

MADERA COUNTY SUPERIOR COURT

STEPARENT ADOPTION

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

www.courts.ca.gov/selfhelp-adoption

madera.courts.ca.gov/MaderaForms

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.

In order to begin a minor step parent adoption you will need to file TWO cases at the same time. The first case will request the adoption of the minor child. The second will terminate the parental rights of the other parent, **unless consent from the parent is obtained.**

NOTES:

- Any forms noted as "pleading" forms [example: (Pleading Form)] are forms created on number lined paper. Attached is a sample.
- Any forms noted by form number [example:(ADOPT-200)] are judicial counsel forms. You can download these forms from the Judicial Counsel website at <http://www.courtinfo.ca.gov/forms>
- Before you can proceed with the Step Parent Adoption, you MUST FIRST terminate the other parent's parental rights. There is no filing fee for the Termination in the Adoption case.
- There is a filing fee of \$20.00 for the Step Parent Adoption.
- The case will be referred to the Family Court Services Investigator. There will be a fee assessed for this investigation. You may qualify for a fee waiver for the investigation fee. The Fee Waiver and Additional Waiver of Court Fees forms may be obtained from the Superior Court Clerk's office or downloaded from the Judicial Counsel website noted above.

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

IF NON-CUSTODIAL PARENT IS WILLING TO SIGN CONSENT

Complete the following form:

Consent to adoption by Parent in or outside of California Giving Custody to Husband or Wife or Domestic Partner of other Parent. (State Form AD-2A/2B)

- This form **MUST** be signed in the presence of the clerk of the superior court or signed and notarized in the presence of a Notary Public.

STEP 1. PREPARING THE PAPERWORK TO TERMINATE PARENTAL RIGHTS

Complete the following forms **IF YOU DO NOT OBTAIN A CONSENT:**

- Petition to Declare Minor Free from Parental Custody and Control (Pleading Form)
- Citation (Pleading Form)
- Order Declaring Minor Free from Parental Custody and Control (Pleading Form)

STEP 2: FILING THE FORMS:

Make two (2) copies of all the completed forms listed above. The original must be 2-hole punched at the top and stapled at each corner.

Present the forms to the clerk

1. Originals and copies are given to the Clerk to file

2. The Clerk keeps the original Petition.
3. The Clerk will issue a hearing date on the Citation and return the original and copies of the Citation, along with the file marked copy of the Petition to you.
4. Be sure to mark the date and time of the hearing on your calendar and make the necessary arrangements to attend this hearing.

STEP 3. SERVING THE DOCUMENTS

The biological parent must be PERSONALLY served (handed) with a **copy** of the Petition and Citation after they have been filed with the Court. The person serving your document **MUST** be someone other than you or your spouse (NOT A PARTY TO THE ACTION) and over the age of 18. This can be done by a friend, a relative, a certified process server or sheriff.

If you cannot locate the biological parent you may be able to request an Application and Order for Publication of the Citation. See attached local Form MSC-01.

STEP 4. FILING THE PROOF OF SERVICE

Have the person who served the other party complete, date and sign a Proof of Personal Service (FL-330).
Attach the Proof of Personal Service to the original Citation. File the Citation with the Clerk.

STEP 5. PREPARING THE PAPERWORK FOR THE STEP PARENT ADOPTION

The Step Parent adoption forms DO NOT NEED TO BE SERVED ON THE BIOLOGICAL PARENT. Both sets of paperwork can be filed with the Clerk at the same time.

Complete the following forms:

- Adoption Request (Form ADOPT-200)
- Indian Child Inquiry Attachment (Form ICWA-010(A))
- Parental Notification of Indian Status (Form ICWA-020)
- Adoption Agreement (Form ADOPT-210)
- Adoption Order (Form ADOPT-215)

STEP 6: FILING THE FORMS

- A. Make 1 copy of all the completed forms listed above. The original must be 2-hole punched at the top and stapled at each corner.
1. Originals and copies are given to the Clerk to file
 2. The Clerk keeps the originals
 3. A social worker will be appointed to write a report. However, the social worker will not be able to complete the report until the **biological parent's rights have been terminated.**

STEP 7: ATTEND THE HEARING ON THE TERMINATION OF PARENTAL RIGHTS

A. If the parent whose rights are being terminated objects, a court trial will be set for both parties to give testimony and present evidence in support of their position. The case will also be referred to the Family Court Services Investigator to prepare a recommendation and report. Fees may apply as noted above.

B. If the parent whose rights are being terminated does not object, then the Judge will make a final Order the day of the Declare Free hearing.

