

# MADERA COUNTY SUPERIOR COURT STATE OF CALIFORNIA

## **STEPPARENT ADOPTION PACKET**

Read the enclosed instructions carefully before filling out your forms. The attached forms should be typed or completed in blue or black ink, neatly and clearly.

**Material 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.**

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## Procedure for Stepparent Adoptions

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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 <https://www.courts.ca.gov/selfhelp-adoption.htm>
- 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)

# Procedure for Stepparent Adoptions

- 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 **MAD-CIV-012**.*

## **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 original 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:

# Procedure for Stepparent Adoptions

- 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 and an attorney may be appointed to the party whose rights are being terminated.
- 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, if proper service is filed (proof of service or proof of publication).
- 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.

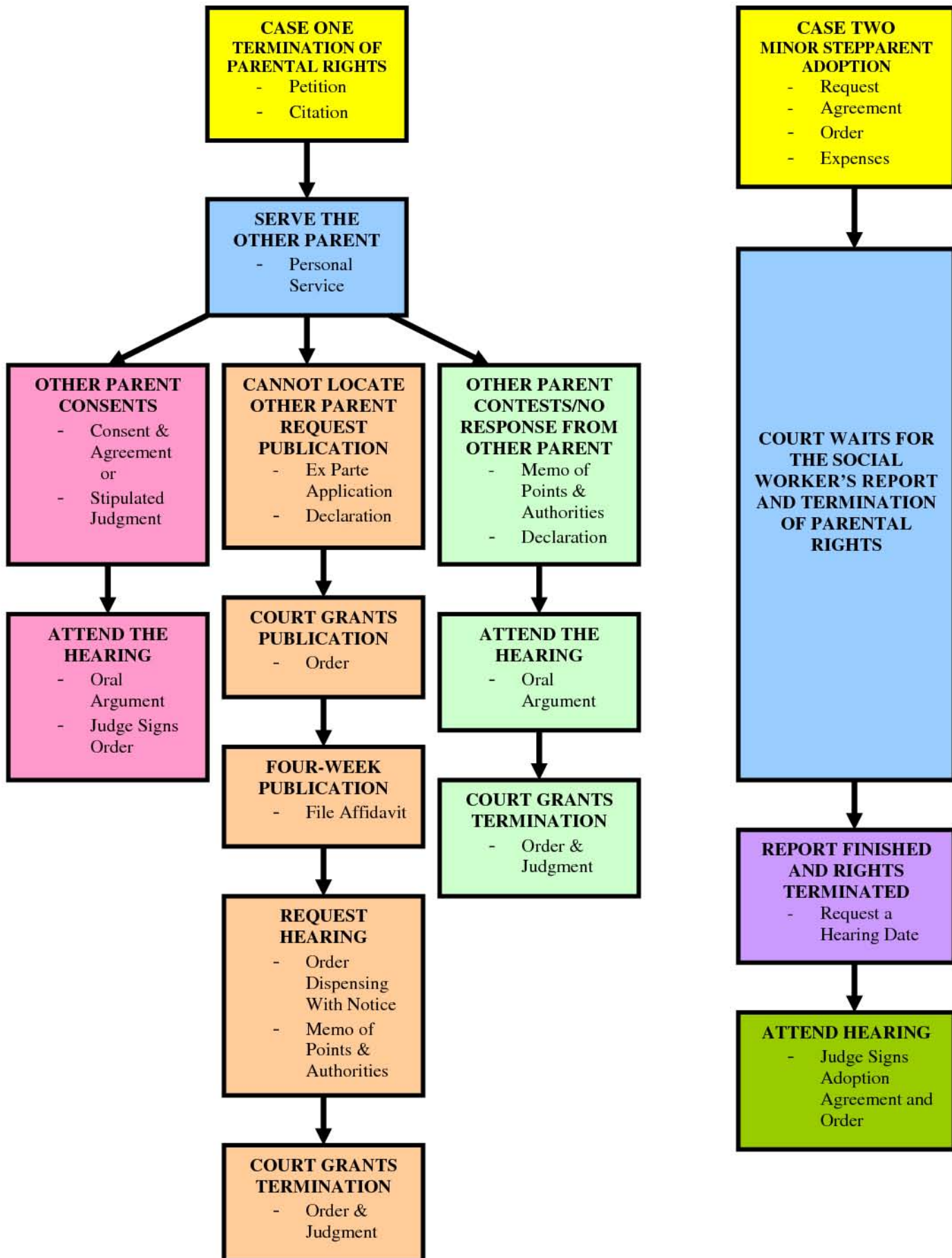
- This is an informal confidential hearing. You may invite family members or friends to witness the event.

