

Stepparent/Domestic Partner Adoption Assistance For Self-Represented Litigants

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

Please contact:

Tulare County Superior Court
Self-Help Resource Center
3400 W Mineral King, Suite C
Visalia, CA 93291
(559) 737-5500

We will provide instructions on how to complete the forms
and how to properly notice all the necessary parties.

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

We will *NOT* represent you in Court.

Please call for an appointment.

STEPPARENT/DOMESTIC PARTNER ADOPTION GUIDELINES

(Revised 3-2008)

SUPERIOR COURT OF CALIFORNIA

COUNTY OF TULARE

The following is a guide to stepparent /domestic partnership adoption in Tulare County. For more information on these actions, we suggest that you consult with an attorney, contact a legal typing service, read "How To Adopt Your Stepchild in the State of California" published by Nolo Press or check at www.courtinfo.ca.gov. You can also contact the Court's Self Help Resource Center at 559-737-4422. Each county has different procedures for this process. We hope that this explanation will assist you with the procedures for this county. The forms located in this packet, which are marked as Judicial Council forms (such as, ADOPT-200), can also be found on the Internet at www.courtinfo.ca.gov/selfhelp/family/adoption/adoptforms, and the Tulare County forms (such as Consent to Adoption) are contained in this packet.

THESE ARE THE FORMS YOU WILL NEED:

- #a Adoption Request (ADOPT-200) - One form for each child must be filled out and filed with the Clerk (cost is \$20.00 per child). You must send or bring a copy to Family Court Services, Room 203, County Courthouse, Visalia, CA, 93291.
- #b Adoption Agreement (ADOPT-210) - Must be lodged (placed in the court's file) prior to the hearing date. It will be completed at the stepparent adoption hearing.
- #c Adoption Order (ADOPT-215) - Must be lodged with the court prior to the hearing date. This will be completed at the stepparent adoption hearing.
- #d Consent to Adoption by Parent In California /Outside California Giving Custody to Husband or Wife of Other Parent (Tulare County form) - When there is a consent by the non-custodial parent, this form is filed with the Adoption Request, after being signed by that parent. PLEASE NOTE: The consent must be witnessed by a notary public, court clerk, probation officer, qualified court investigator, or county welfare department staff member if the parent resides in California. If the parent resides outside California, the form must be signed in the presence of a notary public.
- #e Petition to Declare Minor Free from Parental Custody and Control and Terminate Parental Rights (Tulare County form) - If the non-custodial parent has not consented to the adoption, this petition must be filed to terminate that parent's rights before any adoption can take place. This form may be used (a sample form is included) as a fill-in petition and must be filed with the clerk for this hearing.

- #f Declaration of Custodial Parent (Tulare County form) – This is completed if there is no consent and filed with the Petition to Declare Minor Free from Parental Custody and Control and Terminate Parental Rights.
- #g Citation and Proof of Service for Petition to Declare Minor free from Parental Custody and Control (Tulare County form) - This form can be used to cite the non-custodial parent to the hearing.
- #h Application and Order for Publication or Dispensing with Notice (Tulare County form) - Fill out this form if you are unable to serve the absent parent with the Petition to Declare Minor Free from Parental Custody and Control (g). Bring it with the Declaration of Due Diligence to the court clerk for the judge's signature to allow you to publish a notice in the newspaper most likely to be read by that parent. If you are asking that the court dispense with notice to an alleged natural father you will fill this form out also with the Due Diligence Declaration.
- #i Declaration of Due Diligence (Tulare County form) - This form is filled out and submitted with the Application (n) and outlines what you have done to try to find the absent parent.
- #j Findings and Order of Court On Petition to Declare Minor(s) Free From Parental Custody and Control and Terminate Parental Rights (Tulare County form) – Form submitted to court for signature at hearing.