C. Once a final Order is made and the Judge grants the termination of parental rights, he will schedule the Adoption Hearing a minimum of 60 days after the declare minor free is granted.

- This is an informal confidential hearing. You may invite family members or friends to witness the event.

Following the hearing the Adoption Order is signed and forwarded to the California Vital Statistic's for amendment of the minor's birth certificate. You will receive the new Birth Certificate in the mail within 6 months.

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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:

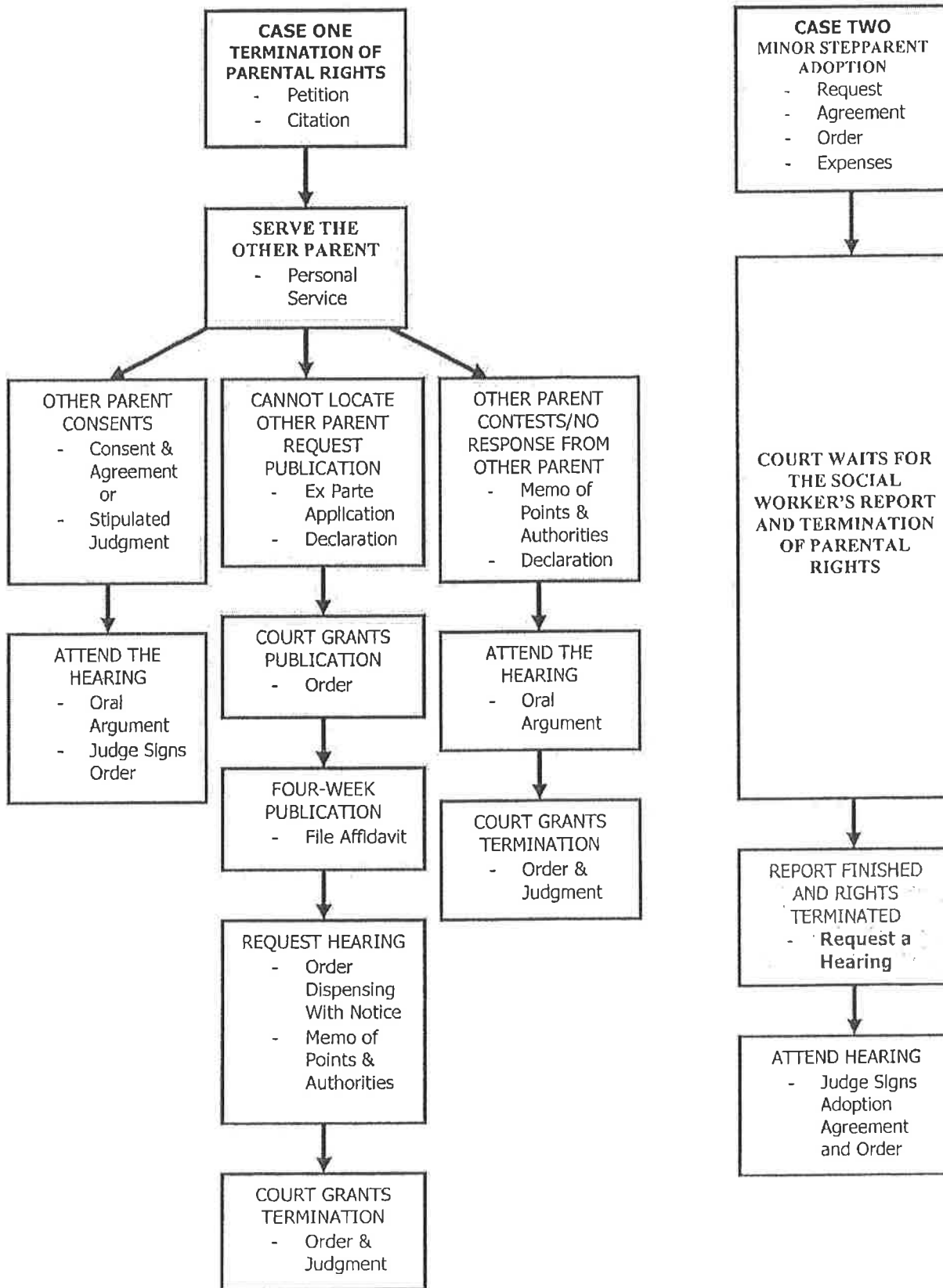
- Form ADOPT-220 *Adoption of Indian Child*
 Form ADOPT-225 *Parent of Indian Child Agrees to End Parental Rights*

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

MINOR STEPPARENT ADOPTION FLOWCHART

These cases MUST be open AT THE SAME TIME



BLANK FORMS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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 _____

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: _____
- 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: _____

- 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.