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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# MINOR STEPPARENT ADOPTION FLOWCHART

These cases MUST be open AT THE SAME TIME



**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 do not have a lawyer: [www.courts.ca.gov/selfhelp-adoption.htm](http://www.courts.ca.gov/selfhelp-adoption.htm). You can also get copies of adoption forms at your local court clerk's office.

In California there are several kinds of adoption. This information sheet provides steps for the following types:

- Independent or agency adoptions in the United States
- Stepparent/domestic partner adoptions
- Intercountry adoptions
- Stepparent/domestic partner confirmation of parentage

Page 4 also has information about open adoptions and special requirements for the adoption of Indian (Native American) children.

**Stepparent/Domestic Partner Adoptions**

If you wish to adopt the child of your spouse or domestic partner, you may be eligible for a stepparent adoption. There are two types of stepparent adoptions. Answer these questions to figure out which process is right for you:

- Were you in a union with the child's legal parent **at the time the child was born** and are you **still in a union** with the legal parent? (A "union" means a marriage, a California registered domestic partnership, or a registered domestic partnership or civil union from another state that is legally equivalent to a marriage.)
- Did your **spouse or domestic partner give birth to the child** or was the child born through a **gestational surrogacy process** brought about by one or both of you?

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 be an Indian child.   |
| <input type="checkbox"/> ICWA-020    | <i>Parental Notification of Indian Status</i> | One form is required for each birth parent. This shows that the child's parents have been asked about potential Indian status.                       |

**Additional Forms for Stepparent Adoption to Confirm Parentage**

- |   |  |  |
|---|--|--|
| <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. |
|---|--|--|

- OR -

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ADOPT-206 (or an equivalent declaration) | <i>Declaration Confirming Parentage in Stepparent Adoption: Gestational Surrogacy</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 because the child was conceived through a gestational surrogate and was born outside of California, and the state where the child was born only allowed one intended parent to be named as a legal parent on the child's birth certificate. |
|---|---|--|



**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. If there is no hearing, the ADOPT-210 must be signed in front of the court clerk or a notary.

**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 or Agency Adoptions in the United States**

If this is an independent or agency adoption in the United States, complete 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. See Fam. Code, § 8617(b).

**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 the required questions have been asked to determine whether the child may be an Indian child.                          |
| <input type="checkbox"/> ICWA-020*    | <i>Parental Notification of Indian Status</i> | One form is required for each birth parent. This shows that the child's parents have been asked about potential Indian status.                       |

\*The agency or adoption service provider is responsible for getting these forms completed and making them part of the adoption file.

**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*)

## **Intercountry Adoptions**

If this is an intercountry (international) adoption, complete items 1 through 6 below.

Note: You must follow this process to adopt your child under California law, even if the adoption was previously finalized in a foreign country. If the child's adoption was finalized in a foreign country, you must file the *Adoption Request* within the earlier of 60 days of the child's entry to the United States, or the child's 16th birthday.

### **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 be an Indian child.   |
| <input type="checkbox"/> ICWA-020    | <i>Parental Notification of Indian Status</i> | One form is required for each birth parent. This shows that the child's parents have been asked about potential Indian status.                       |

### **2 Postadoption or postplacement visits and reports**

If the child's adoption was finalized in a foreign country, there will be at least one postadoption visit provided by the international adoption agency. The report of this visit must be submitted to the court as described below. If the child was born in a foreign country and placed with a California family for adoption in this state, the adoption agency must provide postplacement supervision with up to four visits. These reports are also provided to the court.

