*optional*).

## Intercountry Adoptions

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

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

### 1 Fill out court forms

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

### 2 Postadoption or postplacement visits and reports

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



### 3 Attach documentation

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

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

### 4 Take your forms to court

Take the completed forms and any required documents to the court clerk in the county where you live. The court will charge a \$20.00 filing fee (set by Health and Safety Code section 103730). Or take the forms to your lawyer or adoption agency, if you are using one.

### 5 Provide a copy of the forms and documents

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

### 6 Go to court on the date of your hearing

Bring:

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

## Inquiry and Notice Under the Indian Child Welfare Act (ICWA)

- ☐ The child and other people in the child's life (parents and extended family members, see definition below) must be asked specific questions in order to determine whether the child may be an Indian child. The *Indian Child Inquiry Attachment* (form [ICWA-010\(A\)](#)) should be attached to the *Adoption Request*. In agency adoptions, it is the responsibility of the agency to ensure that this inquiry is conducted and that the form is made part of the adoption file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible. For more information about the duty of inquiry, see form [ICWA-005-INFO](#).
- ☐ Extended family member is defined by law or custom of the Indian child's tribe or, if no law or custom, must be a person who is 18 years or older and who is the Indian child's grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent. (25 U.S.C. § 1903(2)(2).)
- ☐ A completed version of *Parental Notification of Indian Status* (form [ICWA-020](#)) for each birth parent should be attached to the *Adoption Request*, OR it should be shown that a good faith attempt was made to provide the form to each birth parent, the Indian custodian, or guardian of the child and inform them that they are required to complete and submit the form to the court. In agency adoptions, it is the responsibility of the agency to ensure that this form is provided to the birth parents and made part of the adoption file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible.



# ADOPT-050-INFO

## How to Adopt a Child in California

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- ☐ If there is **reason to believe** that the child is or may be an Indian child, additional inquiry is required. For more information about the duty of inquiry, see form [ICWA-005-INFO](#).
- ☐ If, at any time during the proceeding, there is **reason to know** that the child is an Indian child, notice must be provided of the adoption request to the child's tribe or tribes, parents, Indian custodian, and the Bureau of Indian Affairs, using *Notice of Child Custody Proceeding for Indian Child* (form [ICWA-030](#)). This form must be served by registered or certified mail, with return receipt requested.
  - Reason to know a child is an Indian child means that (1) a person having an interest in the child, including the child, informs the court the child is an Indian child; or (2) the child, the child's parents, or Indian custodian lives on a reservation or in an Alaska Native village; or (3) any person, tribe, or organization informs the court that it has discovered information indicating that the child is an Indian child. The court must proceed per rule 5.481(b)(3) of the California Rules of Court.
- ☐ If it is determined that the child is an **Indian child** or this is a tribal customary adoption, see Adoption of an Indian Child, below.

### Adoption of an Indian Child

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

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

If this is a tribal customary adoption, a copy of the tribal customary adoption order must be attached to the petition (form ADOPT-200) and the order (form ADOPT-215).

Note: An Indian child who has reached the age of 18 and who was placed for adoption, may apply to the court which entered the final order or decree. That court shall inform that child of their tribal affiliation, if any, of the child's biological parents and provide such other information as may be necessary to protect any rights flowing from the child's tribal relationship. [25 U.S.C. § 1917]

### "Open" Adoption and Use of *Contact After Adoption Agreement* (Family Code Section 8616.5)

If you want your child to have contact with their birth relatives after the adoption, you can use *Contact After Adoption Agreement* (form ADOPT-310). This form describes the kind of contact the birth relatives will have with your child after the adoption is finalized. If you use this form, fill it out and file this form with the court before the finalization hearing or order of the court. A file-marked copy of this agreement must be provided within 30 days of filing to all adult parties to this agreement and any licensed agency that placed the child or consented to the adoption, and the child, if age 12 or older.

Important: This is a voluntary agreement and is not required for the finalization of the adoption. If you chose to use this form, it will become part of the adoption file and will be enforceable by the court.

The adoptive parent or parents, the child, and the child's birth relatives can agree to continuing contact without using this form, but unless that agreement is in writing and attached to the *Contact After Adoption Agreement* (form ADOPT-310) it may not be enforced by the court if it is not followed.

Birth relatives are birth parents, siblings, and other birth relatives. For Indian children, this can also include the child's Indian tribe.

Clerk stamps date here when form is filed.

**Instructions**

This request must be completed for agency, independent, intercountry, and tribal customary adoptions. For a stepparent adoption or a stepparent adoption to confirm parentage, use *Stepparent Adoption Request* (form [ADOPT-203](#)). Fill out one adoption request for each child to be adopted.

You may also need to provide additional forms, certified documents, or other paperwork to inform the judge of the status of a parent or possible parent who may have parental rights in these proceedings and how that parent will or will not participate in these proceedings.

For more information on the different types of adoptions and how to determine the status of a parent and the documentation that may be required, see form [ADOPT-050-INFO](#), [selfhelp.courts.ca.gov/adoptions](http://selfhelp.courts.ca.gov/adoptions), or visit your local county court self-help center before filling out this form.