Case Number: _____

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);

c. Will support and care for the child;

d. Has a suitable home for the child; *and*

b. Will treat the child as his or her own;

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: |
|---------------|--------------|

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 CASE NUMBER: _____ |
| 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 | |

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 _____

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*

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 _____

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

Your name: _____

Case Number: _____

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.



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

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



STEPPARENT 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.

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF _____**

In the Matter of the Petition of



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

Petitioner

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.

1
2
3 **IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA**
4 **IN AND FOR THE COUNTY OF MADERA**

5 **In Re:**) **Case No.:**
6)
7 **Minor(s).**) **COURT ORDER APPOINTING**
8) **SUPERIOR COURT INVESTIGATOR**
9) **PURSUANT TO FAMILY CODE §7850**

10 **IT IS ORDERED** that the Superior Court Investigator of the Office of Family Court Services
11 located at 200 South "G" Street, Madera, California, be appointed Court Investigator in the above entitled
12 matter pursuant to Family Code §7850. The Court Appointed Investigator shall be granted authority to
13 receive copies and access to law enforcement records and reports, social services (CPS/APS) records and
14 reports, child support records and reports, banking and financial documents, all educational documents,
15 and medical, mental health, and drug treatment / drug testing records in accordance with HIPPA
16 regulations.

17 The Court Investigator shall file his/her report with the court and provide copies to counsel for the
18 petitioner, or to the petitioner if in pro per, to counsel for the minor, if any, and to any objector of record.
19 The Court Investigator's report shall be deemed a confidential court document and copies shall not be
20 provided except on order of the court.

21 **DATED:** _____

22
23 _____
24 **JUDGE OF THE SUPERIOR COURT**
25

1 WRITE IN ADOPTING PARENT'S
2 NAME, ADDRESS AND
3 TELEPHONE NUMBER

4 In Pro Per

5
6
7
8 MADERA COUNTY SUPERIOR COURT, STATE OF CALIFORNIA

9
10 In the Matter of the Adoption Petition of:

) Case No.: CASE NUMBER HERE

)
) PETITION TO DECLARE MINOR
) FREE FROM PARENTAL CUSTODY
) AND CONTROL

11
12
13 ADOPTING PARENT'S NAME

)
) Date:
) Time: 8:00 A.M.
) Dept.:

14
15 Adopting Parent.

16
17 Petitioner respectfully represents:

18
19 1. Petitioner, ADOPTING PARENT'S NAME, is the spouse of the natural
20 mother/father, NATURAL PARENT'S NAME, of the minor child, CHILD'S NAME, and
21 seeks to adopt the minor child on the termination of the natural mother's/father's right to custody
22 and control.

23 2. CHILD'S NAME is an unmarried minor child who was born on CHILD'S DATE OF
24 BIRTH, and is a resident of CITY OF RESIDENCE, Madera County, California.

25 3. NATURAL PARENT'S NAME is the parent who has DESCRIBE CUSTODIAL
26 RIGHT OF NATURAL PARENT (example: sole legal and sole physical custody of the
27 child) and resides at NATURAL PARENT'S ADDRESS, California. The child's mother/father
28

1 is currently ADDRESS OF RESIDENCE OR IF INCARCERATED STATE WHERE
2 INCARCERATED.

3 4. The child has been left by NAME OF NATURAL PARENT WHOSE RIGHTS
4 ARE BEING TERMINATED with NATURAL PARENT'S NAME having primary custodial
5 care and has had no contact with the child since DATE OF LAST CONTACT BETWEEN
6 CHILD AND PARENT WHOSE RIGHTS ARE BEING TERMINATED to the present
7 and without any provision for the child's support nor communication from absent parent and
8 with the intent on the part of NAME OF PARENT WHOSE RIGHTS ARE BEING
9 TERMINATED to abandon the child.

10 WHEREFORE, petitioner prays judgment as follows:

11 1. For an order declaring that the minor child CHILD'S NAME is free from the custody
12 and control of NAME OF PARENT WHOSE RIGHTS ARE BEING TERMINATED and
13 terminating all of his/her rights and responsibilities with regard to the child;

14 2. For an order appointing NAME OF ADOPTING STEP PARENT to act under the
15 provisions of Family code Section 7893, as guardian of the minor child; and

16 3. For such other and further relief as the court may deem proper.