1. IF THERE IS A CONSENT FROM THE NON-CUSTODIAL PARENT

Complete forms a, b, c, and d, and file the Adoption Request (a) along with the Consent to Adoption by Parent Giving Custody (d). Forms b and c must be lodged with the court. A hearing date should not be scheduled for the stepparent adoption at this time. Send or deliver a copy of the request and consent to Family Court Services, Room 203, County Courthouse, Visalia, 93291. An investigation will be initiated. The petitioner will receive a letter explaining the process and a file will be opened. A Family Court Services investigator will call the petitioner to set an appointment for the investigation when all the paperwork is completed.

2. IF THE NON-CUSTODIAL PARENT WILL NOT CONSENT, a petition to terminate the parental rights of the father/mother must be filed with the Court Clerk. Tulare County forms for terminating the parental rights (petition [f], declaration of custodial parent [g] citation and proof of service [h], application for publication or dispensing with notice [i], a declaration of due diligence [j] and findings and order of the court on the petition to declare minors free [k] are also in this packet).

File the Petition To Declare Minor Free From Custody and Control (f) with the court clerk in Room 201 along with the Declaration of custodial parent (g).

- a. Family Court Services will be completing an investigation for this hearing and must be given notice of the hearing date in sufficient time to complete a report.
 - b. The non-custodial parent must be given notice of this hearing and has the right to have counsel appointed to represent him/her. The Citation and Proof of Service (h) must be filled out and the clerk will fill in the hearing date. Once the parent is served, the Proof of Service is filled out and returned to the court clerk's office.
 - c. If the non-custodial parent cannot be located after reasonable efforts have been made, you must file a Declaration (j) setting forth those efforts and an Application and Order for Publication (i). This order must be signed by the Court and publication completed prior to the hearing date. (See Family Code 7882)
 - d. Once it is determined by the judge at a hearing, that the non-custodial parent's rights are terminated, a copy of the judge's order must be given to Family Court Services and the stepparent adoption investigation is then completed.
3. ON THE DATE OF THE ADOPTION HEARING the petitioner, custodial parent and child or children must appear, unless an order is first signed upon a showing of good cause excusing the appearance of the child/ren. The adoptive parent will sign the Adoption Agreement (form b) in the presence of the judge who then signs the Agreement and the Adoption Order (form c). If the child to be adopted is 12 years of age or older, s/he must consent in writing to the adoption at the time of the hearing. Once these forms are signed and filed, the adoption is considered final. The signed order will be delivered to Room 201 for filing. You may need to return to Room 201 to obtain your certified copies.
4. The Court will sign the Fee Statement submitted by Family Court Services and determine whether the fee is ordered or waived. The current fee for the investigation of the adoption is \$400. If the fee is ordered, it is due and payable at the time of the order.
5. If you wish to change the child's name on the birth certificate, complete the Court Report of Adoption form which will be given to you in the interview with the Family Court Services. You must lodge it with the Clerk's Office before the hearing and the Clerk will forward it to the State Registrar in Sacramento.
6. **PLEASE NOTE:**
It is always in your best interest to seek legal advice in these matters—legal processes are confusing. The adoption hearing is the last step, where the Adoption Agreement and Order is signed, but your case may require hearings prior to the final adoption hearing for the judge to make orders regarding such issues as dispensing with notice, terminating parental rights, etc.

General Information on Adoptions

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

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

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

Stepparent/Domestic Partner Adoptions

Answer these questions to get started.

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

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

1 Fill out court forms.

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

2 Take your forms to court.

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

3 The social worker writes a report.

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



4 Go to court on the date of your hearing.

Bring:

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

Independent, Agency, or International Adoptions

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

1 Fill out court forms.

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

2 Take your forms to court.

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

3 The social worker writes a report.

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

4 Go to court on the date of your hearing.

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

“Open” Adoption

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

Adopting an Indian Child

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

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

If you are adopting through a tribal customary adoption:

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

ADOPT-200 Adoption Request

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

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

a. _____

b. _____

Relationship to child: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

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

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of _____

Court fills in case number when form is filed.