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 Adopting parent or parents**

- a. Name: \_\_\_\_\_
- b. Name: \_\_\_\_\_
- c. Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_
- d. Relationship to child: \_\_\_\_\_
- e. Lawyer (if any) (name, address, telephone numbers, email address, and State Bar number): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Check this box if there are more adopting parents. Use a separate piece of paper and write "ADOPT-200, Other Adoptive Parents" at the top and complete a–e. Turn it in with this form.

**2 Hearing is set for:**

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



Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m. 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.

**3 Each adopting parent:**

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



Adopting parent or parents: \_\_\_\_\_

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

#### 4 County of filing

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

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

(Note: If the child is a dependent of the court (in foster care), this *Adoption Request* must be filed in the county where the child was freed for adoption or the county where the adopting parent or parents reside. See Family Code sections 8714 and 8714.5). For more information on dependent children, [selfhelp.courts.ca.gov/juvenile-dependency](https://selfhelp.courts.ca.gov/juvenile-dependency).

#### 5 Type of adoption

Check one of the following:

- a. ☐ Agency (*name*): \_\_\_\_\_ ☐ Relative ☐ Nonrelative  
☐ Tribal customary adoption (*attach tribal customary adoption order*)
- b. ☐ Independent: ☐ Relative ☐ Nonrelative ☐ Additional Parent (more than two)
- c. ☐ Intercountry (*name of agency*): \_\_\_\_\_

#### 6 Information about the child

- a. Child's name before adoption (only for independent, intercountry, tribal customary adoption, or dependent child's adoption by a relative (Family Code, § 8714.5):  
\_\_\_\_\_
- b. Gender: ☐ Female ☐ Male ☐ Nonbinary
- c. Date of birth: \_\_\_\_\_
- d. Child's address (*if different from address of adopting parent or parents*):  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- e. Place of birth (*if known*): City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
- f. If the child is 12 or older, does the child agree to the adoption? ☐ Yes ☐ No
- g. Date child was placed in the physical care of the adopting parent or parents: \_\_\_\_\_
- h. The child was conceived by assisted reproduction in compliance with Family Code section 7613. ☐ Yes ☐ No
- i. The child is a dependent of the court. ☐ Yes ☐ No (If yes, add Juvenile Case No. and County)  
Juvenile Case No. \_\_\_\_\_ County: \_\_\_\_\_
- j. ☐ The child's new name will be: \_\_\_\_\_





Adopting parent or parents: \_\_\_\_\_

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

**7 Legal guardian**

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

a. Date guardianship ordered: \_\_\_\_\_

b. County: \_\_\_\_\_

c. Case number: \_\_\_\_\_

**8 Inquiry and notice under the Indian Child Welfare Act (ICWA)**

a. ☐ The inquiry required under law to determine whether the child may be an Indian child has been made, and a completed *Indian Child Inquiry Attachment* (form ICWA-010(A)) is attached.

Note: In agency adoptions, it is the responsibility of the agency to ensure that this inquiry is conducted and the form is made part of the file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible. For adoptions of a dependent child under the Welfare and Institutions Code, other evidence, including court orders regarding ICWA, may be necessary.

b. ☐ A completed version of *Parental Notification of Indian Status* (form ICWA-020) is attached OR a good faith attempt has been made to provide the form to the parents, Indian custodian, or guardian of the child and inform them that they are required to complete and submit the form to the court.

Note: In agency adoptions, it is the responsibility of the agency to ensure that these forms are made part of the file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible.

c. ☐ There is **reason to know** that this child is an Indian child. Notice of the adoption request will be provided to the child's tribe or tribes, parents, Indian custodian, and the Bureau of Indian Affairs, using *Notice of Child Custody Proceeding for Indian Child* (form ICWA-030).

For more information on these requirements and for definitions, see form [ADOPT-050-INFO](#).

**9 Adoption of an Indian child**

a. ☐ This is an adoption of an Indian child. The adopting parent or parents have filled out and attached *Adoption of Indian Child* (form ADOPT-220) and will bring *Parent of Indian Child Agrees to End Parental Rights* (form ADOPT-225) to the hearing.

b. ☐ This is a tribal customary adoption under Welfare and Institutions Code section 366.24. Parental rights have been modified under and in accordance with the attached tribal customary adoption order, and the child has been ordered placed for adoption.

**10 Agency adoption information**

a. ☐ The adopting parent or parents 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 may be available.

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

c. ☐ Joinder will be filed.



Adopting parent or parents: \_\_\_\_\_

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

**11 Independent adoption information**

- a. The adopting parent or parents will file promptly with the department or delegated county adoption agency the information required by the department in the investigation of the proposed adoption.
- b. ☐ A copy of the *Independent Adoption Placement Agreement* from the California Department of Social Services is attached. (This is required in most independent adoptions; see Family Code section 8802.)
- c. ☐ 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.

(List the name and relationship to child of each person who has not signed the agreement form):

- d. ☐ The child will have more than two parents. The following persons with existing parental rights agree to this adoption and will maintain their existing parental rights:

(1) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- (2) An agreement waiving termination of parental rights, signed by both the existing parents and the adopting parent or parents, was filed with the court.