17 Dated:

18 _____
19 Print Name: ADOPTING PARENT'S NAME

20
21
22
23
24 **VERIFICATION**

25 I, ADOPTING PARENT'S NAME, am the petitioner in this matter. I have read the
26 foregoing Petition and know the contents thereof. The same is true of my own knowledge,
27 except as to those matters which are therein represented on information and belief, and as to
28

1 those matters which are therein represented on information and belief, and as to those matters, I
2 believe to be true.

3 I declare under penalty of perjury under the laws of the State of California that the
4 foregoing is true and correct.
5

6 Dated: _____
7 Print Name: ADOPTING PARENT'S NAME

8 **CONSENT OF NATURAL PARENT**

9 I, NATURAL PARENT'S NAME, am the natural mother/father of CHILD'S NAME,
10 the minor subject to this proceeding and the spouse of the Petitioner, ADOPTING STEP
11 PARENT'S NAME. I hereby consent to the request to terminate the parental rights to custody
12 and control of the minor by the natural mother/father, PARENT'S NAME WHOSE RIGHTS
13 ARE BEING TERMINATED, and to the adoption request by the Petitioner.
14

15 I declare under penalty of perjury under the laws of the State of California that the
16 foregoing is true and correct.
17

18 Dated:

19 _____
20 Print Name: NAME OF NATURAL PARENT
21
22
23
24
25
26
27
28

1 WRITE IN ADOPTING PARENT'S
2 NAME, ADDRESS AND
3 TELEPHONE NUMBER

4 In Pro Per

5
6
7
8 IN THE SUPERIOR COUR OF THE STATE OF CALIFORNIA
9 IN AND FOR THE COUNTY OF MADERA

10
11 In the Matter of the Adoption Petition of:

) Case No.: CASE NUMBER HERE
)

12
13 ADOPTING PARENT'S NAME
14

) ORDER DECLARING MINOR FREE
) FROM PARENTAL CUSTODY AND
) CONTROL
)

15 Adopting Parent.
16

) Date:
) Time: 8:00 A.M.
) Dept.:
)

17
18
19 This matter came on regularly for hearing on INSERT DATE, in Department INSERT
20 DEPARTMENT NUMBER, of the above-entitled court, the Honorable INSERT JUDGE'S
21 NAME, presiding. Petitioner appeared in person, in pro per or/and by counsel, INSERT NAME
22 OF COUNSEL IF APPLICABLE. Evidence, both oral and documentary, have been introduced
23 and the matter having been argued and submitted and good cause appearing therefore, time and
24 place of the hearing have been duly given as required by law.
25

26 ///

27 ///

28 ///

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IT IS ORDERED as follows:

The child, INSERT NAME AND DATE OF BIRTH, is declared free from the custody and control of INSERT PARENT'S NAME pursuant to Section 7894 of the Family Code.

Dated:

Judge of Superior Court

1 TYPE/WRITE IN ADOPTING
2 STEP PARENTS NAME, ADDRESS
3 AND TELEPHONE NUMBER HERE

4 In Pro Per

5
6
7
8 MADERA COUNTY SUPERIOR COURT, STATE OF CALIFORNIA

9 In the Matter of the Adoption Petition of:

) Case No.: **CASE NUMBER**

10
11 **ADOPTING STEP PARENT'S**
12 **NAME HERE**

)
) **CITATION TO PARENT**

) Date:

) Time: 8:00 A.M.

) Dept.:

13 Adopting Parent.)

14 THE PEOPLE OF THE STATE OF CALIFORNIA

15 TO: **NAME OF PARENT WHO'S RIGHTS ARE BEING TERMINATED**

16
17 By order of this court you are hereby advised that you may appear before the judge
18 presiding in Department ___ of this court on **DATE OF HEARING** at 8:00 a.m. then and
19 there to show cause, if any you have, why **NAME OF CHILD** should not be declared free
20 from your custody and control for the purpose of freeing **CHILD'S NAME** for placement for
21 adoption. The following information concerns rights and procedures that relate to this
22 proceeding for the termination of custody and control of said minor as set forth in Family Code
23 Section 7860 et seq.:

24
25 1. At the beginning of the proceeding the court will consider whether of not the interests

1 of the minor child require the appointment of counsel. If the court finds that the interests of the
2 minor do require such protection, the court will appointment counsel to represent him, whether
3 or not he is able to afford counsel. The minor will not be present in court unless he requests or
4 the court so orders.

