

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

## Stepparent/Domestic Partner Adoptions

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

### 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 says so.
- ADOPT-215 Adoption Order The judge signs this form if your adoption is approved.

### 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, if you have a lawyer or are using an agency, take the forms to them.

### 3 The social worker writes a report.

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

### 4 Go to court on the date of your hearing.

Bring:

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



## Independent, Agency, or International Adoptions

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

### 1 Fill out and file court forms.

- |                          |           |                    |  |
|--------------------------|-----------|--------------------|--|
| <input type="checkbox"/> | ADOPT-200 | Adoption Request   | This tells the judge about you and the child you are adopting.   |
| <input type="checkbox"/> | 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 says so. |
| <input type="checkbox"/> | ADOPT-215 | Adoption Order     | The judge signs this form if your adoption is approved.  |
| <input type="checkbox"/> | ADOPT-230 | Adoption Expenses  | This tells the judge about all your adoption expenses.   |

### 2 The social worker writes a report.

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

### 3 Go to court on the date of your hearing.

Bring:

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

### 4 Is this an “open” adoption?

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

### 5 If you are adopting an Indian child...

Also fill out and bring:

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

# ADOPT-200 Adoption Request

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

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number if known:

Case Number:

1 Your name (adopting parent):  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone number: (\_\_\_\_) \_\_\_\_\_  
Lawyer (if any): (Name, address, telephone numbers, and State Bar number):  
\_\_\_\_\_  
\_\_\_\_\_

2 Type of adoption (check one):  
 Agency (name): \_\_\_\_\_  
 Joinder has been filed.  
 Joinder will be filed.  
 Independent  
 International (name of agency): \_\_\_\_\_  
 Stepparent  
 Relative

3 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:  
\_\_\_\_\_

4 Child's name before adoption: (Fill out ONLY if this is an independent, relative, or stepparent adoption.)  
\_\_\_\_\_

5 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: \_\_\_\_\_

6 Is the child a dependent of the court?  Yes  No  
If yes, fill out below:  
Juvenile case number: \_\_\_\_\_  
County: \_\_\_\_\_

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

Hearing is set for:  
**Hearing Date** → Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

Name and address of court if different from above:  
\_\_\_\_\_  
\_\_\_\_\_

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



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

7 Child may have Indian ancestry:  Yes  No  
*If yes, attach Form ADOPT-220, Adoption of Possible Indian Child.*

8 Names of birth parents, if known:  
 a. Mother: \_\_\_\_\_  
 b. Father: \_\_\_\_\_

9 **If this is an agency adoption**

- a. I have received information about the Adoption Assistance Program Regional Center and about mental health services available through Medi-Cal or other programs.  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 licensed adoption agency (Fam. Code, § 8700) and have signed a relinquishment form approved by the California Department of Social Services.  Yes  No *(if no, list the name and relationship to child of each person who has not signed the consent form):* \_\_\_\_\_  
 \_\_\_\_\_

10 **If this is an independent adoption**

- a. A copy of the Independent Adoptive Placement Agreement, a California Department of Social Services form, is attached. (This is required in most independent adoptions; see Fam. Code, § 8802.)
- b. All persons with parental rights agree to the adoption and have signed the Independent Adoptive Placement Agreement, a 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 consent form):* \_\_\_\_\_  
 \_\_\_\_\_
- c. I will file promptly with the department or delegated county adoption agency the information required by the department in the investigation of the proposed adoption.

11 **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.)*

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

13 **Contact after adoption**

Form ADOPT-310, *Contact After Adoption Agreement*,  is attached  will not be used  
 will be filed at least 30 days before the adoption hearing  is undecided at this time

14  The consent of the  birth mother  presumed father is not necessary because *(specify Fam. Code, § 8606 subdivision):* \_\_\_\_\_



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

- 15 A court ended the parental rights of (*attach copy of order*):  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (*date*) \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (*date*) \_\_\_\_\_

- 16  I will ask the court to end the parental rights of (*attach copy of Petition to Terminate Parental Rights or Freedom From Parental Custody, if filed*):  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- 17 Each of the following persons with parental rights has not contacted his or her child in one year or more. (*Fam. Code, § 8604(b)*) (*Attach copy of Application for Freedom From Parental Custody, if filed.*)  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- 18 Each of the following persons with parental rights has died:  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_


**19 Suitability for adoption**

Each adopting parent:


- a. Is at least 10 years older than the child
- 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


- 20 I 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.

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

Date: \_\_\_\_\_ *Type or print your name*       \_\_\_\_\_  
*Signature of attorney for adopting parents*

- 22 I declare under penalty of perjury under the laws of the State of California that the information in this form 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*



# ADOPT-210 Adoption Agreement

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number if known:

Case Number:

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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

② Child's name before adoption: \_\_\_\_\_

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

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

③ I am the child listed in ② and I agree to the adoption. Sign at the hearing in front of the judge.