**Note:** If a person who may have parental rights has not signed a consent or relinquishment, the adopting parent or parents must obtain other signed documents or file for termination of parental rights or other action.

**12 Intercountry and California re-adoption questions**

- a. ☐ This adoption may be subject to the Hague Adoption Convention (form [ADOPT-216](#) may be required to be filed with this request. See *Calif. Rules of Court 5.490-5.493*).
- b. ☐ This is an adoption conducted under the requirements of the Hague Adoption Convention and the child has already moved with the adopting parent or parents to another Hague Convention member country or will be moving at the conclusion of this adoption.

Child will be moving or has moved to (name of country): \_\_\_\_\_

Adopting parent or parents: ☐ seek(s) a California adoption ☐ will be petitioning for a Hague Adoption Certificate ☐ will be seeking a Hague Custody Declaration.

- c. ☐ This is an intercountry re-adoption. The adoption was finalized in another country before the child entered the United States with the adopting parent or parents.

Date the child entered the United States: \_\_\_\_\_

See form [ADOPT-050-INFO](#) for a list of documents to attach to this *Adoption Request*.

**13 Contact after adoption (optional)**

*Contact After Adoption Agreement* (form [ADOPT-310](#)) (Family Code, § 8616.5)

- a. ☐ is attached.
- b. ☐ is attached as required in Family Code section 8714.50 (dependent child agency adoption).
- c. ☐ will be completed as required in Welfare and Institutions Code section 16002 between siblings and filed before the adoption hearing.
- d. ☐ will be filed before the adoption hearing.
- e. ☐ This is a tribal customary adoption. Postadoption contact is governed by the attached tribal customary adoption order.

For more information, see form [ADOPT-050-INFO](#).





Adopting parent or parents: \_\_\_\_\_

Case Number: _____
--------------------

**Additional Information Needed**

If there are any other persons who are or may be the child's parent, you will be required to obtain additional forms, submit specified paperwork, and possibly participate in additional court proceedings. Other paperwork or additional court proceedings may be necessary. During the adoption process, you must provide additional documents to the court or the department or agency handling your home study. These documents can include:

- Consent or relinquishment for adoption—properly signed and accepted by court.
- Death certificates, prior court orders, or pending court orders.
- Waiver or denial of parentage—properly signed and accepted by court.

Additional court proceedings can include:

- Filing a petition and order freeing the child from parental custody and control. This is a separate action.
- Filing a petition and order terminating parental rights of an alleged father. This action can be filed within the adoption process.

Important: Seek the advice of an attorney. Refer to form [ADOPT-050-INFO](#), see also <https://selfhelp.courts.ca.gov/adoptions>, or visit your local county court self-help center for more information.

**14 Requests to court**

- a. ☐ The adopting parent or parents ask the court to approve the adoption and to declare that the adopting parent or 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.
- b. ☐ The adopting parent or parents ask the court to date its order approving the adoption as of an earlier (date): \_\_\_\_\_ for the following reason (Family Code, § 8601.5):  
\_\_\_\_\_  
\_\_\_\_\_

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

- c. ☐ This is a tribal customary adoption. The adopting parent or parents ask the court to approve the adoption and to declare that the adopting parent or 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.

**15** If a lawyer is representing you in this case, the lawyer must sign here:

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

**16** 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*

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

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

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

## Declaration Confirming Parentage in Stepparent Adoption

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

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

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



**Case Number:**

[illegible]

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

\_\_\_\_\_

*Type or print your name* *Sign name*

Clerk stamps date here when form is filed.

**1 Adopting parent or parents**

- a. Name: \_\_\_\_\_
- b. Name: \_\_\_\_\_
- c. Address (*skip this if you have a lawyer*): \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Telephone number: \_\_\_\_\_
- d. Lawyer (if any) (*name, address, telephone numbers, e-mail address, and State Bar number*): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- ☐ Check this box if there are more adopting parents. Use a separate piece of paper and write "ADOPT-210, Other Adopting Parents" at the top and complete a-d. Turn it in with this form.

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 Information about the child**

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

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

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

**Signing this form:**

- Adoptions usually require a hearing where most signatures on this form must be completed in front of a judge.
- Item **5** may be signed before the hearing.
- If this is a stepparent adoption to confirm parentage involving a spouse or registered domestic partner who gave birth to the child or established parentage over a child born through gestational surrogacy during the union, usually no hearing is required and you may sign this form in front of a proper witness. See item 9a 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 one adopting parent (including stepparent), read and sign:**

I am the adopting parent listed in **1**, and I agree that the child will:

- Be adopted and treated as my legal child (Family Code, § 8612(b)) and
- 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



Adopting parent or parents: \_\_\_\_\_

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

- 5** *If the adopting parent is married and not separated, the consent of their spouse is required (Family Code, § 8603). Spouse must sign here:*

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

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

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

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

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

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

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

- 7** *If there is more than one adopting parent, 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 (Family 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 or parents' adoption of the child.

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

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

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

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

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

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

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

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

☐ Check this box if there are more adopting parents. Use a separate piece of paper and write "ADOPT-210, Item 7" at the top and include name, signature, and date signed. Turn it in with this form.