### **3 Attach documentation**

If the child's adoption was finalized in a foreign country, you must attach the following documents to your *Adoption Request*:

- A certified or otherwise official copy of the foreign decree, order, or certification of adoption that reflects finalization of the adoption in the foreign country;
- A certified or otherwise official copy of the child's foreign birth certificate;
- A certified translation of all required documents that are not written in English;
- Proof that the child was granted lawful entry into the United States as an immediate relative of the adoptive parent or parents;
- A report from at least one postplacement home visit by an intercountry adoption agency or a contractor of that agency licensed to provide intercountry adoption services in the state of California; and
- A copy of the home study report previously completed for the international finalized adoption by an adoption agency authorized to provide intercountry adoption services, in accordance with Family Code section 8900.

### **4 Take your forms to court**

Take the completed forms and any required documents 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.

### **5 Provide a copy of the forms and documents**

If the child's adoption was finalized in a foreign country, provide a copy of the forms and documentation you filed with the court to any adoption agency that provided services to you for your international adoption.

### **6 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*)



**Inquiry and Notice Under the Indian Child Welfare Act**

- The child and other people in the child's life must be asked specific questions in order to determine whether the child may be an Indian child. The *Indian Child Inquiry Attachment* (form [ICWA-010\(A\)](#)) should be attached to the *Adoption Request*. In agency adoptions, it is the responsibility of the agency to ensure that this inquiry is conducted and that the form is made part of the adoption file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible. For more information about the duty of inquiry, see form [ICWA-005-INFO](#).
- A completed version of *Parental Notification of Indian Status* (form [ICWA-020](#)) for each birth parent should be attached to the *Adoption Request*, OR it should be shown that a good faith attempt was made to provide the form to each birth parent, the Indian custodian, or guardian of the child and inform them that they are required to complete and submit the form to the court. In agency adoptions, it is the responsibility of the agency to ensure that this form is provided to the birth parents and made part of the adoption file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible.
- If there is **reason to believe** that the child is or may be an Indian child, additional inquiry is required. For more information about the duty of inquiry, see form [ICWA-005-INFO](#).
- If, after additional inquiry, there is **reason to know** that the child is an Indian child, notice must be provided of the adoption request to the child's tribe or tribes, parents, Indian custodian, and the Bureau of Indian Affairs, using *Notice of Child Custody Proceeding for Indian Child* (form [ICWA-030](#)). This form must be served by registered or certified mail, with return receipt requested.
- If it is determined that the child is an **Indian child** or this is a tribal customary adoption, see *Adoption of an Indian Child*, below.

**Adoption of an Indian Child**

If you are adopting an Indian child, fill out and bring to court the following additional forms:

- Adoption of Indian Child* (form [ADOPT-220](#)); and
- Parent of Indian Child Agrees to End Parental Rights* (form [ADOPT-225](#)).

If this is a tribal customary adoption, a copy of the tribal customary adoption order must be attached to the petition and the order.

**“Open” Adoption**

If you want your child to have contact with their birth family, use *Contact After Adoption Agreement* (form [ADOPT-310](#)) to describe the kind of contact the birth family will have with your child. Fill out this form and bring it to your hearing.

# ADOPT-200

# Adoption Request

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

Clerk stamps date here when form is filed.

### 1 Adopting parent(s)

a. Name: \_\_\_\_\_  
b. Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Lawyer (if any) (name, address, telephone numbers, e-mail address, and State Bar number):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:**

### 2 County of filing

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

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

(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.

(Note: If the child is a dependent of the court, the *Adoption Request* must be filed in the county where the child was freed for adoption or the county where the adopting parent or parents reside. See Fam. Code, § 8714.)

### 3 Type of adoption

Check one of the following:

- Agency (name): \_\_\_\_\_  Relative  Nonrelative
- Tribal customary adoption (attach tribal customary adoption order)
- Independent:  Relative  Nonrelative  Additional Parent(s)
- Intercountry (name of agency): \_\_\_\_\_
- Stepparent adoption
- Stepparent adoption to confirm parentage. See form ADOPT-050-INFO to determine whether you are eligible for the stepparent adoption to confirm parentage process.

