

MADERA COUNTY SUPERIOR COURT

INDEPENDENT ADOPTION

The attached forms should be typed or completed in blue or black ink, neatly and clearly.

Materials prepared and/or distributed by the Superior Court Clerk's Office is intended for informational and educational purposes ONLY. Such material is NOT intended to be and IT IS NOT LEGAL ADVICE as to your specific case. It is not intended to take the place of competent legal advice from an attorney. You are strongly advised to seek the advice of a licensed attorney before starting or completing your case in order to protect valuable legal rights that you may have and of which you may be unaware of. Please contact a competent attorney of your choice. The Clerk's Office cannot give legal advice.

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. 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.

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.

- | | | |
|--------------------------------------|---|--|
| <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"/> ADOPT-230 | <i>Adoption Expenses</i> | This lets the judge know what payments were made that relate to the child you are adopting. |
| <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. |

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

INDEPENDENT ADOPTION PROGRAM (IAP)

FACT SHEET

- The California Department of Social Services (CDSS) or delegated county adoption agency is required to investigate all Independent Adoption Petitions and submit a final report to the court with its findings within 180 days of receipt of 50 percent of the fee, or longer as determined by the court, as long as full payment has been received. (effective 10/1/2008)
- The fee for the cost of the investigation of an Independent Adoption petition is \$4,500. (effective 10/1/2008)
- The fee for the cost of the investigation of an Independent Adoption petition for a family with a completed, valid pre-placement evaluation is \$1,550. The pre-placement evaluation must be less than one year old and meet the requirements of Family Code Section 8811.5. (effective 10/1/2008)
- The fee for the cost of the investigation of an Independent Adoption petition for a family with a completed, valid private agency adoption home study is \$1,550. The agency adoption home study must be less than two years old at the time of filing a petition. (effective 1/1/2013)
- Once the petition is filed with the court, a copy and 50 percent of the fee shall be mailed to CDSS or the delegated county adoption agency. (effective 10/1/2008)
 - The 180 day time-frame will begin once the Department or delegated adoption agency has received a copy of the filed petition and 50 percent of the fee.
- The remaining 50 percent of the fee shall be paid no later than the date determined by CDSS or the delegated county adoption agency. The CDSS or delegated county adoption agency cannot file the final court report until the remainder of the fee is paid. (effective 10/1/2008)
- The fee for all Independent Adoption investigations is non-refundable.
- Request for fee waivers will no longer be accepted. (effective 10/1/2008)
- The fee may be reduced in some cases, where the prospective adoptive parent(s) is in the lower income category, according to the income limits published by the Department of Housing and Community Development (<http://www.hcd.ca.gov/hpd/hrc/rep/state/incNote.html>), and making the required payment would be detrimental to the welfare of an adopted child. However, in no case will the fee be reduced to less than \$500. (effective 1/1/2014)
- Adopting families may be eligible for a tax credit for qualifying expenses paid to adopt an eligible child (<http://www.irs.gov/taxtopics>). Please consult your tax advisor.



If you have any questions, please contact the CDSS Adoptions Regional/Field Office or the delegated county adoption agency (Alameda, Los Angeles, or San Diego) in your area for more information. You may also check CDSS' website at www.childsworld.ca.gov.



INDEPENDENT ADOPTION FEE REDUCTION REQUEST FORM

LAST, FIRST		LAST, FIRST	
STREET, CITY, STATE, ZIP CODE		AREA CODE/PHONE NUMBER ()	
COUNTY OF RESIDENCE			
<p>In order to be considered for a fee reduction the following information MUST be attached to this request and received within 30 days, otherwise your request will be denied:</p> <ul style="list-style-type: none"> ✓ Copy of current filed 1040 Tax Statements>Returns ✓ Employment Verification (if employed) <p>PLEASE PROVIDE THE FOLLOWING INFORMATION:</p> <ul style="list-style-type: none"> ✓ TOTAL ANNUAL INCOME FROM <u>ALL</u> SOURCES: \$_____ ✓ NUMBER OF DEPENDENTS: _____ (include yourself, children under age 18 and child(ren) to be adopted) ✓ FINANCIAL ASSETS (if available within 30 days): Checking: \$_____ Savings: \$_____ Stocks & Bonds: \$_____ Accounts Receivables: \$_____ Real Estate Total Equity: \$_____ Life Insurance (cash value): \$_____ Other Assets/Resources: \$_____ ✓ EXPLANATION OF WHY PAYING THE FULL FEE WOULD CAUSE ECONOMIC HARDSHIP TO YOU AND WOULD BE A DETRIMENT TO THE CHILD BEING ADOPTED (ATTACH PAGES, IF NECESSARY): 			
SIGNATURE OF REQUESTING PERSON		DATE	
SIGNATURE OF REQUESTING PERSON		DATE	
FOR CDSS/COUNTY USE ONLY:			
State/County Office: _____		Completed by: _____	
Date Petition Filed: _____		Court Petition #: _____	
Worksheet Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Approved Fee Reduction Amount \$ _____		<input type="checkbox"/> Denied	
Rational for Adoption Fee/Reason for Denial:			
Signature of State/County Office Manager/Supervisor		Printed Name	Date