- 8** *If this is a tribal customary adoption, read and sign below.*

I or we are the adopting parents listed in **(1)**, and I or we agree that the child will:

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



Adopting parent or parents: \_\_\_\_\_

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

8

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



Signature of adopting parent

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



Signature of adopting parent

- ☐ Check this box if there are more adopting parents. Use a separate piece of paper and write “ADOPT-210, Item 8” at the top and include name, signature, and date signed. Turn it in with this form.

9

**Executed (check one):**

- a. ☐ This form was signed outside of a hearing. *(Select this option for either a stepparent adoption to confirm parentage under Family Code section 9000.5, where the court did not order a hearing for good cause, or if the court waived appearance under Family Code, section 8613 or 8613.5.)*

- (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.)*  
c. ☐ This form was signed by the adopting parent or parents either before or while the adopting parent or parents were attending a remote hearing and was acknowledged by the judicial officer. *(The judge will date and sign the form below.)*

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

\_\_\_\_\_  
*Judge or Judicial Officer*

# ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

## 1 Adopting parent or parents

- a. Name: \_\_\_\_\_
- b. Name: \_\_\_\_\_
- c. Name: \_\_\_\_\_
- d. Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime telephone number: \_\_\_\_\_
- e. Additional street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime telephone number: \_\_\_\_\_
- f. Lawyer (if any) (name, address, telephone number, e-mail address, and State Bar number): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

## 2 Information about the child

Child's name after adoption:

- a. First name: \_\_\_\_\_
- b. Middle name: \_\_\_\_\_
- c. Last name: \_\_\_\_\_
- d. Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_
- e. Place of birth (if known): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

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

## 4 Hearing details

- a. Hearing date: \_\_\_\_\_ Dept.: \_\_\_\_\_ Div.: \_\_\_\_\_ Rm.: \_\_\_\_\_
- b. Judicial officer: \_\_\_\_\_ Clerk's office telephone number: \_\_\_\_\_
- c. People present at the hearing:
- ☐ Adopting parent or parents ☐ Lawyer for adopting parent or parents
- ☐ Child ☐ Child's lawyer
- ☐ Parent or parents keeping parental rights: \_\_\_\_\_
- ☐ Other people present (list each name and relationship to child):
- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- ☐ Check here 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. You may use form MC-025, Attachment.



Adopting parent or parents: \_\_\_\_\_

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

- ④ d. ☐ The hearing is waived pursuant to Family Code section 9000.5 (*Check this box only if this is an adoption confirming parentage of a parent who was married to or in a state-registered domestic partnership, including a registered domestic partnership or civil union from another jurisdiction, with the legal parent at the time the child was born.*)

**Judge will fill out section below.**

- ⑤ The judge finds that the child (*check all that apply*):
- a. ☐ Is 12 or older and agrees to the adoption
  - b. ☐ Is under 12
  - c. ☐ Is not required to consent because this is a tribal customary adoption.
- ⑥ The judge has reviewed the report and other documents and evidence and finds that:
- a. Proper notice to all persons with actual or possible parental rights has been provided and their voluntary or nonvoluntary participation is documented in the court file.
  - b. Each adopting parent:
    - (1) Is at least 10 years older than the child or meets the criteria in Family Code section 8601(b);
    - (2) Will treat the child as their own;
    - (3) Will support and care for the child;
    - (4) Has a suitable home for the child; *and*
    - (5) Agrees to adopt the child.
- ⑦ Child's name before adoption  
*Complete for nonrelative agency, independent, intercountry, or stepparent adoption.*  
*If this is an adoption of a dependent child by a relative filed under Family Code section 8714.5, complete only if requested by the adopting relative or by the child being adopted, if 12 years of age or older.*  
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 parent or parents. The clerk will fill out ⑭ below.
- ⑨ ☐ The judge approves the *Contact After Adoption Agreement* (form [ADOPT-310](#))  
☐ As submitted      ☐ As amended on form 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.





Adopting parent or parents: \_\_\_\_\_

Case Number: _____
--------------------

- 12 ☐ (Do not complete for intercountry adoptions.) The child will have more than two parents. The following persons with existing parental rights agree to this adoption and will maintain their existing parental rights:
- a. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- b. An agreement waiving termination of parental rights, signed by both the existing parents and the adopting parent or parents, was filed with the court.

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

Date: \_\_\_\_\_  
(Date of Signature)

\_\_\_\_\_  
Judge or Judicial Officer

**Clerk will fill out section below.**

14 **Clerk's Certificate of Mailing**

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

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

- ☐ Adoption Request (form ADOPT-200) ☐ Adoption of Indian Child (form ADOPT-220)  
☐ Adoption Order (form ADOPT-215) ☐ Contact After Adoption Agreement (form ADOPT-310)

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

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

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

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

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

# ADOPT-220 Adoption of Indian Child

Clerk stamps date here when form is filed.

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

① Your name (adopting parent):

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

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

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

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

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

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

Telephone number: (\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

② Indian child's name: \_\_\_\_\_

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

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

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

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

④ Indian child's biological mother (*name*): \_\_\_\_\_

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

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

☐ Check here if you do not know.

