

REFUSAL TO GIVE PARENTAL CONSENT TO ADOPTION

Original: Court Record
 Copy: Parent
 Copy: Case Record

(Birth Mother/Presumed/Biological Father/Legal Parent)

<p>INSTRUCTIONS:</p> <ol style="list-style-type: none"> This form is to be completed by the legal parent who refuses to consent to the adoption of his/her child. The legal parent must initial each statement and sign at the bottom of the form. Complete Section A or B as explained below. 	<p>COUNTY: _____</p> <p>ACTION NUMBER: _____</p>
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I, _____ being the (Choose One):

NAME OF LEGAL PARENT

Birth Mother Presumed Father Biological Father Other Legal Parent _____

of _____ (Gender: M F) born on _____

NAME OF CHILD

DATE OF BIRTH

refuse to give my consent to adoption of said child by _____

NAME OF PETITIONER(S)

 INITIAL I understand I have the right to retain a lawyer to assist me with this matter.

 INITIAL I understand that by signing this form it does not stop the adoption. I understand that if I want to stop the adoption I must take legal action as soon as possible.

 INITIAL I understand that the petitioner(s) can go to court and ask the court to end my rights as this child's parent.

SIGNATURE OF LEGAL PARENT	DATE
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SECTION A
Complete if signed in California

SIGNATURE OF AGENCY REPRESENTATIVE (CDSS or Delegated County Adoption Agency)	DATE
NAME OF AGENCY REPRESENTATIVE	TELEPHONE NUMBER
NAME OF AGENCY (CDSS or Delegated County Adoption Agency)	COUNTY WHERE SIGNED
FULL ADDRESS	

SECTION B
Complete if signed Outside-of-California*
*****THIS FORM MUST BE WITNESSED BY A NOTARY PUBLIC WHEN SIGNED OUTSIDE OF CALIFORNIA*****

The Notary Public must staple the Acknowledgement document to this form and sign and date below.

SIGNATURE OF NOTARY	DATE
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***If signing outside the United States, this section must meet with the requirements of California Civil Code Section 1183.**