Case Number: _____

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

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

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

3 Type of adoption (check one):

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

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

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

Hearing Date → Hearing is set for:
Date: _____
Time: _____
Dept.: _____ Room: _____

Name and address of court if different from above:

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



Your name: _____

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

4 Information about the child:

- a. The child's new name will be: _____
- b. Boy Girl
- c. Date of birth: _____ Age: _____
- d. Child's address (if different from yours):
Street: _____
City: _____ State: _____ Zip: _____
- e. Place of birth (if known):
City: _____
State: _____ Country: _____
- f. If the child is 12 or older, does the child agree to the adoption? Yes No
- g. Date child was placed in your physical care: _____

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

6 Does the child have a legal guardian? Yes No
(If yes, attach a copy of the Letters of Guardianship and fill out below):

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

7 Is the child a dependent of the court? Yes No
(If yes, fill out below):

Juvenile case number: _____
County: _____

8 Child may have Indian ancestry: Yes No

- a. Whether you answered "Yes" or "No," you must fill out and attach *Indian Child Inquiry Attachment* (form ICWA-010(A)) and *Parental Notification of Indian Status* (form ICWA-020) or other proof that ICWA inquiry has been completed in accordance with rule 5.481(a).
- b. If you answered "Yes," you must also fill out and attach *Adoption of Indian Child* (form ADOPT-220) if, after notice, it is determined that ICWA does apply to the child.

9 Names of birth parents, if known:

a. Mother: _____ b. Father: _____

10 If this is an agency adoption:

- a. I/We have received information about the Adoption Assistance Program, the Regional Center, mental health services available through Medi-Cal or other programs, and federal and state tax credits that might be available.
 Yes No
- b. All persons with parental rights agree that the child should be placed for adoption by the California Department of Social Services or a county adoption agency or a licensed adoption agency (Fam. Code, § 8700) and have signed a relinquishment form approved by the California Department of Social Services, and the time to revoke the relinquishment has expired or been waived.
 Yes No (If no, list the name and relationship to child of each person who has not signed the relinquishment form or whose time to revoke the relinquishment has not expired or been waived):



Your name: _____

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

11 If this is an independent adoption:

- a. A copy of the Independent Adoptive Placement Agreement from the California Department of Social Services is attached. (This is required in most independent adoptions; see Fam. Code, § 8802.) Yes No
- b. All persons with parental rights agree to the adoption and have signed the Independent Adoptive Placement Agreement or consent on the appropriate California Department of Social Services form. Yes No
(If no, list the name and relationship to child of each person who has not signed the agreement form):

- c. I/We will file promptly with the department or delegated county adoption agency the information required by the department in the investigation of the proposed adoption. Yes No
- d. This is an independent adoption involving additional parent(s): All persons with existing parental rights agree to this adoption and will maintain their existing parental rights. An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s) is attached.

12 If this is a stepparent adoption:

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

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

14 Contact after adoption

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

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

- a. The consent of the birth parent presumed father is not necessary because
(check the applicable reasons under Fam. Code, § 8606):
- (1) The parent has been judicially deprived of the custody and control of the child.
- (2) The parent has voluntarily surrendered the right to custody and control of the child in a judicial proceeding in another jurisdiction, under a law of that jurisdiction providing for the surrender.

Your name: _____

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

b. A court ended the parental rights of:

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

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

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

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

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

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

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

f. The child has been abandoned as follows:

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

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

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



Your name: _____

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

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

16 Suitability for adoption

Each adopting parent:

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

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

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

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

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

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

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

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

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

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

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

Case Number: _____

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: _____

Your name: _____

6 If there are any other persons who are or may be the child's parents, describe these persons' relationship to the child, including their names, the ways in which these persons act as a parent to the child, and whether these persons consent to the adoption: _____

Lined area for providing details about other persons who may be the child's parents.

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

Date: _____
Type or print your name

 _____
Sign name

ADOPT-210 Adoption Agreement

Clerk stamps date here when form is filed.

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

a. _____

b. _____

Relationship to child: _____

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

City: _____ State: _____ Zip: _____

Telephone number: _____

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

2 Child's name before adoption: _____

Child's name after adoption: _____

Date of birth: _____ Age: _____

Fill in court name and street address:

Superior Court of California, County of _____

Court fills in case number when form is filed.