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

⑤ Indian child's biological father (*name*): \_\_\_\_\_

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

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

☐ Check here if you do not know.

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

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number if known:

**Case Number:**



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

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

\_\_\_\_\_

☐ Check here if you do not know.

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

\_\_\_\_\_

☐ Check here if you do not know.

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

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

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

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

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

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

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

Clerk stamps below when form is filed.

Court name and street address:

**Superior Court of California, County of****Case Number:****1** I want my child to be adopted by (name(s)):

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

Their relationship to Indian child: (Check all that apply)

- ☐ Related to child (specify): \_\_\_\_\_  
☐ Members of child's tribe ☐ Indian parents  
☐ None of the above

**2** The parent(s) in **1** ☐ meet ☐ do not meet the placement preference requirements of the Indian Child Welfare Act.**3** Indian child (name): \_\_\_\_\_

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

Child's tribe(s): \_\_\_\_\_

Enrollment #: \_\_\_\_\_

☐ Check here if you do not know the enrollment #.**4** Your name: \_\_\_\_\_☐ Mother ☐ Father (Check only one. Each parent fills out a separate form.)Your address (skip this if you have a lawyer):  
\_\_\_\_\_  
\_\_\_\_\_

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

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

☐ Check here if you do not know the enrollment #.Your lawyer (if you have one): (Name, address, phone #, and State Bar #):  
\_\_\_\_\_  
\_\_\_\_\_**5** I am the parent in **4** and I understand and say:

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



Case Number:

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

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

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

► \_\_\_\_\_  
Signature of Indian parent

**Judge's Certification**

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

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

Certified:

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

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

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

2. (Check one)

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

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

☐ I have asked or ☐ I am advised by: \_\_\_\_\_ and on information and belief confirm that this person has completed inquiry by asking the child, the child's parents, and other required and available persons about the child's Indian status. Each of these persons was asked whether they had any information that the child is or may be an Indian child; whether the parents or child are or were domiciled or lived on a reservation, rancheria, Alaska Native village, or other tribal trust land, or had ancestors who were members of an Indian tribe. The person(s) questioned are:

Name:

Name:

Address:

Address:

City, state, zip:

City, state, zip:

Telephone:

Telephone:

Date questioned:

Date questioned:

Relationship to child:

Relationship to child:

☐ Additional persons questioned and their information is attached. (Form MC-020 may be used for this purpose.)

3. This inquiry (check one)

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

☐ gave me no reason to believe the child is or may be an Indian child. (If checked, continue to signature page at end of form.)

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

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

a. ☐ the child is or may be a member or citizen of or eligible for membership or citizenship in a tribe.

Name of tribe(s):

Location of tribe(s):

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

Name of tribe(s):

Location of tribe(s):

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

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

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

Name of tribe(s):

Location of tribe(s):

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

Name of tribe(s):

Location of tribe(s):



CHILD'S NAME:	CASE NUMBER:
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6. If this is a delinquency proceeding under Welfare and Institutions Code section 601 or 602,

☐ the child is in foster care.

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

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

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

 \_\_\_\_\_  
(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR ( <i>name</i> ):	STATE BAR NUMBER:  STATE:      ZIP CODE: FAX NO.:	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CHILD'S NAME:		
<b>PARENTAL NOTIFICATION OF INDIAN STATUS</b>		CASE NUMBER:

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

1. Name:

2. Relationship to child: ☐ Parent ☐ Indian custodian ☐ Guardian ☐ Other:

#### Indian status

3. a. ☐ I am or may be a member or citizen of, or eligible for membership or citizenship in, a federally recognized Indian tribe.  
 Name of tribe(s) (*name each*):  
  
 Location of tribe(s):
- b. ☐ The child is or may be a member or citizen of, or eligible for membership or citizenship in, a federally recognized Indian tribe because (*state why you think the child is or may be a member or citizen or eligible for membership or citizenship in the tribe*):  
 Name of tribe(s) (*name each*):  
  
 Location of tribe(s):
- c. ☐ One or more of the child's parents, grandparents, or other lineal ancestors is or was a member or citizen of a federally recognized tribe.  
 Name of tribe(s) (*name each*):  
  
 Location of tribe(s):  
  
 Name and relationship of ancestor(s):
- d. ☐ I am a resident of or am domiciled, live, or have lived on a reservation, rancheria, Alaska Native village, or other tribal trust land.
- e. ☐ The child is a resident of or is domiciled, lives, or has lived on a reservation, rancheria, Alaska Native village, or other tribal trust land.





CHILD'S NAME:	CASE NUMBER:
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3. f. ☐ The child is or has been a ward of a tribal court of the: \_\_\_\_\_ tribe.
- g. ☐ Either parent or the child possesses an Indian identification card indicating membership or citizenship in an Indian tribe.  
Name of tribe(s) (*name each*): \_\_\_\_\_
- Membership or citizenship number (*if any*): \_\_\_\_\_
- h. ☐ None of the above apply.