Joinder:

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



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

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

**4 Information about the child**

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

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

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

**6 Birth parents**

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

**7 Legal guardian**

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

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

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

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

**9 Adoption of an Indian child**

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



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

**10 Agency adoption questions**

- a.  I/We have received information about the Adoption Assistance Program, the Regional Center, mental health services available through Medi-Cal or other programs, and federal and state tax credits that might be available.
- b. All persons with parental rights agree that the child should be placed for adoption by the California Department of Social Services or a county adoption agency or a licensed adoption agency (Fam. Code, § 8700) and have signed a relinquishment form approved by the California Department of Social Services, and the time to revoke the relinquishment has expired or been waived.  Yes  No

*If no, list the name and relationship to child of each person who has not signed the relinquishment form or whose time to revoke the relinquishment has not expired or been waived:*

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**11 Independent adoption questions**

- a.  A copy of the Independent Adoptive Placement Agreement from the California Department of Social Services is attached. (This is required in most independent adoptions; see Fam. Code, § 8802.)
- b. All persons with parental rights agree to the adoption and have signed the Independent Adoptive Placement Agreement or consent on the appropriate California Department of Social Services form.  Yes  No  
(If no, list the name and relationship to child of each person who has not signed the agreement form):
- 
- c.  I/We will file promptly with the department or delegated county adoption agency the information required by the department in the investigation of the proposed adoption.
- d.  This is an independent adoption involving additional parent(s):
- All persons with existing parental rights agree to this adoption and will maintain their existing parental rights.
  - An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s) is attached.

**12 Stepparent adoption and confirmation of parentage questions**

- a. The birth parent (name): \_\_\_\_\_  has signed a consent  will sign a consent.
- b. The birth parent (name): \_\_\_\_\_  has signed a consent  will sign a consent.
- c. The adopting parent married or entered into a registered domestic partnership with the legal parent on (date): \_\_\_\_\_ . (For court use only. This does not affect social worker's recommendation. There is no waiting period.)
- d.  I am seeking a stepparent adoption to confirm my parentage. At the time the child was born, I was married to or in a state-registered domestic partnership with the parent who gave birth or whose parentage was established through a gestational surrogacy process, and we remain in that union. See attached:
- Form ADOPT-205, Declaration Confirming Parentage in Stepparent Adoption
  - Form ADOPT-206, Declaration Confirming Parentage in Stepparent Adoption: Gestational Surrogacy
  - Declaration describing the circumstances of the child's conception.
- e. The investigation or written report will be completed as follows (choose one):
- I will choose someone to do an investigation or written report. I understand that the person I choose must be a licensed clinical social worker, a licensed marriage and family therapist, or work for a licensed private adoption agency. I will pay this person or agency directly.
  - I would like the court to choose someone to do an investigation. I understand that the court can charge me money for this investigation.
- f.  This is a stepparent adoption involving an additional parent:
- All persons with existing parental rights agree to this adoption and will maintain their existing parental rights.
  - An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s) is attached.



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

**13 Intercountry adoption questions**

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

**14 Contact after adoption**

- Contact After Adoption Agreement* (form ADOPT-310)  is attached  will not be used  
 will be filed at least 30 days before the adoption hearing  is undecided at this time.  
 This is a tribal customary adoption. Postadoption contact is governed by the attached tribal customary adoption order.

