

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

Clerk stamps date here when form is filed.

**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*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.



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



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.



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).)



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

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

- 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).

