

**THERE WILL BE NO REFUNDS OR EXCHANGES ON SUPERIOR COURT FORMS OR PACKETS**



**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://www.kings.courts.ca.gov/online-services/online-case-filing>

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
Indian Child Inquiry Attachment	Judicial Council Form ICWA-010(A)
Parental Notification of Indian Status	Judicial Council Form ICWA-020
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

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:**

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

**1 Adopting parent(s)**

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

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

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

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

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

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

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

**2 County of filing**

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

- The adopting parent or parents live in this county;
- The child was born in or the child now lives in this county;
- An office of the agency that placed the child for adoption is located in this county;
- An office of the department or public adoption agency that is investigating the request is located in this county;
- The placing birth parent or parents lived in this county when the adoptive placement agreement, consent, or relinquishment was signed;
- The placing birth parent or parents lived in this county when the request was filed;
- The child was freed for adoption in this county.

(Note: 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 or parents reside. See Fam. Code, § 8714.)

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

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

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

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

**3 Type of adoption**

Check one of the following:

Agency (name): \_\_\_\_\_  Relative  Nonrelative

Tribal customary adoption (attach tribal customary adoption order)

Independent:  Relative  Nonrelative  Additional Parent(s)

Intercountry (name of agency): \_\_\_\_\_

Stepparent adoption

Stepparent adoption to confirm parentage. See form ADOPT-050-INFO to determine whether you are eligible for the stepparent adoption to confirm parentage process.

Joinder:

Joinder is being filed at same time as this *Adoption Request*.  Joinder will be filed.



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

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

**4 Information about the child**

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

**5 Child's name before adoption** (fill out ONLY for independent, stepparent, or tribal customary adoption)

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

**6 Birth parents**

Names of birth parents, if known: \_\_\_\_\_

**7 Legal guardian**

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

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

**8 Inquiry and notice under the Indian Child Welfare Act**

- a.  The inquiry required under law to determine whether the child may be an Indian child has been made, and a completed *Indian Child Inquiry Attachment* (form ICWA-010(A)) is attached.  
Note: In agency adoptions, it is the responsibility of the agency to ensure that this inquiry is conducted and the form is made part of the file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible.
- b.  A completed version of *Parental Notification of Indian Status* (form ICWA-020) is attached OR a good faith attempt has been made to provide the form to the parents, Indian custodian, or guardian of the child and inform them that they are required to complete and submit the form to the court.  
Note: In agency adoptions, it is the responsibility of the agency to ensure that these forms are made part of the file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible.
- c.  There is **reason to know** that this child is an Indian child. Notice of the adoption request will be provided to the child's tribe or tribes, parents, Indian custodian, and the Bureau of Indian Affairs, using *Notice of Child Custody Proceeding for Indian Child* (form ICWA-030).

**9 Adoption of an Indian child**

- a.  This is an adoption of an Indian child. The adopting parents have filled out and attached *Adoption of Indian Child* (form ADOPT-220) and will bring *Parent of Indian Child Agrees to End Parental Rights* (form ADOPT-225) to the hearing.
- b.  This is a tribal customary adoption under Welfare and Institutions Code section 366.24. Parental rights have been modified under and in accordance with the attached tribal customary adoption order, and the child has been ordered placed for adoption.



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

**10 Agency adoption questions**

- 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.
- 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:*

**11 Independent adoption questions**

- 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.)
  - 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.
  - 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 Stepparent adoption and confirmation of parentage questions**

- 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 parent married or entered into a registered domestic partnership with the legal parent 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 or whose parentage was established through a gestational surrogacy process, and we remain in that union. See attached:
  - Form ADOPT-205, *Declaration Confirming Parentage in Stepparent Adoption*
  - Form ADOPT-206, *Declaration Confirming Parentage in Stepparent Adoption: Gestational Surrogacy*
  - Declaration describing the circumstances of the child's conception.
- e. The investigation or written report will be completed as follows (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.
- f.  This is a stepparent adoption involving an additional parent:
  - 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.



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

**13 Intercountry adoption questions**

- a.  This adoption may be subject to the Hague Adoption Convention (*form ADOPT-216 must be filed with this request*).
- b.  This is an adoption conducted under the requirements of the Hague Adoption Convention and the child has already moved with the adopting parent(s) to another Hague Convention member country or will be moving at the conclusion of this adoption.  
 Child will be moving or has moved to (name of country): \_\_\_\_\_  
 Adopting parent(s):  seek(s) a California adoption  will be petitioning for a Hague Adoption Certificate  
 will be seeking a Hague Custody Declaration.
- c.  This is an intercountry adoption that was finalized in another country before the child entered the United States with the adopting parent(s).  
 Date the child entered the United States: \_\_\_\_\_  
 See form ADOPT-050-INFO for a list of documents to attach to this *Adoption Request*.