**15 Consent for adoption**

Complete all sections that apply to your adoption:

- a.  The consent of the birth parent is not necessary because (*check the applicable reasons under Fam. Code, § 8606*):
- (1)  The parent has been judicially deprived of the custody and control of the child.
  - (2)  The parent has voluntarily surrendered the right to custody and control of the child in a judicial proceeding in another jurisdiction, under a law of that jurisdiction providing for the surrender.
  - (3)  The parent has deserted the child without providing information to identify the child.
  - (4)  The parent has relinquished the child under Family Code section 8700.
  - (5)  The parent has relinquished the child for adoption to a licensed or authorized child-placing agency in another jurisdiction.
- b.  The child has a presumed parent under Family Code, section 7611. The consent of the presumed parent is not required because:
- (1)  The presumed parent did not become a presumed parent before the mother's relinquishment or consent became irrevocable or the mother's parental rights were terminated. (Fam. Code, § 8604(a).)
  - (2)  The presumed parent signed a Waiver of the Right to Further Notice of Adoption Proceedings pursuant to Family Code, section 7660.5.
- c.  Termination of parental rights of an alleged father is not required because:
- (1)  The relationship to the child was previously terminated or determined not to exist by a court.
  - (2)  The alleged father was served as prescribed in Family Code section 7666 with a written notice of alleged parentage and the proposed adoption, and has failed to bring an action pursuant to subdivision (c) of section 7630 within 30 days of service of the notice or the birth of the child, whichever is later. (*Attach proof of notice to this Adoption Request.*)
  - (3)  The alleged father has executed a written form to waive notice, deny parentage, relinquish the child for adoption, or consent to the adoption of the child.

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

- 15 d.  A court ended the parental rights of:  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_  
 (Enter the date of the court order ending parental rights and attach a copy of the order.)
- e.  The child is the subject of a tribal customary adoption order under Welfare and Institutions Code section 366.24, which has modified the parental rights of (attach a copy of the order):  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_
- f.  I/We will ask the court to end the parental rights of (attach copy of Petition to Terminate Parental Rights or Application for Freedom From Parental Custody, if filed):  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- g.  Adopting parent has custody of the child by court order or by agreement with the other parent, and each of the following persons with parental rights has not contacted the child and has not paid for the child's care, support, and education for one year or more when able to do so. (Fam. Code, § 8604(b).)  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- h.  The child has been abandoned as follows:.
- (1)  The child has been left by the child's parent or parents with no way to identify the child.
  - (2)  The child has been left in the custody of another person by both parents or the sole parent for six months without providing for the child's support, or without communication from the parent or parents, with the intent to abandon the child.
  - (3)  One parent has left the child in the care and custody of the other parent for one year or longer without providing for the child's support or without communication from the parent, with the intent to abandon the child.
- (If any of the above boxes are checked, adopting parent must also check item 15d and file an Application for Freedom from Parental Custody. See Fam. Code, § 7822(a).)
- i.  Each of the following persons with parental rights has died:  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

16 **Suitability for adoption**

Each adopting parent:

- |  |   |
|--|---|
| a. Is at least 10 years older than the child or meets the criteria in Family Code section 8601(b); | c. Will support and care for the child;   |
| b. Will treat the child as his or her own;   | d. Has a suitable home for the child; and |
|  | e. Agrees to adopt the child.             |



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

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

**17 Requests to court**

I/We ask the court to approve the adoption and to declare that the adopting parents and the child have the legal relationship of parent and child, with all the rights and duties of this relationship, including the right of inheritance.

I/We ask the court to date its order approving the adoption as of an earlier date (*date*): \_\_\_\_\_ for the following reason (Fam. Code, § 8601.5):

\_\_\_\_\_

(Enter a date no earlier than the date parental rights were ended.)

This is a tribal customary adoption. I/We ask the court to approve the adoption and to declare that the adopting parents and the child have the legal relationship of parent and child, with all of the rights and duties stated in the attached tribal customary adoption order and in accordance with Welfare and Institutions Code section 366.24.

**18** If a lawyer is representing you in this case, the lawyer must sign here:

Date: \_\_\_\_\_  
*Type or print lawyer's name*

\_\_\_\_\_  
*Signature of lawyer for adopting parent(s)*

**19** I declare under penalty of perjury under the laws of the State of California that the information in this form and all its attachments is true and correct to my knowledge. This means that if I lie on this form, I am guilty of a crime.