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):

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) reside;
- Where the child was born or resides at the time of filing;
- 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 resided when the adoptive placement agreement, consent, or relinquishment was signed;
- Where a placing birth parent or parents resided 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).

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of
MADERA
200 South G Street
Madera, CA 93637

Court fills in case number when form is filed.

Case Number:

(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.



Case Number:

Your name: _____

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: _____

e. Place of birth (if known):

City: _____

b. Boy Girl

State: _____ Country: _____

c. Date of birth: _____ Age: _____

f. If the child is 12 or older, does the child agree to the adoption? Yes No

d. Child's address (if different from yours):

g. Date child was placed in your physical care: _____

Street: _____

City: _____ State: _____ Zip: _____

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: _____

- 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

- 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.
 - (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.

Your name: _____

- (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 were 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: _____

- 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. Or call Covered California at 1-800-300-1506 (English) or 1-800-300-0213 (Spanish).

CHILD'S NAME:	CASE NUMBER:
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1. Name of child:
 Indian child inquiry made not made and (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): _____
 Name of band (if applicable): _____
 - b. The child's parents, grandparents, or great-grandparents are or were members of a tribe.
 Name of tribe(s): _____
 Name of band (if applicable): _____
 - c. The residence or domicile of the child, child's parents, or Indian custodian is in a predominantly Indian community.
 - 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 may have Indian ancestry.
 - f. The child has no known Indian ancestry.
 - g. Other reason to know the child may be an Indian child: _____

Person(s) questioned: Name: _____ Address: _____ City, state, zip: _____ Telephone: _____ Date questioned: _____ Means of communication: _____ Relationship to child: _____ Summary of information: _____ _____ _____ _____	Person(s) questioned: Name: _____ Address: _____ City, state, zip: _____ Telephone: _____ Date questioned: _____ Means of communication: _____ Relationship to child: _____ Summary of information: _____ _____ _____ _____
--	--

h. Information about other persons questioned is attached.

2. If this is a delinquency proceeding under Welfare and Institutions Code, § 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)



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) TELEPHONE NO: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CASE 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 _____
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): _____
 Name of band (if applicable): _____
- b. I may have Indian ancestry. _____
 Name of tribe(s): _____
 Name of band (if applicable): _____
- c. The child is or may be a member of, or eligible for membership in, a federally recognized Indian tribe.
 Name of tribe (name each): _____
 Name of band (if applicable): _____
- d. I have no Indian ancestry as far as I know.
- e. One or more of my parents, grandparents, or other lineal ancestors is or was a member of a federally recognized tribe.
 Name of tribe (name each): _____
 Name of band (if applicable): _____
 Name and relationship of ancestor(s): _____
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.

ADOPT-230 Adoption Expenses

Clerk stamps date here when form is filed.

If you are adopting your stepchild, do not fill out this form.

1 Your name (adopting parent):

a. _____

b. _____

Relationship to child: _____

Address (skip this if you have a lawyer):

Street: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Lawyer (if any): (Name, address, telephone number, and State Bar number): _____

Fill in court name and street address:

Superior Court of California, County of Madera
200 South G Street
Madera, CA 93637

Fill in case number if known:

Case Number:

2 Name of child after adoption:

3 List the services you received that were related to the adoption of the child listed in 2 :

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



Case Number: _____

Your name: _____


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


If you need more space, attach a sheet of paper and write "ADOPT-230, Item 3-Payment for Services" at the top.

Number of pages attached: _____

4

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

Date: _____
Type or print your name  *Signature of adopting parent*

Date: _____
Type or print your name  *Signature of adopting parent*

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
MADERA
 200 South G St.
 Madera, CA 93637

Court fills in case number when form is filed.

Case 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.



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

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
MADERA**
200 South G St.
Madera, CA 93637

Court fills in case number when form is filed.

Case Number:

2 Child's name before adoption: _____

Child's name after adoption: _____

Date of birth: _____ Age: _____

Signing this form:

- 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)