Case Number: _____

Signing this forms:

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

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

Date: _____
Type or print your name

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

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

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

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

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

Date: _____
Type or print your name

Signature of adopting parent



Your name: _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Date: _____ Type or print your name Signature of legal parent



Your name: _____

Case Number: _____

8 Executed (check one):

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

(1) This form was signed **in** California

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

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

(2) This form was signed **outside** of California

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

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

(3) Witness information

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

Name of witness: _____

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

Date: _____

Witness signature: _____

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

Date: _____

Judge (or Judicial Officer)

ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

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

a. _____
b. _____

Relationship to child: _____

Street address: _____

City: _____ State: _____ Zip: _____

Daytime telephone number: _____

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

Fill in court name and street address:

Superior Court of California, County of _____

2 Child's name after adoption: _____

First name: _____

Middle name: _____

Last name: _____

Date of birth: _____ Age: _____

Place of birth (*if known*): _____

City: _____ State: _____ Country: _____

Court fills in case number when form is filed.

Case Number: _____

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

4 Hearing details

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

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

People present at the hearing:

Adopting parent(s) Lawyer for adopting parent(s)

Child Child's lawyer

Parent keeping parental rights: _____

Other people present (*list each name and relationship to child*): _____

a. _____

b. _____

If there are more names, attach a sheet of paper, write "ADOPT-215, Item 4" at the top, and list the additional names and each person's relationship to child.

The hearing is waived pursuant to Family Code section 9000.5 (Check this box only if this is an adoption confirming parentage of a stepparent who was married or in a state-registered domestic partnership with the parent who gave birth at the time the child was born.)

Judge will fill out section below.

5 The judge finds that the child (*check all that apply*):

a. Is 12 or older and agrees to the adoption

b. Is under 12

c. Is not required to consent because this is a tribal customary adoption.



Case Number: _____

Your name: _____

- 6 The judge has reviewed the report and other documents and evidence and finds that each adopting parent:
 - a. Is at least 10 years older than the child or meets the criteria in Fam. Code, § 8601(b);
 - b. Will treat the child as his or her own;
 - c. Will support and care for the child;
 - d. Has a suitable home for the child; *and*
 - e. Agrees to adopt the child.
- 7 This case is an adoption by a relative petitioned under Family Code section 8714.5.
 - The adopting relative The child, who is 12 or older, has requested that the child's name before adoption be listed on this order. (Fam. Code, § 8714.5(g).)
 - The child's name before adoption was:
 First name: _____ Middle name: _____ Last name: _____
- 8 The child is an Indian child. The judge finds that this adoption meets the placement requirements of the Indian Child Welfare Act or that there is good cause to give preference to these adopting parents. The clerk will fill out 13 below.
- 9 The judge approves the *Contact After Adoption Agreement (ADOPT-310)*
 - As submitted As amended on ADOPT-310
- 10 This is a tribal customary adoption. The tribal customary adoption order of the _____ tribe dated _____ containing _____ pages and attached hereto is fully incorporated into this order of adoption.
- 11 This is an adoption under the Hague Adoption Convention. *Verification of Compliance with Hague Adoption Convention Attachment (form ADOPT-216)* is attached and fully incorporated into this order.
- 12 This is an independent adoption involving an additional parent(s). All persons with existing parental rights agreed to this adoption and will maintain their existing parental rights. An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s), was filed with the court.
- 13 The judge believes the adoption is in the child's best interest and orders this adoption.
 - The child's name after adoption will be:
 First name: _____ Middle name: _____ Last name: _____
 - The adopting parent or parents and the child are now parent and child under the law, with all the rights and duties of the parent-child relationship or, in the case of a tribal customary adoption, all the rights and duties set out in the tribal customary adoption order and Welfare and Institutions Code section 366.24.
 - The judge believes it will serve public policy and the best interest of the child to grant the request of the adopting parent or parents for the court to make this order effective as of (date): _____
 - Date: _____
 (Date of Signature) _____
 Judge (or Judicial Officer)

Clerk will fill out section below.