5 2. If a parent of the minor appears without counsel and is unable to afford counsel, the
6 court must appoint counsel for the parent, unless the parent knowingly and intelligently waives
7 the right to be represented by counsel. The court will not appoint the same counsel to represent
8 both the minor and his parent.

9 3. The court may appoint either the public defender or private counsel. If private counsel
10 is appointed, he or she will receive a reasonable sum for compensation and expenses, the amount
11 of which will be determined by the court. That amount must be paid by the real parties in
12 interest, but not by the minor, in such proportions as the court believes to be just. If, however, the
13 court finds that any of the real parties in interest cannot afford counsel, the amount will be paid
14 by the county.

15 4. The court may continue the proceeding for not more than thirty (30) days as necessary
16 to appoint counsel to become acquainted with the case.

17 Date:

18 _____, Clerk

19
20 By: _____
21 Deputy Clerk

| | |
|--|--------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) | FOR COURT USE ONLY |
| TELEPHONE NO.: _____ FAX NO.: _____ | |
| ATTORNEY FOR (Name): <div style="text-align: center;"> SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA <input type="checkbox"/> Madera – 200 South "G" Street, Madera, California 93637 <input type="checkbox"/> Sierra – 40601 Road 274, Bass Lake, CA 93604 </div> | |
| PLAINTIFF: _____ | |
| DEFENDANT: _____ | |
| <div style="text-align: center;"> APPLICATION AND ORDER FOR: <input type="checkbox"/> PUBLICATION <input type="checkbox"/> POSTING OF <input type="checkbox"/> SUMMONS <input type="checkbox"/> CITATION <input type="checkbox"/> EXTENSION OF TIME </div> | CASE NUMBER: _____ |

Case Type: Civil Unlawful Detainer Family Law Probate

1. The Complaint Petition Responsive Pleading Amended Pleading was filed on (date): _____

2. Application is made for an order directing service on (name): _____

Summons Summons and Notice of Case Management Conference Citation Statement of Damages
 Other (specify): _____

By publication in the following newspaper which is most likely to give actual notice to the party to be served
 (specify newspaper): _____

By Posting

3. The party to be served cannot with reasonable diligence be served in another manner specified in Code of Civil Procedure sections 415.10 through 415.47, and

a cause of action exists against the party upon whom service is to be made or (s)he is a necessary or proper party to the action.

the party to be served has or claims an interest in real or personal property in this state. The person and the property are subject to the jurisdiction of the court or the relief demanded in this action.

4. Application is made for an extension of time for service of the summons and complaint.

Other (specify): _____

Extension previously granted (list date(s)): _____

I request the court to extend the time for the following number of days: _____

| | |
|------------|-------------|
| CASE TITLE | CASE NUMBER |
|------------|-------------|

5. Facts in support of this application are:

Facts in support of this application are set forth in an attachment.

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

Dated:

_____ (TYPE OR PRINT NAME)

_____ (SIGNATURE)

ORDER

Good cause shown, it is ordered that:

Application for service is:

Granted. Publication or posting shall be made as provided in Government Code section 6064. A copy of the document to be served shall be mailed to the party if the party's address becomes known before expiration of time prescribed for publication or posting. The clerk is ordered to enter the default of the person served upon proper application.

Denied

Application for extension of time for services is:

Granted. The time is extended _____ days _____ to _____

The Case Management Conference date is continued to _____ . Plaintiff is to notice all defendants.

Denied.

Date:

_____ JUDGE OF THE SUPERIOR COURT

| | |
|--|--------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406 <i>(Name, state bar number, and address):</i> | FOR COURT USE ONLY |
| TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name):</i> _____ | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____ | |
| PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____ | |
| PROOF OF PERSONAL SERVICE | |
| CASE NUMBER: _____ | |

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served *(name)*:
3. I served copies of the following documents *(specify)*:

4. By personally delivering copies to the person served, as follows:
 - a. Date: _____
 - b. Time: _____
 - c. Address: _____

5. I am
 - a. not a registered California process server,
 - b. a registered California process server.
 - c. an employee or independent contractor of a registered California process server.
 - d. exempt from registration under Bus. & Prof. Code section 22350(b).
 - e. a California sheriff or marshal.

6. My name, address, and telephone number, and, if applicable, county of registration and number *(specify)*:

7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: _____

_____ (TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS) _____ (SIGNATURE OF PERSON WHO SERVED THE PAPERS)

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent; you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
2. Print the name of the party to whom you handed the documents.
3. List the name of each document that you delivered to the party.
4. a. Write in the date that you delivered the documents to the party.
b. Write in the time of day that you delivered the documents to the party.
c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

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