4. A previous form ICWA-020 ☐ has ☐ has not been filed with the court.

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

Date:

_____ (TYPE OR PRINT NAME)	 _____ (SIGNATURE)
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**Note: This form is not intended to constitute a complete inquiry into Indian heritage. Additional inquiry may be required by the Indian Child Welfare Act and state law.**

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

- ① a. Your name (adopting parent or parents):
- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- b. Address (skip this if you have a lawyer):
- Street: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- c. Telephone number: \_\_\_\_\_
- d. 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: \_\_\_\_\_

- ☐ Check this box if there are more adopting parents. Use a separate piece of paper and write "ADOPT-230, Other Adopting Parents" at the top and complete a–d. Turn it in with this form.

- ② Name of child after adoption: \_\_\_\_\_

- ③ List services you received that were related to the adoption of the child listed in ②. Include all medical, hospital, attorney, legal fees and costs, doctors and physicians, surgeons, licensed adoption agency, or any other person or organization that received payment in connection with the birth of the child, expenses, and services received by either birth parent or by the child. (Examples of other services provided: prenatal care, transportation, counseling, adoption service provider, pregnancy expenses, court filing fees, fingerprinting fees.)

Service	Name and address of service provider	How much paid, or value of service	Payment date
a. _____	_____ _____	\$ _____	_____
b. _____	_____ _____	\$ _____	_____
c. _____	_____ _____	\$ _____	_____
d. _____	_____ _____	\$ _____	_____



Adopting parent or parents: \_\_\_\_\_

Case Number:
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Service	Name and address of service provider	How much paid, or value of service	Payment date
e. _____	_____ _____	\$ _____	_____
f. _____	_____ _____	\$ _____	_____
g. _____	_____ _____	\$ _____	_____
h. _____	_____ _____	\$ _____	_____
i. _____	_____ _____	\$ _____	_____
j. _____	_____ _____	\$ _____	_____
k. _____	_____ _____	\$ _____	_____
l. _____	_____ _____	\$ _____	_____

☐ Check this box if you need more space to list the services related to this adoption. Use a separate piece of paper and write “ADOPT-230, Item 3—Payment for Services” at the top and include the service, name and address of provider, amount paid, and payment date. Turn it in with this form.

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

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

Date: _____	_____ <i>Type or print your name</i>	▶ _____ <i>Signature of adopting parent</i>
Date: _____	_____ <i>Type or print your name</i>	▶ _____ <i>Signature of adopting parent</i>
Date: _____	_____ <i>Type or print your name</i>	▶ _____ <i>Signature of adopting parent</i>

☐ **Original**      ☐ **Change**

Clerk stamps date here when form is filed.

**1** Adopting parent or parents:

a. Name: \_\_\_\_\_

b. Name: \_\_\_\_\_

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

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

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

d. Lawyer (if you have one) (*name, address, telephone numbers, e-mail address, and State Bar number*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ☐ Check this box if there are more adopting parents. Use a separate piece of paper and write “ADOPT-310, Other Adopting Parents” at the top and complete a–d. Turn it in with this form.

**2** Information about the child

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

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

c. Is the child a dependent of Juvenile Court? ☐ No ☐ Yes

If yes, list juvenile court and juvenile case number and attach this form to your *Adoption Request* (form ADOPT-200) (Family Code, §§ 8714.5(d) and 8715):

County: \_\_\_\_\_ Case number: \_\_\_\_\_

d. Child's Lawyer (*If the child has a lawyer, fill out below. If item 2c is yes, child must have a lawyer. See Family Code section 8616.5(d).*)

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

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

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

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

- 3** The birth relatives below agree with the requesting parties in **1** about contact with the child after adoption. *If the agreement is confidential, write “Confidential” instead of the person's name.* Sibling information may include minor siblings, siblings who are dependents or nonminor dependents, and adult siblings. Consider completion of waiver forms (California Department of Social Services forms AD 904A or AD 904B). See <https://cdss.ca.gov/inforesources/forms-brochures/forms-alphabetic-list/a-d>.

- ☐ Check this box if there are more relatives that need to sign. Use a separate piece of paper and write “ADOPT-310, Item 3—Other Relatives” at the top and include name, relationship to child, and type of contact. Turn it in with this form.

Fill in court name and street address:






**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

Adopting parent or parents: \_\_\_\_\_

Case Number:
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3			<b>Type of Contact</b> <i>(check all that apply):</i>					
	Name	Relationship to Child	 Visits	 Phone	 Email	 Letter	 Share Info	Other*
a.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Check this box if “Other” is selected. Use a separate piece of paper and write “ADOPT-310, Item 3 —Other Types of Contact” at the top and include name, relationship to child, and type of contact. Turn it in with this form.

4 ☐ Check this box if you have a signed, written agreement about Contact After Adoption, and attach a copy.  
 Number of pages attached: \_\_\_\_\_

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

**Notice**

- The adopting parent or parents must file this form with the court before the finalization hearing or order of the court. Within 30 days of the adopting parent or parents receiving a file-marked copy of this agreement, the adopting parent or parents must provide a file marked copy to each person who signed the agreement as well as any licensed adopting agency that placed the child for adoption or consented to the adoption.
- After the judge signs the Adoption Order for this child, the adoption is final. It can never be canceled or changed, even if anyone who signed this agreement:
  - Does not follow the agreement, and/or
  - Files form ADOPT-315 (to change, end, or enforce this agreement).
- Before this agreement can be changed by the court, all of the people who signed it have to try to fix any problems with it through a dispute resolution program, like mediation.