**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**

Complete all sections that apply to your adoption:

- a.  The consent of the birth parent is not necessary because (*check the applicable reasons under Fam. Code, § 8606*):
- (1)  The parent has been judicially deprived of the custody and control of the child.
  - (2)  The parent has voluntarily surrendered the right to custody and control of the child in a judicial proceeding in another jurisdiction, under a law of that jurisdiction providing for the surrender.
  - (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.  The child has a presumed parent under Family Code section 7611. The consent of the presumed parent is not required because:
- (1)  The presumed parent did not become a presumed parent before the mother's relinquishment or consent became irrevocable or the mother's parental rights were terminated. (Fam. Code, § 8604(a).)
  - (2)  The presumed parent signed a Waiver of the Right to Further Notice of Adoption Proceedings pursuant to Family Code section 7660.5.
- c.  Termination of parental rights of an alleged father is not required because:
- (1)  The relationship to the child was previously terminated or determined not to exist by a court.
  - (2)  The alleged father was served as prescribed in Family Code section 7666 with a written notice of alleged parentage and the proposed adoption, and has failed to bring an action pursuant to Family Code section 7630(c) within 30 days of service of the notice or the birth of the child, whichever is later. (*Attach proof of notice to this Adoption Request.*)
  - (3)  The alleged father has executed a written form to waive notice, deny parentage, relinquish the child for adoption, or consent to the adoption of the child.



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

15 d.  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.)

e.  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 (attach a copy of the order):  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_

f.  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: \_\_\_\_\_

g.  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: \_\_\_\_\_

h.  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 15f and file an Application for Freedom From Parental Custody. See Fam. Code, § 7822(a).)

i.  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 their own;
- c. Will support and care for the child;
- d. Has a suitable home for the child; and
- e. Agrees to adopt the child.





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

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

**17 Requests to court**


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, the lawyer 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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

Fill in court name and street address:

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

Court fills in case number when form is filed.

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

### Signing this forms:

- Adoptions usually require a hearing where most signatures on this form must be completed in front of a judge.
- Item 4(b) 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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill in court name and street address:

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

2 Child's name after adoption: \_\_\_\_\_  
First name: \_\_\_\_\_  
Middle name: \_\_\_\_\_  
Last name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of birth (if known): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Court fills in case number when form is filed.

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

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

## 4 Hearing details

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

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

People present at the hearing:

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

Child  Child's lawyer

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

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

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

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

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

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

**Judge will fill out section below.**

5 The judge finds that the child (check all that apply):  
a.  Is 12 or older and agrees to the adoption  
b.  Is under 12  
c.  Is not required to consent because this is a tribal customary adoption.



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

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

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

**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 SALLY		1B. MIDDLE MARY		1C. LAST (BIRTH) SAMPLE		
	2. SEX F	3. DATE OF BIRTH—MM/DD/CCYY 01/15/2011		4. NAME OF PHYSICIAN (OR ATTENDANT, CERTIFIER, OR OTHER PERSON WHO ATTENDED THIS BIRTH) SAMPLE PHYSICIAN			
	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY GENERAL HOSPITAL			5B. CITY HOLLYWOOD		5C. STATE OR COUNTRY CALIFORNIA	
PARENTS DATA	5A. FULL NAME OF PARENT—FIRST MARK		5B. MIDDLE J		5C. LAST (BIRTH) SAMPLE		6D. RELATIONSHIP <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	7A. FULL NAME OF PARENT—FIRST MARY		7B. MIDDLE ANN		7C. LAST (BIRTH) POPPINS		7D. 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 JOHN		8B. MIDDLE JAMES		8C. LAST (BIRTH) SMITH		8D. RELATIONSHIP <input checked="" type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	9. STATE/FOREIGN COUNTRY OF BIRTH CALIFORNIA				10. DATE OF BIRTH—MM/DD/CCYY 08/17/1985		
PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE PARENT <input type="checkbox"/> BIOLOGICAL PARENT <input checked="" type="checkbox"/>						
	11A. NAME OF PARENT—FIRST MARY		11B. MIDDLE ANN		11C. LAST (BIRTH) POPPINS		11D. RELATIONSHIP <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	12. STATE/FOREIGN COUNTRY OF BIRTH CALIFORNIA				13. DATE OF BIRTH—MM/DD/CCYY 1 03 1988		
<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 102640, I choose not to have a new birth certificate established. <input type="checkbox"/></p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>							
VERIFICATION OF PART II	16. SIGNATURE OF PARENT VERIFYING DATA IN PART II ▶ MARY POPPINS-SMITH			17. MAILING ADDRESS OF PARENT VERIFYING DATA IN PART II 15 FANTASY ROAD, HOLLYWOOD, CA 98674			
AGENCY OR DEPARTMENT	18A. NAME OF AGENCY OR DEPARTMENT FANTASY ADOPTIONS			18B. MAILING ADDRESS OF AGENCY/DEPARTMENT THAT INVESTIGATED/HANDLED THE ADOPTION 1 SAMPLE WAY, HOLLYWOOD, CA 98674			
ATTORNEY	19A. SIGNATURE AND PRINTED NAME OF ATTORNEY ▶ ATTORNEY SIGNATURE AND PRINTED NAME			19B. MAILING ADDRESS OF ATTORNEY 999 TRICYCLE LANE, HOLLYWOOD, CA 98674			