14 Clerk's Certificate of Mailing

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

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

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

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

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

Place: _____ on (date): _____
 Date: _____ Clerk, by: _____, Deputy

ADOPT-220 Adoption of Indian Child

Clerk stamps date here when form is filed.

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

① Your name (adopting parent):

a. _____

b. _____

Relationship to child: _____

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

Street: _____

City: _____ State: _____ Zip: _____

Telephone number: (____) _____

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

Fill in court name and street address:

Superior Court of California, County of _____

Fill in case number if known:

Case Number: _____

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

② Indian child's name: _____

Date of birth: _____ Age: _____

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

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

Check here if tribe does not have an enrollment number.

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

Street address: _____

City: _____ State: _____ Zip: _____

Check here if you do not know.

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

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

Street address: _____

City: _____ State: _____ Zip: _____

Check here if you do not know.

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



Case Number: _____

Your name: _____

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

Check here if you do not know.

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

Check here if you do not know.

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

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

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

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

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

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

In the Superior Court of the State of California
In and for the County of Tulare

IN THE MATTER OF ADOPTION PETITION OF:

Consent to Adoption by Parent
In/Outside California Giving Custody
to Husband or Wife of Other Parent

Petitioner

CASE #: _____

I, the undersigned, being the father/mother of _____, do hereby give my
full and free consent to the adoption of said child by _____, the
Name of Petitioner

petitioner herein, it being fully understood by me that with the signing of this document my consent
may not be withdrawn, except with court approval, and that with the signing of the Order of Adoption
by the court, I shall give up all my rights of custody, services, and earnings of said child, and that said
child cannot be reclaimed by me. Further, if I and my child lived together at any time as parent and
child, the adoption of this child by a stepparent does not affect the child's right to inherit my property
or the property of other blood relatives.

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

and is the child of _____ and _____
Name of Natural Father Name of Natural Mother

Date: _____, 20_____
Signature of Parent

Signed in the presence of:
_____, * Title: _____

* A notary public, court clerk, probation officer, qualified court investigator or county welfare department staff member of
any county of California may witness this consent. (CFC 9003 (a))

State of _____	*** FOR USE BY NOTARY PUBLIC ONLY ***
County of _____	
On _____ (date) before me, _____, (name and title of the officer) personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to be the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.	
WITNESS my hand and official seal.	
Signature _____ (Seal)	

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

Petitioner respectfully represents:

- Petitioner, _____, is an adult person, the stepfather/stepmother of the minor child/ren _____ and seeks to adopt the child/ren on termination of rights of _____ to custody and control. Petitioner is the husband/wife of _____, who is the mother/father of the minor and who has custody of the minor/s.
- _____ is/are unmarried minor child/ren who was/were born _____ and is a/are resident/s of _____, Tulare County, California.
- _____ is the parent who has custody of the child/ren and resides at _____, Tulare County, California.
- _____ is the non-custodial parent of the child/ren who resides at _____.
- The child/ren has/have been left by their father/mother, _____, in the care and custody of _____, without provision for support since _____, a period of more than one (1) year, and without communication from him/her with the intent on the part of _____ to abandon the child/ren.

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Wherefore, Petitioner prays for judgement as follows:

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

JUSTIFICATION

The statements in the above petition are true of my own knowledge, except as to the matters that are therein stated on my information the belief, and as to those matters I believe them to be true.

Executed on, _____ at _____, California.

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

DATED: _____

Your signature
Petitioner in Pro Per

DECLARATION OF CUSTODIAL PARENT

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

1. The child's name: _____
Date of birth: _____ Place of birth: _____
(day, month, year) (city, state)

2. I believe that the non-custodial parent of the child is: _____
(name, including any aliases)
(If more than one person may be the child's birth father, please provide the following information for each person whom you believe to be the child's birth father.)

3/ The non-custodial parent lives at: _____
(street address, city, state)
(If present address unknown, give any known past addresses.)

