



**SUPERIOR COURT OF CALIFORNIA**  
**County of Kings**  
**1640 Kings County Drive, Hanford, CA 93230**  
**(559) 582-1010**

## ADOPTION PACKET



Online Assistance: [www.courts.ca.gov/selfhelp.htm](http://www.courts.ca.gov/selfhelp.htm)  
 The California Courts Self-Help Center

E-file California: <https://california.tylerhost.net>

Kings County Superior Court: [www.kings.courts.ca.gov](http://www.kings.courts.ca.gov)

Hours of Operation (Except for Court Holidays): Monday – Friday 8:00a.m. to 4:00p.m.

FORMS INCLUDED IN THIS PACKET	
How to Adopt a Child in California	Judicial Council Form ADOPT-050-INFO
Adoption Request	Judicial Council Form ADOPT-200
Adoption Agreement	Judicial Council Form ADOPT-210
Adoption Order	Judicial Council Form ADOPT-215
Court Report of Adoption (SAMPLE)	State Form VS 44
Court Report of Adoption	State Form VS 44
Consent to Adoption by Parent in or Outside of California Giving Custody to Husband or Wife or Domestic Partner of Other Parent (Stepparent Adoption)	State Form AD 2A/2B
Consent to Adoption by Parent Retaining Custody (Stepparent Adoption)	State Form AD 2
The investigation will not take place until the investigation packet is submitted with the filing fee: <ul style="list-style-type: none"> <li>• Adoption Check-List for Petitioners</li> <li>• Adoption Questionnaire (Stepparent or Domestic Partner Adoption)</li> </ul>	Local Form Local Form
<b>Filing Fee:</b> <ul style="list-style-type: none"> <li>• <b>Adoption Request</b></li> <li>• <b>Court Reporter Fee</b></li> <li>• <b>Investigation Fee</b></li> </ul>	<b>\$20.00/per child</b> <b>30.00</b> <b>350.00</b>
<b>For Stepparent Adoptions:</b> <ul style="list-style-type: none"> <li>• <b>Petition to Declare Minor Free of Custody and Control</b></li> <li>• <b>Investigation Fee</b></li> </ul>	<b>350.00</b> <b>350.00</b>

# ADOPT-050-INFO How to Adopt a Child in California

## 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](http://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** questions, 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.



# ADOPT-050-INFO How to Adopt a Child in California

## 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) live;

Where the child was born or where the child now lives;

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 lived when the adoptive placement agreement, consent, or relinquishment was signed;

Where a placing birth parent or parents live(s) 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 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.

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

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

- 3  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):*  
 \_\_\_\_\_  
 \_\_\_\_\_



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

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

- 10 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.
- e. Completing the investigation or written report *(Choose one)*
  - I will choose someone to do an investigation or written report. I understand that the person I choose must be a licensed clinical social worker, a licensed marriage and family therapist, or work for a licensed private adoption agency. I will pay this person or agency directly.
  - I would like the court to choose someone to do an investigation. I understand that the court can charge me money for this investigation.

- 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.



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

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

- 15 a. (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.
- (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 are checked, adopting parent must also check item 15(d) and file an Application for Freedom From Parental Custody. See Fam. Code, § 7822(a).)*

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



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

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

- 15 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](http://www.coveredca.com). Or call Covered California at 1-800-300-1506 (English) or 1-800-300-0213 (Spanish).

# ADOPT-210 Adoption Agreement

Clerk stamps date here when form is filed.

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

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

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

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

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

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

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

Type or print your name

▶ \_\_\_\_\_

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

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

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

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

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

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

Type or print your name

▶ \_\_\_\_\_

Signature of adopting parent

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

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

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

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

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

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

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

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

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

Signature of adopting parent

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

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

Signature of adopting parent

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

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

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

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

Signature of adopting parent

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

Signature of adopting parent

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

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

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

Signature of legal parent



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

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

**8 Executed (check one):**

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

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

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

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

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

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

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

(3) Witness information

This form was signed in: (county) \_\_\_\_\_ (state) \_\_\_\_\_ (country) \_\_\_\_\_

Name of witness: \_\_\_\_\_

Agency witness works for *(if applicable)*: \_\_\_\_\_

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

Witness signature: \_\_\_\_\_

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

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

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

# ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

① Your name (adopting parent(s)):