Date: \_\_\_\_\_  
*Type or print your name*

\_\_\_\_\_  
*Signature of adopting parent*

Date: \_\_\_\_\_  
*Type or print your name*

\_\_\_\_\_  
*Signature of adopting parent*

**NOTICE—ACCESS TO AFFORDABLE HEALTH INSURANCE:** Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay toward high-quality affordable health care. For more information, visit [www.coveredca.com](http://www.coveredca.com). Or call Covered California at 1-800-300-1506 (English) or 1-800-300-0213 (Spanish).

CHILD'S NAME:	CASE NUMBER:
---------------	--------------

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

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

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

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

Additional persons questioned and their information is attached.

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

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

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

Date:

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



ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NUMBER: _____ NAME: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____ ATTORNEY FOR (name): <b>In Pro Per</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b> STREET ADDRESS: <b>200 South G Street</b> MAILING ADDRESS: <b>same</b> CITY AND ZIP CODE: <b>Madera, CA 93637</b> BRANCH NAME: _____	
CHILD'S NAME: _____	
<b>PARENTAL NOTIFICATION OF INDIAN STATUS</b>	CASE NUMBER: _____

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

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

**Indian Status**

3. a.  I am or may be a member of, or eligible for membership in, a federally recognized Indian tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Location of tribe(s): \_\_\_\_\_
  - b.  The child is or may be a member of, or eligible for membership in, a federally recognized Indian tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Location of tribe(s): \_\_\_\_\_
  - c.  One or more of my parents, grandparents, or other lineal ancestors is or was a member of a federally recognized tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Location of tribe(s): \_\_\_\_\_  
 Name and relationship of ancestor(s): \_\_\_\_\_
  - d.  I am a resident of or am domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.
  - e.  The child is a resident of or is domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.
  - f.  The child is or has been a ward of a tribal court.
  - g.  Either parent or the child possesses an Indian identification card indicating membership or citizenship in an Indian tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Membership or citizenship number (if any): \_\_\_\_\_
  - h.  None of the above apply.
4. A previous form ICWA-020  has  has not been filed with the court.

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

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

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

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

# ADOPT-210 Adoption Agreement

Clerk stamps date here when form is filed.

## 1 Adopting parent(s)

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

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

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 Street  
Madera, CA 93637

Court fills in case number when form is filed.

Case Number:

## 2 Information about the child

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 4b 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 or established parentage over a child born through gestational surrogacy during the union, usually no hearing is required and you may sign this form in front of a proper witness. See item 8a 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 and that person is married and not separated, the consent of their spouse is required under section 8603 of the Family Code. Read and sign below. Stepparent adoptions: Go to Item 7.

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 am the registered domestic partner of, the adopting parent listed in (1), and I am not a party to this adoption. I agree to the adoption of the child by the adopting parent listed in (1).

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). I agree to the adoption of my child by the adopting parent listed in (1).

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 to confirm parentage under Family Code, § 9000.5, 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 Adopting parent(s)**

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

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

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

\_\_\_\_\_

\_\_\_\_\_

**2 Information about the child**

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 parent who was married to or in a state-registered domestic partnership, including a registered domestic partnership or civil union from another jurisdiction, with the legal parent 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 adoptionb.  Is under 12c.  Is not required to consent because this is a tribal customary adoption.

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:**

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 their own;
  - c. Will support and care for the child;
  - d. Has a suitable home for the child; *and*
  - e. Agrees to adopt the child.
- 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 adoption involving an additional parent or parents.  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 (form ADOPT-200)  Adoption of Indian Child (form ADOPT-220)
- Adoption Order (form ADOPT-215)  Contact After Adoption Agreement (form 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



**STEPARENT ADOPTION  
Consent to Adoption by Parent  
Retaining Custody**

I, the undersigned, being the parent of \_\_\_\_\_ give my full and  
free consent to the adoption of said child by \_\_\_\_\_, who is  
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  
of \_\_\_\_\_ and \_\_\_\_\_

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

\_\_\_\_\_  
Petitioner



## STEPPARENT ADOPTION

*Consent to Adoption by a Parent in or outside of California Giving Custody to Husband or Wife or Domestic Partner of Other Parent*