S/he works for: _____
(employer's name and address)
as a _____
(position or type of work)

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

3. Is s/he in school? Yes No Don't Know
If Yes, _____
(name of school, city, state)

4. Is s/he in the armed forces Yes No Don't Know
If yes, what branch is he in and where stationed? _____

5. Do you know where or when the non-custodial parent was born? Yes No Don't Know
If yes, date: _____ Place of birth: _____
(day, month, year/age) (city, state)

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

6. Has a court ordered the non-custodial parent to help support the child? Yes No Don't Know
If yes, which court, when, and in what amounts? _____

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

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

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

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

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

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

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

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

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

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

20. Have you discussed adoption of the child with the non-custodial parent? Yes No
21. Do you think s/he would agree to an adoption if that is what you wished? Yes No Don't Know
22. The identity of the birth father/mother of the minor child is unknown to me because _____

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

24. Other Information:

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

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

 (Signature)

 (Printed name of person who witnessed signature)

 (Address)

 (Signature of person who witnessed signature of declarant)

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

The People of the State of California

To (name) _____

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

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

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

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

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

LARAYNE CLEEK
CLERK OF THE SUPERIOR COURT

Date: _____ by _____, Deputy

=====

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

LARAYNE CLEEK
CLERK OF THE SUPERIOR COURT

By _____, Deputy

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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, and Telephone No.): ATTORNEY FOR: _____ ATTORNEY BAR #: _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE Street Address: County Civic Center Mailing Address: 211 S. Mooney Blvd. City and Zip code: Visalla, CA 93291	
IN THE MATTER OF THE ADOPTION PETITION OF: _____	
DECLARATION OF DUE DILIGENCE IN SUPPORT OF A REQUEST FOR AN ORDER OF PUBLICATION OR FOR ORDER DISPENSING WITH NOTICE	CASE NUMBER: _____

I, _____, hereby declare:

1. I am the _____, in the above-entitled action.
 (i.e., petitioner, respondent, objector)
2. I have attempted personal service on _____ (name of person), and I am unable to complete such service.
3. The following facts show that I have lost contact with _____ and cannot reasonable locate him/her:

4. I have used the following ways to attempt to locate this person: **check boxes which apply**

The last known address for _____ is:

I have contacted the following people in the vicinity of that address within the last thirty (30) days in an attempt to determine the other party's whereabouts:

I have mailed certified, return receipt letters to the following relatives, friends, etc., who may know the whereabouts of this person: (attach proof of mailing)

The last known **business** address for this person is:

I have contacted the following people in the vicinity of that address within the last thirty (30) days in an attempt to determine his/her whereabouts:

I have examined the following telephone directories within the last thirty (30) days in an effort to locate this person, and no address was found:

The records of the Tax Assessors in the following counties were examined within the last thirty (30) days, and no address for this person was found:

Other efforts: (such as checking Post Office forwarding address, voter records, telephone directories, friends, relatives, former employers)

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

Executed on _____ at _____, California.

Signature of declarant

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

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

- presumed father
- mother

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

- _____ is the natural mother of the subject minor _____, born on _____, who is now in the custody of the above-named adopting parent.
- the presumed father of such child has been served notice of this action.

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

 Date Judge of the Superior Court

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

1. Name of child:

Indian child inquiry made not made and (check all that apply):

- a. The child is or may be a member of or eligible for membership in a tribe.
 Name of tribe(s): _____
 Name of band (if applicable): _____
- b. The child's parents, grandparents, or great-grandparents are or were members of a tribe.
 Name of tribe(s): _____
 Name of band (if applicable): _____
- c. The residence or domicile of the child, child's parents, or Indian custodian is in a predominantly Indian community.
- d. The child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (TANF).
- e. The child may have Indian ancestry.
- f. The child has no known Indian ancestry.
- g. Other reason to know the child may be an Indian child: _____

Person(s) questioned:

Name: _____

Address: _____

City, state, zip: _____

Telephone: _____

Date questioned: _____

Means of communication: _____

Relationship to child: _____

Summary of information: _____

Person(s) questioned:

Name: _____

Address: _____

City, state, zip: _____

Telephone: _____

Date questioned: _____

Means of communication: _____

Relationship to child: _____

Summary of information: _____

h. Information about other persons questioned is attached.