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

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

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

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

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

Daytime telephone number: \_\_\_\_\_

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

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

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

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

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

Place of birth (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

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

## ④ Hearing details

Hearing date: \_\_\_\_\_ Dept.: \_\_\_\_\_ Div.: \_\_\_\_\_ Rm.: \_\_\_\_\_

Judicial Officer: \_\_\_\_\_ Clerk's office telephone number: \_\_\_\_\_

People present at the hearing:

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

Child  Child's lawyer

Parent keeping parental rights: \_\_\_\_\_

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

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

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

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

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

**Judge will fill out section below.**

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

a.  Is 12 or older and agrees to the adoption

b.  Is under 12

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

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Court fills in case number when form is filed.

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



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

# COURT REPORT OF ADOPTION

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

STATE FILE NUMBER \_\_\_\_\_

LOCAL REGISTRATION NUMBER \_\_\_\_\_

TYPE OR PRINT CLEARLY IN BLACK INK ONLY

**PART I** The information provided in this section must be the information as it was at birth. Without this data, it may be impossible to prepare a new Certificate of Birth.

FACTS OF BIRTH	1A. NAME OF CHILD—FIRST <b>SALLY</b>		1B. MIDDLE <b>MARY</b>		1C. LAST (BIRTH) <b>SAMPLE</b>					
	2. SEX <b>F</b>	3. DATE OF BIRTH—MM/DD/CCYY <b>01/15/2011</b>	4. NAME OF PHYSICIAN (OR ATTENDANT, CERTIFIER, OR OTHER PERSON WHO ATTENDED THIS BIRTH) <b>SAMPLE PHYSICIAN</b>							
	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY <b>GENERAL HOSPITAL</b>			5B. CITY <b>HOLLYWOOD</b>		5C. STATE OR COUNTRY <b>CALIFORNIA</b>				
PARENTS' DATA	6A. FULL NAME OF PARENT—FIRST <b>MARK</b>		6B. MIDDLE <b>J</b>		6C. LAST (BIRTH) <b>SAMPLE</b>					
	7A. FULL NAME OF PARENT—FIRST <b>MARY</b>		7B. MIDDLE <b>ANN</b>		7C. LAST (BIRTH) <b>POPPINS</b>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;">8D. RELATIONSHIP <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT</td> <td style="width: 20%; border: none;"></td> </tr> <tr> <td style="border: none;">9D. RELATIONSHIP <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT</td> <td style="border: none;"></td> </tr> </table>							8D. RELATIONSHIP <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT		9D. RELATIONSHIP <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	
8D. RELATIONSHIP <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT										
9D. RELATIONSHIP <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT										

**PART II** Adoptive parents must furnish personal information about themselves as it was on the child's date of birth. This information is used to prepare the new Certificate of Birth.

PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE PARENT <input checked="" type="checkbox"/> BIOLOGICAL PARENT: <input type="checkbox"/>					
	8A. NAME OF PARENT—FIRST <b>JOHN</b>		8B. MIDDLE <b>JAMES</b>		8C. LAST (BIRTH) <b>SMITH</b>	
	9. STATE/FOREIGN COUNTRY OF BIRTH <b>CALIFORNIA</b>			10. DATE OF BIRTH—MM/DD/CCYY <b>08/17/1985</b>		
PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE PARENT <input type="checkbox"/> BIOLOGICAL PARENT <input checked="" type="checkbox"/>					
	11A. NAME OF PARENT—FIRST <b>MARY</b>		11B. MIDDLE <b>ANN</b>		11C. LAST (BIRTH) <b>POPPINS</b>	
	12. STATE/FOREIGN COUNTRY OF BIRTH <b>CALIFORNIA</b>			13. DATE OF BIRTH—MM/DD/CCYY <b>11/03/1988</b>		
<p>14. PLEASE CHECK ONE</p> <p>I want the original birth certificate sealed, and a new birth certificate established. <input checked="" type="checkbox"/></p> <p>Pursuant to Health and Safety Code Section 102040, I choose not to have a new birth certificate established. <input type="checkbox"/></p> <p style="text-align: right;">15. Do you want the name of the hospital or other facility where birth occurred omitted from the new birth certificate as provided for in Section 102045 of the Health and Safety Code. (PLEASE CHECK ONE) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>						
VERIFICATION OF PART II	16. SIGNATURE OF PARENT VERIFYING DATA IN PART II <b>MARY POPPINS-SMITH</b>			17. MAILING ADDRESS OF PARENT VERIFYING DATA IN PART II <b>15 FANTASY ROAD, HOLLYWOOD, CA 98674</b>		
AGENCY OR DEPARTMENT	18A. NAME OF AGENCY OR DEPARTMENT <b>FANTASY ADOPTIONS</b>			18B. MAILING ADDRESS OF AGENCY/DEPARTMENT THAT INVESTIGATED/HANDLED THE ADOPTION. <b>1 SAMPLE WAY, HOLLYWOOD, CA 98674</b>		
ATTORNEY	19A. SIGNATURE AND PRINTED NAME OF ATTORNEY <b>ATTORNEY SIGNATURE AND PRINTED NAME</b>			19B. MAILING ADDRESS OF ATTORNEY <b>999 TRICYCLE LANE, HOLLYWOOD, CA 98674</b>		