I, being the parent of \_\_\_\_\_ Gender: M    F  
Name of Minor child

Do hereby give my full and free consent to the adoption of said child by

\_\_\_\_\_  
Name of Petitioner (Stepparent)

*The petitioner herein, it being fully understood by me that with the signing of this document my consent may not be withdrawn except with court approval and that with the signing of the order of adoption by the court, I shall give up all my rights of custody; services, and earning of said child, and that said child cannot be reclaimed by me.*

Said child was born on \_\_\_\_\_ in \_\_\_\_\_  
Date City and State

And is the child of \_\_\_\_\_ and \_\_\_\_\_  
Name of Birth Parent Name of Birth Parent

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

### WITNESS BY:

*If this form is being signed in the State of California the Clerk of the Superior Court, the Probation Officer, qualified court investigator or; where stepparent investigations are delegated to County Welfare Departments, a County Welfare Department Staff member may witness. [Family Code § 9003]*

If this form is being signed outside the State of California only a notary or other person authorized to perform notary acts within that state can witness.

SIGNED IN COUNTY/STATE	NAME OF AGENCY
NAME OF WITNESS	TITLE OF WITNESS
SIGNATURE OF WITNESS	DATE

### COMPLETED BY NOTARY PUBLIC

*Complete this section when the form is not being signed in the presence of an agency representative. The Notary Public must staple the acknowledgement document to this form and sign and date.*

SIGNATURE OF NOTARY	DATE
---------------------	------

**NOTICE TO THE BIRTH PARENT WHO CONSENTS TO THE CHILD'S ADOPTION:** *If you and your child lived together at any time as parent and child, the adoption of your child by a stepparent does not affect the child's right to inherit your property or the property of blood relatives. For further information regarding this right of inheritance, you should consult an attorney at your own expense.*

*This form to be used only when parent is giving custody of the child to the husband or wife or domestic partner, as defined in Family Code Section 297, or other parent. Original for court record.*



<p style="text-align: center;"><b>SUPERIOR COURT OF CALIFORNIA • COUNTY OF MADERA</b> 200 South G Street Madera, CA 93637 (559) 416-5525</p>	<i>FOR COURT USE ONLY</i>
<p>IN THE MATTER OF (NAME):</p> <p style="text-align: right;">MINOR(S)</p>	<p>CASE NUMBER:</p>
<p style="text-align: center;"><b>COURT ORDER APPOINTING SUPERIOR COURT INVESTIGATOR PURSUANT TO FAMILY CODE §7850</b></p>	

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

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

**IT IS SO ORDERED:**

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

\_\_\_\_\_  
JUDGE OF THE SUPERIOR COURT

1 **WRITE IN ADOPTING PARENT'S NAME**  
2 **ADDRESS**  
3 **CITY AND STATE**  
4 Phone Number: **TELEPHONE NUMBER**

5 In Pro Per

6  
7 **IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA**  
8 **IN AND FOR THE COUNTY OF MADERA**

9  
10 In the Matter of the Adoption Petition of:

11 **MINOR'S NAME,**

12  
13 **ADOPTING PARENT'S NAME,**

14 Adopting Parent.

) **Case No.: LEAVE BLANK**

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

) **Date: LEAVE BLANK**  
) **Time: 8:30 a.m.**  
) **Dept. 36**

15  
16  
17  
18 Petitioner respectfully requests:

- 19 1. Petitioner, **ADOPTING PARENT'S NAME**, is the spouse of the natural  
20 mother/father, the natural mother/father, **NATURAL PARENT'S NAME**, of the  
21 minor child, **MINOR'S NAME**, and seeks to adopt the minor child on the  
22 termination of the natural mother's/father's right to custody and control.
- 23 2. **MINOR'S NAME** is an unmarried minor child who was born on **MINOR'S DATE**  
24 **OF BIRTH**, and is a resident of CITY OF Madera, 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**  
27 **custody of the child)** and resides at **NATURAL PARENT'S ADDRESS** The  
28 minor child's mother/father is currently **NATURAL PARENT WHOSE RIGHTS**

1 ARE BEING TERMINATED ADDRESS, OR IF UNKNOWN INDICATE  
2 UNKNOWN.

- 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  
5 custodial care and has had not contact with the child since on or about **DATE OF**  
6 **LAST CONTACT BETWEEN CHILD AND PARENT WHOSE RIGHTS ARE**  
7 **BEING TERMINATED** to the present and without any provision for the child's  
8 support nor communication from absent parent and with the intent on the part of  
9 **NAME OF PARENT WHOSE RIGHTS ARE BEING TERMINATED** to abandon  
10 the child.