Adopting parent or parents: \_\_\_\_\_

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

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

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

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

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

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

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

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

☐ Check this box if you need more space to list relatives. Use a separate piece of paper and write "ADOPT-310, Item 6 —Signatures of Other Relatives" at the top and include name and relationship to child, signature, and date signed. Turn it in with this form.

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

\_\_\_\_\_  
Judge or Judicial Officer

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):

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

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

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

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

**3** I/We want to (*check one*): ☐ Enforce ☐ Change ☐ End

an existing Contact After Adoption Agreement.

**The judge will not look at your request unless you and the other people who signed ADOPT-310 first try to come to an agreement using a dispute resolution program, like mediation.****4** List all people who signed the original Contact After Adoption Agreement (form ADOPT-310).

If the agreement was confidential, write "Confidential" instead of the person's name.

Name/Relationship to child:

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

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

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

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

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

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



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

<b>Case Number:</b>
---------------------

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

Check below, if true:

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

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

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

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

8 Check one of the boxes below:

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

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

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

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

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

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

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

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

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

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

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

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

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



Sign your name

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



Sign your name



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

Clerk stamps date here when form is filed.

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

an existing Contact After Adoption Agreement.

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

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

**2** Your name(s):

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

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

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

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

Sign your name

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

Sign your name

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

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

Clerk stamps date here when form is filed.

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

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

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

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

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

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

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

Your lawyer, (if you have one) (*Name, address, phone number, and  
State Bar number*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**2** Adopted child's name:

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

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

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

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

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

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

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

☐ Not present: \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:****Judge will fill out section below.****4** The judge has reviewed:☐ ADOPT-310 ☐ ADOPT-315 ☐ ADOPT-320 ☐ Other evidence ☐ Testimony☐ All people listed in ADOPT-315 have tried to come to an agreement using mediation or some other form of dispute resolution. (Fam. Code, § 8714.7.)**5** ☐ **Enforcement****The judge finds and orders:**a. ☐ The Contact After Adoption Agreement is enforced. This means that everyone who signed the agreement must do what the agreement says.b. ☐ The Contact After Adoption Agreement is not enforced because:(1) ☐ The person who asked the judge to enforce the Agreement has not tried to solve the problem using a dispute resolution program, like mediation.(2) ☐ Enforcing the agreement is not in the child's best interests.(3) ☐ Other: \_\_\_\_\_

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

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

**Judge will fill out section below.**

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

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

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

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

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

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

# TRANSMITTAL

TO BE COMPLETED AND SENT BY THE CLERK OF THE COURT TO SACRAMENTO  
ONLY IF PARAGRAPH SIX (6) OF THE PETITION HAS BEEN MARKED  
(Health and Safety Code Section 102705)

State Department of Social Services  
Adoptions Branch  
744 P Street, M/S 19-31  
Sacramento, CA 95814

To California State D.S.S.:

The Original Petition seeking original birth records pursuant to Health and Safety Code section 102705 was filed in the Contra Costa County Superior Court on \_\_\_\_\_.

Please comply with Health and Safety Code section 102705 by sending a copy of all records and information it has concerning the adopted person \_\_\_\_\_ with the name and address of natural parents removed, to:

Contra Costa County Superior Court  
Attention: Adoptions Clerk  
725 Court Street  
Martinez, CA 94553

Executive Officer/Clerk of the Superior Court of Contra Costa County

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

Deputy Clerk

(A copy of this request was sent by the Clerk of the Court to the Department of Social Services on \_\_\_\_\_)

(Upon receipt of records from Department of Social Services, to be completed by Clerk of Court)

To the Judge of Contra Costa Superior Court:

Attached are the records received by the Clerk of the Court from the State Department of Social Services in response to this verified petition.

Executive Officer/Clerk of the Superior Court of Contra Costa County

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

Deputy Clerk

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS: ATTORNEY FOR (Name):	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA COUNTY OF CONTRA COSTA</b> 725 Court Street Martinez, CA 94553 Wakefield Taylor Courthouse	
IN THE MATTER OF THE PETITION OF:	
<b>PETITION FOR AUTHORIZATION TO INSPECT ADOPTION AND BIRTH          RECORD INFORMATION AND TO OBTAIN COPIES</b> (TRANSMITTAL FAMILY CODE § 9200 AND HEALTH AND SAFETY CODE § 10275)	CASE NUMBER:  DEPARTMENT:

**I am the Petitioner and submit the following:**

1. Mailing address: \_\_\_\_\_
  2. Residence address: \_\_\_\_\_, County of \_\_\_\_\_
  3. Telephone number: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_, and my current age \_\_\_\_\_
  4. I am informed (*check one*):
    - a. ☐ and believe that I was adopted by \_\_\_\_\_ (*adopting parent(s)*) on or about (*date*) \_\_\_\_\_, in the County of Contra Costa.
    - b. ☐ that an adoption proceeding related to \_\_\_\_\_ (*adoptivee*) was completed in the County of \_\_\_\_\_, on or about \_\_\_\_\_ by \_\_\_\_\_ (*adopting parents*).
  5. ☐ (Family Code §9200) I request permission to inspect the records and/or obtain copies of the records contained in the court file relating to the adoptee \_\_\_\_\_, for the following reasons:  
**(Family Code §9200 requires a showing of exceptional circumstances and good cause approaching the necessitous.)**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  6. ☐ (Health and Safety Code §102705) I request permission to inspect and/or copy the original birth record contained in the State Department of Social Services files for the following reasons:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (Health and Safety Code §102705 requires a showing of necessity of the order and good and compelling cause. The name and address of the natural parents shall be given to the petitioner only if he or she can demonstrate that the name and address, or either of them, are necessary to assist him or her in establishing a legal right.)**

IN THE MATTER OF THE PETITION OF:

CASE NUMBER:

7. For the reasons stated, I request permission ☐ to obtain ☐ to inspect a copy of the following document(s)

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

8. Attached is a copy of a government issued current photographic identification card of the Petitioner.

I request an order of the Superior Court as required by Family Code §9200 and/or Health and Safety Code §102705 with respect to the records relating to the above proceeding.

Date:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Petitioner

### VERIFICATION

I am the Petitioner in the above matter. I have read this petition and I know and understand what it states. I declare that the petition is true based upon my own personal knowledge, except as to those matters where it is stated to be based upon my information and belief, and as to those matters, I believe them to be true.

Date:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Petitioner

#### California Family Code Section 9200

- (a) The petition, relinquishment or consent, agreement, order, report to the court from any investigating agency, and any power of attorney and disposition filed in the office of the clerk of the court pursuant to this part is not open to inspection by any person other than the parties to the proceeding and their attorneys and the department, except upon the written authority of the judge of the superior court. A judge of the superior court may not authorize any one to inspect the petition, relinquishment or consent, agreement, order, report to the court from any investigating agency, or power of attorney or deposition or any portion of any of these documents, except in exceptional circumstances and for good cause approaching the necessitous. The petitioner may be required to pay the expenses for preparing the copies of the documents to be inspected
- (b) Upon written request of any party to the proceeding and upon the order of any judge of the superior court, the clerk of the court shall not provide any documents referred to in this section for inspection or copying to any other person, unless the name of the child's birth parents or any information tending to identify the child's birth parents is deleted from the documents or copies thereof.
- (c) Upon the request of the adoptive parents or the child, a clerk of the court may issue a certificate of adoption that states the date and place of adoption, the child's birth date, the names of the adoptive parents, and the name the child has taken. Unless the child has been adopted by a stepparent, the certificate shall not state the name of the child's birth parents.

#### California Health and Safety Code Section 102705

All records and information specified in this article, other than the newly issued birth certificate, shall be available only upon the order of the superior court of the county of residence of the adopted child or the superior court of the county granting the order of adoption.

No such order shall be granted by the superior court unless a verified petition setting forth facts showing the necessity of the order has been presented to the court and good and compelling cause is shown for the granting of the order. The clerk of the superior court shall send a copy of the petition to the State Department of Social Services and the department shall send a copy of all records and information it has concerning the adopted person with the name and address of the natural parents removed to the court. The court must review these records before making an order and the order should so state. If the petition is by or on behalf of an adopted child who has attained majority, these facts shall be given great weight, but the granting of any petition is solely within the sound discretion of the court.

The name and address of the natural parents shall be given to the petitioner only if he or she can demonstrate that the name and address, or either of them, are necessary to assist him or her in establishing a legal right.

To be completed by Court Staff:

*FOR COURT USE ONLY*

**To Judge of the Superior Court:**

Attached are the records received by the Clerk of the Court from the State Department of Social Services after transmission of a copy of the attached verified petition to said department.

Executive Officer/Clerk of the Superior Court of Contra Costa County

Date:

Deputy Clerk

# COURT ORDER

CASE NUMBER:

The Court, having reviewed all of the attached records received from the State Department of Social Services and the foregoing verified petition, now makes the following ORDER:

- ☐ **Good cause appearing**, the request for disclosure of adoption information is hereby GRANTED. The Court finds in balancing the rights of all concerned individuals, that exceptional circumstances exist necessitating the release of the information herein requested. The information herein requested shall be released to the requesting party.

**OR**

- ☐ **The Petition is DENIED** as exceptional circumstances and good cause has not been shown for the release or inspection of said documents.
- ☐ **ORDERED that the Petition is DENIED** for the following reasons: \_\_\_\_\_

**OR**

- ☐ **The Court needs additional information** to decide whether to grant your request. You must go to the Court Hearing date listed below:

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

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

Dept: \_\_\_\_\_

Court Location:  
Superior Court of California  
County of Contra Costa  
725 Court Street  
Martinez, CA 94533

**IT IS SO ORDERED.**

Dated: \_\_\_\_\_

Judge of the Superior Court

Distribution:

- ☐ Original – Court File    ☐ Copy to State Department of Social Services    ☐ Copy to Petitioner