**PART III** The court clerk must obtain as much information as is available to complete Parts I and II before completing Part III and forwarding the record and Court Order/Final Decree to the State Registrar as required by law.

COURT CLERK	20. I HEREBY CERTIFY THAT THE INDIVIDUAL DESCRIBED ABOVE WAS ADOPTED BY THE ABOVE NAMED ADOPTIVE PARENTS ON THE <u>15</u> DAY OF <u>MARCH</u> , 20 <u>17</u> , AS SET FORTH IN THE DECREE OF ADOPTION MADE ON THAT DATE IN CASE NUMBER <u>CASE NUMBER</u>													
	21A. NEW NAME AS SET FORTH IN THE DECREE OF ADOPTION—FIRST <b>SALLY</b>		21B. MIDDLE <b>MARY</b>		21C. LAST <b>SMITH</b>									
	22. SIGNATURE AND SEAL OF COURT CLERK <b>SIGNATURE OF COURT CLERK—SEAL</b>			BY: <b>COURT CLERK</b>										
	23. CLERK IN AND FOR THE COUNTY OF: <b>LOS ANGELES</b>			24. DATE SIGNED—MM/DD/CCYY <b>03/15/2017</b>		25. DATE PETITION FOR ADOPTION FILED—MM/DD/CCYY <b>02/15/2017</b>								
	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%; border: none;">NAME AND MAILING ADDRESS OF PERSON TO WHOM CERTIFIED COPY IS TO BE SENT</td> <td style="width: 40%; border: none;">NAME <b>MARY POPPINS-SMITH</b></td> <td style="width: 30%; border: none;">CITY, STATE, ZIP CODE <b>HOLLYWOOD, CA 98674</b></td> <td style="width: 20%; border: none;">DAYTIME TELEPHONE NUMBER <b>999 ) 222-8888</b></td> </tr> <tr> <td style="border: none;">ADDRESS—Street and Number <b>15 FANTASY ROAD</b></td> <td colspan="2" style="border: none;"></td> <td style="border: none;"></td> </tr> </table>							NAME AND MAILING ADDRESS OF PERSON TO WHOM CERTIFIED COPY IS TO BE SENT	NAME <b>MARY POPPINS-SMITH</b>	CITY, STATE, ZIP CODE <b>HOLLYWOOD, CA 98674</b>	DAYTIME TELEPHONE NUMBER <b>999 ) 222-8888</b>	ADDRESS—Street and Number <b>15 FANTASY ROAD</b>		
NAME AND MAILING ADDRESS OF PERSON TO WHOM CERTIFIED COPY IS TO BE SENT	NAME <b>MARY POPPINS-SMITH</b>	CITY, STATE, ZIP CODE <b>HOLLYWOOD, CA 98674</b>	DAYTIME TELEPHONE NUMBER <b>999 ) 222-8888</b>											
ADDRESS—Street and Number <b>15 FANTASY ROAD</b>														

## GENERAL INFORMATION

The Court Clerk shall complete and transmit a court report of adoption to CDPH - Vital Records for each decree of adoption granted by any court in the State of California.