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

\_\_\_\_\_  
Signature of child (child must sign at hearing if 12 or older; optional if child is under 12)

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

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

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

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

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

\_\_\_\_\_  
Signature of adopting parent (sign at hearing)

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

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

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



Case Number:

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

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

We are the adopting parents listed in 1, and we agree that the child will:

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

I am in agreement with the other parent's adoption of the child.

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

▶ \_\_\_\_\_  
Signature of adopting parent (sign at hearing)

I am in agreement with the other parent's adoption of the child.

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

▶ \_\_\_\_\_  
Signature of adopting parent (sign at hearing)

6 For stepparent adoptions only:

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

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

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

▶ \_\_\_\_\_  
Signature of legal parent (sign at hearing)

7 Executed:

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

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

# ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

① Your name (adopting parent):  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Street address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime telephone number: (\_\_\_\_) \_\_\_\_\_  
Lawyer (if any): (Name, address, telephone number, and State Bar number): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of

Fill in case number if known:

Case Number:

② Type of adoption: (Check one)  
 Agency (name): \_\_\_\_\_  
 Independent  
 International (name of agency): \_\_\_\_\_  
 Stepparent  
 Relative

③ Child's name after adoption:  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

④ Name of adoption agency (if any): \_\_\_\_\_

⑤ Hearing date: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Div.: \_\_\_\_\_ Rm.: \_\_\_\_\_ Judge: \_\_\_\_\_  
Clerk's office telephone number: (\_\_\_\_) \_\_\_\_\_

⑥ People present at the hearing:  
 Adopting parents  Lawyer for adopting parents  
 Child  Child's lawyer  
 Parent keeping parental rights (stepparent/domestic partner): \_\_\_\_\_  
 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 6" at the top, and list the additional names and each person's relationship to child.

**Judge will fill out section below.**

⑦ The judge finds that the child: (Check all that apply)  
a.  Is 12 or older and agrees to the adoption  
b.  Is under 12

Case Number:

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

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

- 8 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
  - 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

- 9  This case is a relative adoption 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: \_\_\_\_\_

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

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

- 12 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.

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

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

**Clerk will fill out section below.**

13 **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:

- ADOPT-200, *Adoption Request*  ADOPT-220, *Adoption of Indian Child*
- ADOPT-215, *Adoption Order*  ADOPT-310, *Contact After Adoption Agreement*

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

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

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

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

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

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

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

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

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

Your phone #: (\_\_\_\_\_) \_\_\_\_\_

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

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

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*): \_\_\_\_\_

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*): \_\_\_\_\_

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

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

Check here if you do not know.

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



Your name(s): \_\_\_\_\_

6 Indian child's biological Indian grandmother(s) (*name(s); include Maiden name(s) if you know them*):

\_\_\_\_\_

Check here if you do not know.

7 Indian child's biological Indian grandfather(s) (*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.  Parent(s) 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.
- c.  A judge has certified that he or she fully explained the terms and consequences of the parent's agreement to end parental rights and that the parent(s) 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:
- I agree to give up my parental rights.
  - I agree to the adoption of my child by the parent(s) listed in ①.
  - I understand what will happen when I sign this form.
  - No one has threatened me or made promises to me to get me to sign this form.
  - 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.
  - 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.
  - I do not give up any of my rights under the Indian Child Welfare Act by signing this form.
  - My child was at least 10 days old when I signed this form.
  - 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)*

Clerk stamps date here when form is filed.

**If you are adopting your stepchild, do not fill out this form.****1** Your name (adopting parent):a. \_\_\_\_\_  
b. \_\_\_\_\_

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

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

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

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

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

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

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number if known:

**Case Number:****2** Name of child after adoption:  
\_\_\_\_\_**3** List the services you received that were related to the adoption of the child listed in **2**:

<b>Service</b>	<b>Name and address of service provider</b>	<b>How much paid, or value of service</b>	<b>Payment date</b>
a. Hospital	_____ _____	\$ _____	_____
b. Prenatal care	_____ _____	\$ _____	_____
c. Legal fees paid	_____ _____	\$ _____	_____
d. Adoption agency fee paid	_____ _____	\$ _____	_____
e. Transportation	_____ _____	\$ _____	_____
f. Adoption facilitator fees paid	_____ _____	\$ _____	_____

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

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

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

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

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

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

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

# ADOPT-310

## Contact After Adoption Agreement

Original  Change

Clerk stamps below when form is filed.

Court name and street address:

**Superior Court of California, County of**

**Case Number:**

**1** Your name(s) (adopting parent(s)):  
 a. \_\_\_\_\_  
 b. \_\_\_\_\_

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

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

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

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

Your phone #: (\_\_\_\_\_) \_\_\_\_\_

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

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

**2** Information about the child:  
 a. Child's name (after adoption): \_\_\_\_\_

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

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

*If yes, Juvenile Court and Juvenile Case number:*

County: \_\_\_\_\_ Case #: \_\_\_\_\_

d. *If the child has a lawyer, fill out below. If Item 2c is yes, child must have a lawyer (Fam. Code, § 8714.7).*

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

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

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

Phone #: (\_\_\_\_\_) \_\_\_\_\_ State Bar #: \_\_\_\_\_

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

*If other relatives, attach a sheet of paper. Write "ADOPT-310, Item 3—Other Relatives" at the top.*

**Type of Contact** (circle all that apply):

Telephone Letter Visits  
 Share Info E-mail Other\*

Name	Relationship to Child						
a.							
b.							
c.							
d.							
e.							
f.							
g.							