2. If this is a delinquency proceeding under Welfare and Institutions Code, § 601 or 602:

- The child is in foster care.
- It is probable the child will be entering foster care.

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CASE NAME: _____	
CHILD'S NAME: _____	
PARENTAL NOTIFICATION OF INDIAN STATUS	CASE NUMBER: _____

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

1. Name: _____
2. Relationship to child: Parent Indian custodian Guardian Other _____
3. a. I am or may be a member of, or eligible for membership in, a federally recognized Indian tribe.
 Name of tribe(s) (*name each*): _____
 Name of band (*if applicable*): _____
- b. I may have Indian ancestry. _____
 Name of tribe(s): _____
 Name of band (*if applicable*): _____
- c. The child is or may be a member of, or eligible for membership in, a federally recognized Indian tribe.
 Name of tribe (*name each*): _____
 Name of band (*if applicable*): _____
- d. I have no Indian ancestry as far as I know.
- e. One or more of my parents, grandparents, or other lineal ancestors is or was a member of a federally recognized tribe.
 Name of tribe (*name each*): _____
 Name of band (*if applicable*): _____
 Name and relationship of ancestor(s): _____
4. A previous form ICWA-020 has has not been filed with the court.

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

Date: _____

_____ ▶ _____
 (TYPE OR PRINT NAME) (SIGNATURE)

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



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: TELEPHONE NO.:			
CASE NAME:			
NOTICE OF CHILD CUSTODY PROCEEDING FOR INDIAN CHILD (check all that apply): <input type="checkbox"/> JUVENILE <input type="checkbox"/> Dependency <input type="checkbox"/> Delinquency <input type="checkbox"/> ADOPTION <input type="checkbox"/> CONSERVATORSHIP* <input type="checkbox"/> CUSTODY (Fam. Code, § 3041) <input type="checkbox"/> DECLARATION OF FREEDOM FROM CONTROL OF PARENT <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> TERMINATION OF PARENTAL RIGHTS <input type="checkbox"/> VOLUNTARY RELINQUISHMENT OF CHILD BY PARENT	CASE NUMBER: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">HEARING DATE:</td> <td style="width:50%; padding: 2px;">DEPT.:</td> </tr> </table>	HEARING DATE:	DEPT.:
HEARING DATE:	DEPT.:		

NOTICE TO (check all that apply):

- Parents or Legal Guardians Tribes Indian Custodians Sacramento Area Director, BIA
 Secretary of the Interior

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

<u>Name</u>	<u>Date of Birth</u>	<u>Place of Birth</u>
-------------	----------------------	-----------------------

2. HEARING INFORMATION:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
<input type="checkbox"/> Type of hearing:			
b. Address and telephone number of court <input type="checkbox"/> same as noted above <input type="checkbox"/> is (specify):			

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

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

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

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

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

- a. The child's birth certificate is attached unavailable
- b. A copy of the tribal registration card of the child the parent is attached.
- c. Biological relative information is listed below. (Indicate if any of the information requested below is unknown or does not apply. Do not use the abbreviation "N/A".) (Required by Fam. Code, § 180; Prob. Code, § 1460.2; and Welf. & Inst. Code, § 224.2.)

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

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

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

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

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

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

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

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

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

CASE NAME:	CASE NUMBER:
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5. e. INFORMATION ON THE CHILD NAMED IN 1
(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

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

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

CASE NAME:	CASE NUMBER:
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5. f. INFORMATION ON THE CHILD NAMED IN 1
(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

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

6. ADDITIONAL INFORMATION ON CHILD NAMED IN 1
(Indicate if any of the information requested below is unknown.)

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

Unknown

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

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

- a. Attended an Indian school? Yes No Unknown

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

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

<u>Name</u>	<u>Mailing Address</u>	<u>Telephone Number</u>
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DECLARATION

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

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

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

Date: _____
 (TYPE OR PRINT NAME)

 (SIGNATURE)

Date: _____
 (TYPE OR PRINT NAME)

 (SIGNATURE)

Date: _____
 (TYPE OR PRINT NAME)

 (SIGNATURE)