CDPH - Vital Records shall transmit court reports of adoptions for births that occurred in another state, the District of Columbia, any territory of the United States, or Canada to the appropriate registration authority.

The information contained in Part I and Part II of this certificate is required in order to identify and seal the original birth certificate and prepare a new birth certificate. Once the original birth certificate is sealed, it is only available upon order of a Superior Court.

## INSTRUCTIONS

The agency or department handling the adoption should fill out Parts I and II, but the Court Clerk may complete any incomplete items in Part I or Part II from the information furnished in the court record.

When requested by the adoptive parents, the CDPH - Vital Records shall *not* establish a new birth certificate for the child. (Health & Safety Code Section 102640.) The adoptive parents should indicate in Item 14 whether they DO want a new birth certificate established (by checking the "Yes" Box) or whether they DO NOT want a new birth certificate established (by checking the "No" Box).

The adoptive parents may request CDPH - Vital Records to omit the specific name and address of the hospital or other facility where the birth occurred by checking the "Yes" Box in Item 15. (Health & Safety Code Section 102645.)

A deceased spouse of an adopting single parent can be listed on the new birth certificate if both adopting parents were in the home at the time of the initial placement of the child for adoption. Refer to Health & Safety Code Section 10266 for additional requirements.

One of the adopting parents must verify the information in Part I, sign in Item 16, and enter his or her mailing address in Item 17. The name and address of the agency or court clerk, and the attorney handling the adoption should be entered in Items 18 and 19.

The applicable fee shall be paid to the Court Clerk at the time of filing the petition in an adoption proceeding for the services required by statute of the State Registrar. (Health & Safety Code Section 103730.)

For cases in which the petition for adoption was filed on or after January 1, 1972, and the individual was born in California or a foreign country, a certified copy of the new birth record will be furnished without additional fee as provided in Health & Safety Code Section 102710.

For adoptions that occurred prior to January 1, 1972, or in another state, a fee must be submitted for processing the new birth certificate, which includes one certified copy.

Additional certified copies may be obtained from CDPH - Vital Records, but there is an additional fee for each additional certified copy requested. Please contact CDPH - Vital Records for the current fees, or visit our website at [www.cdph.ca.gov](http://www.cdph.ca.gov). Please do not order additional copies until you have reviewed the original copy for accuracy. The mailing address for CDPH - Vital Records is:

California Department of Public Health - Vital Records  
MS 5103  
P.O. Box 997410  
Sacramento, CA 95899-7410

# COURT REPORT OF ADOPTION

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

STATE FILE NUMBER \_\_\_\_\_

LOCAL REGISTRATION NUMBER \_\_\_\_\_

TYPE OR PRINT CLEARLY IN BLACK INK ONLY

**PART I** The information provided in this section must be the information as it was at birth. Without this data, it may be impossible to prepare a new Certificate of Birth.

FACTS OF BIRTH	1A. NAME OF CHILD—FIRST		1B. MIDDLE	1C. LAST (BIRTH)		
	2. SEX	3. DATE OF BIRTH—MM/DD/CCYY	4. NAME OF PHYSICIAN (OR ATTENDANT, CERTIFIER, OR OTHER PERSON WHO ATTENDED THIS BIRTH)			
	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY		5B. CITY	5C. STATE OR COUNTRY		
PARENTS' DATA	6A. FULL NAME OF PARENT—FIRST		6B. MIDDLE	6C. LAST (BIRTH)		6D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	7A. FULL NAME OF PARENT—FIRST		7B. MIDDLE	7C. LAST (BIRTH)		7D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT

**PART II** Adoptive parents must furnish personal information about themselves as it was on the child's date of birth. This information is used to prepare the new Certificate of Birth.

PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE PARENT <input type="checkbox"/> BIOLOGICAL PARENT <input type="checkbox"/>					
	8A. NAME OF PARENT—FIRST		8B. MIDDLE	8C. LAST (BIRTH)		8D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	9. STATE/FOREIGN COUNTRY OF BIRTH			10. DATE OF BIRTH—MM/DD/CCYY		
PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE PARENT <input type="checkbox"/> BIOLOGICAL PARENT <input type="checkbox"/>					
	11A. NAME OF PARENT—FIRST		11B. MIDDLE	11C. LAST (BIRTH)		11D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	12. STATE/FOREIGN COUNTRY OF BIRTH			13. DATE OF BIRTH—MM/DD/CCYY		
14. PLEASE CHECK ONE						
I want the original birth certificate sealed, and a new birth certificate established. . . . . <input type="checkbox"/>				15. Do you want the name of the hospital or other facility where birth occurred omitted from the new birth certificate as provided for in Section 102645 of the Health and Safety Code? (PLEASE CHECK ONE)		
Pursuant to Health and Safety Code Section 102640, I choose not to have a new birth certificate established. . . . . <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>		
VERIFICATION OF PART II	16. SIGNATURE OF PARENT VERIFYING DATA IN PART II			17. MAILING ADDRESS OF PARENT VERIFYING DATA IN PART II		
AGENCY OR DEPARTMENT	18A. NAME OF AGENCY OR DEPARTMENT			18B. MAILING ADDRESS OF AGENCY/DEPARTMENT THAT INVESTIGATED/HANDLED THE ADOPTION		
ATTORNEY	19A. SIGNATURE AND PRINTED NAME OF ATTORNEY			19B. MAILING ADDRESS OF ATTORNEY		

**PART III** The court clerk must obtain as much information as is available to complete Parts I and II before completing Part III and forwarding the record and Court Order/Final Decree to the State Registrar as required by law.

COURT CLERK	20. I HEREBY CERTIFY THAT THE INDIVIDUAL DESCRIBED ABOVE WAS ADOPTED BY THE ABOVE NAMED ADOPTIVE PARENTS ON THE _____ DAY OF _____, 20____, AS SET FORTH IN THE DECREE OF ADOPTION MADE ON THAT DATE IN CASE NUMBER _____				
	21A. NEW NAME AS SET FORTH IN THE DECREE OF ADOPTION—FIRST		21B. MIDDLE	21C. LAST	
	22. SIGNATURE AND SEAL OF COURT CLERK			BY:	
	23. CLERK IN AND FOR THE COUNTY OF:		24. DATE SIGNED—MM/DD/CCYY	25. DATE PETITION FOR ADOPTION FILED—MM/DD/CCYY	
NAME AND MAILING ADDRESS OF PERSON TO WHOM CERTIFIED COPY IS TO BE SENT	NAME				
	ADDRESS—Street and Number		CITY, STATE, ZIP CODE	DAYTIME TELEPHONE NUMBER ( )	

## GENERAL INFORMATION

The Court Clerk shall complete and transmit a court report of adoption to CDPH - Vital Records for each decree of adoption granted by any court in the State of California.

CDPH - Vital Records shall transmit court reports of adoptions for births that occurred in another state, the District of Columbia, any territory of the United States, or Canada to the appropriate registration authority.

The information contained in Part I and Part II of this certificate is required in order to identify and seal the original birth certificate and prepare a new birth certificate. Once the original birth certificate is sealed, it is only available upon order of a Superior Court.

## INSTRUCTIONS

The agency or department handling the adoption should fill out Parts I and II, but the Court Clerk may complete any incomplete items in Part I or Part II from the information furnished in the court record.

When requested by the adoptive parents, the CDPH - Vital Records shall *not* establish a new birth certificate for the child. (Health & Safety Code Section 102640.) The adoptive parents should indicate in Item 14 whether they DO want a new birth certificate established (by checking the "Yes" Box) or whether they DO NOT want a new birth certificate established (by checking the "No" Box).

The adoptive parents may request CDPH - Vital Records to omit the specific name and address of the hospital or other facility where the birth occurred by checking the "Yes" Box in Item 15. (Health & Safety Code Section 102645.)

A deceased spouse of an adopting single parent can be listed on the new birth certificate if both adopting parents were in the home at the time of the initial placement of the child for adoption. Refer to Health & Safety Code Section 102660 for additional requirements.

One of the adopting parents should verify the information in Part II, sign in Item 16, and enter his or her mailing address in Item 17. The name and address of the agency or department and the attorney handling the adoption should be entered in Items 18 and 19.