**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 15 DAY OF MARCH, 20 17 AS SET FORTH IN THE DECREE OF ADOPTION MADE ON THAT DATE IN CASE NUMBER CASE NUMBER						
	21A. NEW NAME AS SET FORTH IN THE DECREE OF ADOPTION—FIRST SALLY		21B. MIDDLE MARY		21C. LAST SMITH		
	22. SIGNATURE AND SEAL OF COURT CLERK ▶ SIGNATURE OF COURT CLERK—SEAL			BY COURT CLERK			
	23. CLERK IN AND FOR THE COUNTY OF LOS ANGELES			24. DATE SIGNED—MM/DD/CCYY 03/15/2017		25. DATE PETITION FOR ADOPTION FILED—MM/DD/CCYY 02/15/2017	
NAME AND MAILING ADDRESS OF PERSON TO WHOM CERTIFIED COPY IS TO BE SENT	NAME MARY POPPINS-SMITH						
	ADDRESS—Street and Number 15 FANTASY ROAD		CITY, STATE, ZIP CODE HOLLYWOOD, CA 98674		DAYTIME TELEPHONE NUMBER Ø99 ) 222-8888		

## 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 102666 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 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



# 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		
<p><b>14. PLEASE CHECK ONE</b></p> <p>I want the original birth certificate sealed, and a new birth certificate established. . . . . <input type="checkbox"/></p> <p>Pursuant to Health and Safety Code Section 102640, I choose not to have a new birth certificate established. . . . . <input type="checkbox"/></p>							
<p><b>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)</b></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>							
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 \_\_\_\_\_  
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  
the child of \_\_\_\_\_ and \_\_\_\_\_  
Date \_\_\_\_\_ 20 \_\_\_\_.

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

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

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.

CHILD'S NAME:	CASE NUMBER:
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1. Name of child:
2. (Check one)
  - I have not yet been able to complete the inquiry about the child's Indian status because:

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

- I have asked or  I am advised by \_\_\_\_\_ and on information and belief confirm that this person has completed inquiry by asking the child, the child's parents, and other required and available persons about the child's Indian status. The person(s) questioned are:

Name:	Name:
Address:	Address:
City, state, zip:	City, state, zip:
Telephone:	Telephone:
Date questioned:	Date questioned:
Relationship to child:	Relationship to child:

Additional persons questioned and their information is attached.

3. This inquiry (check one):
  - gave me reason to believe the child is or may be an Indian child. (If yes, continue to 4.)
  - gave me no reason to believe the child is or may be an Indian child.
4.  I contacted the tribe(s) that the child may be affiliated with and worked with them to establish whether the child is a member or eligible for membership in the tribe(s). Information detailing the tribes contacted, the names of the individuals contacted, and the manner of the contacts is attached.
5. Based on inquiry and tribal contacts (check all that apply):
  - a.  The child is or may be a member of or eligible for membership in a tribe.  
Name of tribe(s):  
Location of tribe(s):
  - b.  The child's parents, grandparents, or great-grandparents are or were members of a tribe.  
Name of tribe(s):  
Location of tribe(s):
  - c.  The residence or domicile of the child, child's parents, or Indian custodian is on a reservation, rancheria, Alaska Native village or other tribal trust land.
  - d.  The child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (TANF).
  - e.  The child is or has been a ward of a tribal court.  
Name of tribe(s):  
Location of tribe(s):
  - f.  Either parent or the child possesses an Indian Identification card indicating membership or citizenship in an Indian tribe.  
Name of tribe(s):  
Location of tribe(s):

6. If this is a delinquency proceeding under Welfare and Institutions Code section 601 or 602:
  - The child is in foster care.
  - It is probable the child will be entering foster care.

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

Date:

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

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

1. Name: \_\_\_\_\_
2. Relationship to child:  Parent  Indian custodian  Guardian  Other: \_\_\_\_\_

**Indian Status**

3. a.  I am or may be a member of, or eligible for membership in, a federally recognized Indian tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Location of tribe(s): \_\_\_\_\_
- b.  The child is or may be a member of, or eligible for membership in, a federally recognized Indian tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Location of tribe(s): \_\_\_\_\_
- c.  One or more of my parents, grandparents, or other lineal ancestors is or was a member of a federally recognized tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Location of tribe(s): \_\_\_\_\_  
 Name and relationship of ancestor(s): \_\_\_\_\_
- d.  I am a resident of or am domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.
- e.  The child is a resident of or is domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.
- f.  The child is or has been a ward of a tribal court.
- g.  Either parent or the child possesses an Indian identification card indicating membership or citizenship in an Indian tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Membership or citizenship number (if any): \_\_\_\_\_
- h.  None of the above apply.

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

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

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

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

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

For your protection and privacy, please press the Clear This Form button after you have printed the form.





**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):
  - Non-Custodial Parent's Consent** (per Family Law Code 9003) or  
A copy is sufficient
  - Petition to Free Minor from Custody and Control** (per Family Law Code 7660 et sec.) or  
A copy is sufficient
  - 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



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)

(local form)

FOR COURT USE ONLY  
 (RECEIVED ON):

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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