*\*Explain type of contact on a sheet of paper. Write "ADOPT-310, Item 3—Other Types of Contact" at the top.*

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



Your name(s): \_\_\_\_\_

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

- 4 If you have a signed, written agreement about Contact After Adoption, attach a copy.  
Number of pages attached: \_\_\_\_\_
- 5 The parties have discussed the reasons for the continued contact between the child and the specified relatives in view of the best interest of the child.

**Notice**

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

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


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

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


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

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

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

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

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

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

If more relatives need to sign, attach a sheet of paper. Write "ADOPT-310, Item 6—Signatures of Other Relatives," at the top.  
 Number of pages attached: \_\_\_\_\_

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

# ADOPT-315

## Request to: Enforce, Change, End Contact After Adoption Agreement

Clerk stamps below when form is filed.

Court name and street address:

**Superior Court of California, County of**

**Case Number:**

- 1 Your name(s) (adopting parent(s)):
- a. \_\_\_\_\_
- b. \_\_\_\_\_

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

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

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

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

Your phone #: (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

- 3 I/We want to (*check one*):  Enforce  Change  End  
an existing Contact After Adoption Agreement.

**The judge will not look at your request unless you and the other people who signed ADOPT-310 first try to come to an agreement using mediation or some other form of dispute resolution.**

- 4 List all people who signed the original Contact After Adoption Agreement (ADOPT-310).  
*If the agreement was confidential, write "Confidential" instead of the person's name.*

Name/Relationship to child:

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

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

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

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

### Notice to people listed in 4 who are served with this form:

- The adoption of the child named in 2 is still valid.
- The adoption can never be canceled or changed.
- If you disagree with this form, you must file ADOPT-320 within 30 days after receiving this form.



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

Your name(s): \_\_\_\_\_

- 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 to each person in 4, along with a blank answer form (ADOPT-320)

- 6 *If any person in 4 was not served, you must explain in writing why he or she was not served. Attach a sheet of paper and write "ADOPT-315, Item 6" at the top. 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.

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.

- 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 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—Change 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—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 Sign your name

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

# ADOPT-320

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

Clerk stamps below when form is filed.

Court name and street address:

**Superior Court of California, County of**

**Case Number:**

**1** This is my answer to the request to (*check one*):

- Enforce  Change  End

an existing Contact After Adoption Agreement.

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

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

**2** Your name(s):

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

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

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

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

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

Your phone #: (\_\_\_\_) \_\_\_\_\_

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

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

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

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

Date of adoption (*if you know*): \_\_\_\_\_

**4** Check all that apply:

- a.  I agree with the requests listed in ADOPT-315 and think the requests are in the child's best interest.  
b.  I do not agree with the requests in ADOPT-315 because:

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

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

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

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

*Type or print your name*



*Sign your name*

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

*Type or print your name*



*Sign your name*



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

Clerk stamps below when form is filed.

Court name and street address:

**Superior Court of California, County of****Case Number:****1** Your name(s) (person(s) who asked for this order):

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

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

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

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

Your phone #: (\_\_\_\_\_) \_\_\_\_\_

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

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

**2** Adopted child's name:

\_\_\_\_\_

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

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

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

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

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

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

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

 Not present: \_\_\_\_\_**Judge will fill out section below.****4** The judge has reviewed: ADOPT- 310     ADOPT-315     ADOPT-320     Other evidence     Testimony

All people listed in ADOPT-315 have tried to come to an agreement using mediation or some other form of dispute resolution. (Fam. Code, § 8714.7.)

**5**  **Enforcement****The judge finds and orders:**a.  The Contact After Adoption Agreement is a legally enforceable agreement.b.  The Contact After Adoption Agreement is not enforced because:(1)  The person who asked the judge to enforce the Agreement has not tried to solve the problem using mediation or similar method.(2)  Enforcing the agreement is not in the child's best interest.(3)  Other: \_\_\_\_\_

Your name(s): \_\_\_\_\_

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 with the requests listed in ADOPT-315
  - (2)  It is in the best interest of the child
  - (3)  There have been important changes since the original agreement was approved *and*
  - (4)  The applicant has participated, or tried to participate, in ways to solve the problem, such as mediation
- b.  The judge **does not approve** the request to  change  end the Contact After Adoption Agreement because:
- (1)  It is not in the best interest of the child
  - (2)  No important changes have happened since the original agreement was approved
  - (3)  The applicant has not tried to participate in ways to solve the problem, such as mediation
- c.  The judge **approves** the request to  change  end the Contact After Adoption Agreement as amended. A new ADOPT-310 will be filed.

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

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

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