The applicable fee shall be paid to the Court Clerk at the time of filing the petition in an adoption proceeding for the services required by statute of the State Registrar. (Health & Safety Code Section 103730.)

For cases in which the petition for adoption was filed on or after January 1, 1972, and the individual was born in California or a foreign country, a certified copy of the new birth record will be furnished without additional fee as provided in Health & Safety Code Section 102710.

For adoptions that occurred prior to January 1, 1972, or in another state, a fee must be submitted for processing the new birth certificate, which includes one certified copy.

Additional certified copies may be obtained from CDPH - Vital Records, but there is an additional fee for each additional certified copy requested. Please contact CDPH - Vital Records for the current fees, or visit our website at [www.cdph.ca.gov](http://www.cdph.ca.gov). Please do not order additional copies until you have reviewed the original copy for accuracy. The mailing address for CDPH - Vital Records is:

California Department of Public Health - Vital Records  
MS 5103  
P.O. Box 997410  
Sacramento, CA 95899-7410

Original for Court Record

*In the Superior Court of the State of California  
in and for the County of \_\_\_\_\_*

\* \* \* \* \*  
In the Matter of the Petition of \_\_\_\_\_  
\_\_\_\_\_  
Petitioner

**STEPPARENT ADOPTION**

*Consent to Adoption by Parent Outside  
California in Armed Forces Giving Custody to  
Husband or Wife or Domestic Partner of Other Parent*

I, the undersigned, being the parent of \_\_\_\_\_  
Name of Minor  
do hereby give my full and free consent to the adoption of said child by

\_\_\_\_\_  
Name of Petitioner (Stepparent)

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

Said child was born on \_\_\_\_\_ in \_\_\_\_\_ and is  
Date Date City and State  
the child of \_\_\_\_\_ and \_\_\_\_\_  
Name of Natural Parent Name of Natural Parent  
Date \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Parent

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_,  
Name of Officer  
the undersigned officer, personally appeared \_\_\_\_\_ satisfactorily  
Name of Parent

proven to be (a) serving in the armed forces of the United States, (b) a spouse of a person serving in the armed forces of the United States, or (c) a person serving with, employed by, or accompanying the armed forces of the United States outside the United States and outside the Canal Zone, Puerto Rico, Guam, and the Virgin Islands, and to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same. And the undersigned does further certify that he/she is at the date of this certificate a commissioned officer in the active service of the armed forces of the United States having the general powers of a notary public under the provisions of Section 936 of Title 10 of the United States Code (Public Law 90-632).

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

\_\_\_\_\_  
SIGNATURE OF OFFICER AND SERIAL NUMBER, RANK,  
BRANCH OF SERVICE AND CAPACITY IN WHICH SIGNED

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

\* SEE REVERSE SIDE

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

Section 1183.5 of the Civil Code of California states in part:

**§ 1183.5, Notarial acts**

**Armed forces.** Any officer on active duty or performing inactive-duty training in the armed forces having the general powers of a notary public pursuant to Section 936 or 1044a of Title 10 of the United States Code (Public Law 90-632 and 101-510) and any successor statutes may perform all notarial acts for any person serving in the armed forces of the United States, wherever he or she may be, or for any spouse of a person serving in the armed forces, wherever he or she may be, or for any person eligible for legal assistance under laws and regulations of the United States, wherever he or she may be, for any person serving with, employed by, or accompanying such armed forces outside the United States and outside the Canal Zone, Puerto Rico, Guam and the Virgin Islands, and any person subject to the Uniform Code of Military Justice outside of the United States.

\* \* \* \* \*

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF \_\_\_\_\_**

*In the Matter of the Petition of*

\_\_\_\_\_ }  
Petitioner

**STEPPARENT ADOPTION**

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

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

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

\_\_\_\_\_  
Name of Petitioner (Stepparent)

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

Said child was born on \_\_\_\_\_ in \_\_\_\_\_  
Date City and State

And is the child of \_\_\_\_\_ and \_\_\_\_\_  
Name of Birth Parent Name of Birth Parent

DATE \_\_\_\_\_  
Signature of Parent

**WITNESS BY:**

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

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

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

**COMPLETED BY NOTARY PUBLIC**

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

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

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

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

Original for Court Record  
Certified Copy for State Department of Social Services

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF \_\_\_\_\_**

In the Matter of the Petition of

\_\_\_\_\_  
Petitioner



**STEPARENT ADOPTION**

**Consent to Adoption by Parent  
Retaining Custody**

I, the undersigned, being the parent of \_\_\_\_\_ give my full and  
*Name of Minor*  
free consent to the adoption of said child by \_\_\_\_\_, who is  
*Name of Petitioner (Stepparent)*  
my husband/wife/domestic partner without relinquishing any of my rights, duties, obligations as his/her parent, and I respectfully ask  
that the petition be granted.

Said child was born on \_\_\_\_\_ in \_\_\_\_\_ and is the child  
*Date* *City and State*  
of \_\_\_\_\_ and \_\_\_\_\_  
*Name of Legal Parent* *Name of Legal Parent*  
Date \_\_\_\_\_ 20 \_\_\_\_\_  
*Signature of Parent*

Signed in the presence of

\_\_\_\_\_  
\*Title

\* The Clerk of the Superior Court, the Probation Officer, or, where stepparent investigations are delegated to County Welfare Departments, a County Welfare Department Staff member may witness.

This form for use only when person giving consent is husband or wife of petitioner or domestic partner, as defined in Family Code Section 297, of petitioner.

Original for court record, certified copy to be sent immediately to California Department of Social Services, Sacramento.



**SUPERIOR COURT OF CALIFORNIA**  
**County of Kings**  
**1640 Kings County Drive, Hanford, CA 93230**  
**(559) 582-1010**

**CHECK-LIST FOR ADOPTION INVESTIGATION**  
**(Utilized for a Stepparent or Domestic Partner Adoption Case)**

Dear Petitioner(s),

To perform the required adoption investigation, the following forms and items will need to be completed.

- Adoption Questionnaire** (Stepparent or Domestic Partnership cases)  
One (1) questionnaire is provided in this packet, make additional copies as needed. Each Petitioner shall complete the questionnaire.
- Personal Reference Questionnaire** (Stepparent or Domestic Partnership cases)  
One (1) questionnaire is provided in this packet. Six (6) need to be turned in, please make copies from this original. This questionnaire shall be completed by six individuals who will vouch for your qualifications as a suitable candidate for the adoption of the minor child or children.
- Birth Certificate of each Minor being Adopted** A *certified* copy is required.
- Record of Termination of any Previous Marriages of Petitioner and/or Custodial Parent**  
A copy is sufficient
- Release of Minor from Parental Control** (as applicable, check only one of the following boxes):
  1.  **Non-Custodial Parent's Consent** (per Family Law Code 9003) or  
A copy is sufficient
  2.  **Petition to Free Minor from Custody and Control** (per Family Law Code 7660 et sec.) or  
A copy is sufficient
  3.  **Death Certificate of Natural Parent** (if applicable)
- Record of Petitioner's or Domestic Partners Marriage Certificate**  
A copy is sufficient
- Stepparent Adoption Investigation Fee of \$350.00**  
Cash, Check or a money order payable to the "Kings County Superior Court"  
This fee is to be paid at the time the investigation packet is returned to the clerk's office.
- Declare Minor Free of Custody and Control Investigation Fee of \$350.00**  
Cash, Check or a money order payable to the "Kings County Superior Court"  
This fee is to be paid at the time the investigation packet is returned to the clerk's office.
- Stepparent Adoption and Declare Minor Free of Custody and Control Investigation Fee of \$700.00**  
Cash, Check or a money order payable to the "Kings County Superior Court"  
This fee is to be paid at the time the investigation packet is returned to the clerk's office

If you have an attorney, please notify him/her of the receipt of the included documents.

Once these forms and items are received, the court **will** appoint an investigator to your case. It is important to know the investigation **will not** begin until these requirements are met. Please submit to: Kings County Superior Court, 1640 Kings County Drive, Hanford, CA 93230, Attention: Adoption Clerk

(local form)

FOR COURT USE ONLY  
(RECEIVED ON):



In the Superior Court of the State of California  
*In and for the County of Kings*

**ADOPTION QUESTIONNAIRE**  
(for a Stepparent or Domestic Partner Adoption)

CASE NUMBER:

**Instructions to Petitioner:**

In order to begin the investigation ordered by the Court, you must complete this questionnaire and return it, along with your completed investigation packet to:

KINGS COUNTY SUPERIOR COURT  
1640 Kings County Drive  
Hanford, CA 93230  
Attention: Adoption Clerk

The questionnaire is important in introducing you and your situation to the investigator handling your case. No appointment will be set up to interview you until the form is returned. When returned, you will be contacted by the investigator regarding an office appointment, plans to visit your home and interviewing your children. (Attach additional pages as needed)

**PETITIONER:**

Your current name:

Other names used:

Your current address (Street, City, State and ZIP):

Home Telephone: ( )

Business Telephone: ( )

If no home or business telephone, give a contact number where the investigator can reach you:  
( )

Name & telephone number of your attorney:

( )

**IDENTIFYING DATA OF PETITIONER:**

Social Security Number: Age: Date of Birth: Place of Birth:

Race: Eye Color: Hair Color: Wgt: Hgt: Drivers License/State:

Education:

**MARITAL HISTORY OF PETITIONER**

(List all marriages)

Time	Name of spouse (use maiden names) include present marriage	Date of Marriage	Date Separated	Date & How Terminated	Number of Children
First		/ /	/ /		
Second		/ /	/ /		
Third		/ /	/ /		

**CHILDREN**

(List the child/children INVOLVED with this Court action)

Name	Date of Birth	Living with	Address	Name of other parent
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			

**CHILDREN**

(List all your other children NOT INVOLVED in the Court action)

Name	Date of Birth	Living with	Address	Name of other parent
	/ /			
	/ /			
	/ /			
	/ /			

Who will provide childcare?

Name of caretaker	Relationship to children	Address	Phone Number	What period of time
			( )	
			( )	

**EMPLOYMENT**

(Beginning with your present employment, list employment for the last 5 years)

Name of Employer	Address of Employer	Type of Job	Date Begun	Date Left	Reason for Leaving
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	

Has child support been paid as ordered? Yes  No  If "No", amount in arrears: \$

**MEDICAL HISTORY OF PETITIONER**

(If either parent or guardian have any physical disability or have received psychiatric treatment or counseling, please complete the section below)

Doctor & Address	Hospital & Address	When Treated	Nature of Illness

**CRIMINAL RECORD OF PETITIONER:**

Does petitioner have a criminal history? Yes  No

If "Yes", please give details:


Is petitioner on Probation or Parole? Yes  No

If "Yes", please give name of Probation Officer or Parole Agent:

--

Area office: (      )

Phone number: (      )

Does the petitioner have any criminal actions pending: Yes  No

If "Yes, please explain:


**NATURAL FATHER:**

Name of natural father:

Date of last support:

Address:

Last contact with child?

Date of Birth:

Place of Birth:

Employer:

Has he consented to Adoption: Yes  No

Is signed consent filed with the Court: Yes  No

**MARITAL HISTORY OF NATURAL FATHER**

*(List all marriages)*

Time	Name of spouse (use maiden names) include present marriage	Date of Marriage	Date Separated	Date & How Terminated	Number of Children
<i>First</i>		/ /	/ /		
<i>Second</i>		/ /	/ /		
<i>Third</i>		/ /	/ /		

**NATURAL MOTHER:**

Name of natural mother (include all names used):		Date of last support:
Address:		Last contact with child?
Date of Birth:	Place of Birth:	
Employer:		
Has she consented to Adoption: Yes <input type="checkbox"/> No <input type="checkbox"/>		Is signed consent filed with the Court: Yes <input type="checkbox"/> No <input type="checkbox"/>

**MARITAL HISTORY OF NATURAL MOTHER**

(List all marriages)

Time	Name of spouse (use maiden names) include present marriage	Date of Marriage	Date Separated	Date & How Terminated	Number of Children
<i>First</i>		/ /	/ /		
<i>Second</i>		/ /	/ /		
<i>Third</i>		/ /	/ /		

Has there been a prior investigation in another State/County regarding this matter? Yes <input type="checkbox"/> No <input type="checkbox"/>
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