11 WHEREFORE, petitioner prays judgment as follows:

- 12 1. For an order declaring **MINOR'S NAME** free from the custody and control of  
13 **NAME OF PARENT WHOSE RIGHTS ARE BEING TERMINATED** and  
14 terminating all of his rights and responsibilities with regard to the child;  
15 2. For an order appointing **ADOPTING PARENT'S NAME** to act under the  
16 provisions of Family code Section 7893, as guardian of the minor child; and  
17 3. For such other and further relief as the court may deem proper.

18  
19 DATED: \_\_\_\_\_

20  
21 \_\_\_\_\_  
22 **ADOPTING PARENT'S SIGNATURE**

23 VERIFICATION

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

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

3  
4  
5 DATED: \_\_\_\_\_

6 \_\_\_\_\_  
7 **ADOPTING PARENT'S SIGNATURE**

8  
9  
10  
11  
12 **CONSENT OF NATURAL PARENT**

13 I, **NATURAL PARENT'S NAME**, am the natural mother/father of **MINOR'S**  
14 **NAME**, the minor subject to this proceeding and the spouse of the Petitioner,  
15 **ADOPTING PARENT'S NAME**. I hereby consent to the request to terminate the  
16 parental rights to custody and control of the minor by the natural mother/father,  
17 **PARENT'S NAME WHOSE RIGHTS ARE BEING TERMINATED**, and to the adoption  
18 request by the Petitioner.

19  
20 I declare under penalty of perjury under the laws of the State of California that  
21 the forgoing is true and correct.

22  
23  
24 DATED: \_\_\_\_\_

25 \_\_\_\_\_  
26 **NATURAL PARENT'S SIGNATURE**

1 **WRITE IN ADOPTING PARENT'S NAME**  
2 **ADDRESS**  
3 **CITY AND STATE**  
4 Phone Number: **TELEPHONE NUMBER**

5 In Pro Per

6  
7 **IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA**  
8 **IN AND FOR THE COUNTY OF MADERA**

9  
10 In the Matter of the Adoption Petition of: )

**Case No.: LEAVE BLANK**

11 **MINOR'S NAME,**

**CITATION TO PARENT**

12  
13 **ADOPTING PARENT'S NAME,**

**Date: LEAVE BLANK**

**Time: 8:30 a.m.**

**Dept.: 36**

14 Adopting Parent.  
15  
16

17 THE PEOPLE OF THE STATE OF CALIFORNIA

18 TO (name): **NAME OF PARENT WHO'S RIGHTS ARE BEING TERMINATED**

19  
20 By Order of this Court, you are hereby advised that you may appear before the  
21 Judge presiding of this Court on \_\_\_\_\_ at 8:30 a.m. Then and there to  
22 show cause, if any you have, why **MINOR'S NAME** the child, should not be declared  
23 free from your custody and control for the purpose of freeing **MINOR'S NAME** the child  
24 from placement for adoption. The following information concerns rights and procedures  
25 that relate to this proceedings for the termination of custody and control of said minor as  
26 set forth in Family Codes Section 7860 et seq:  
27  
28

CITATION TO PARENT

1 1. At the beginning of the proceeding the Court will consider whether or not the  
2 interests of the minor child require the appointment of counsel. If the Court finds that  
3 the interests of the minor do require such protection, the Court will appoint counsel to  
4 represent him, whether or not he is able to afford representation. The minor will not be  
5 present in court unless he requests of the Court so orders.  
6

7 2. If a parent of the minor appears without counsel and is unable to afford counsel,  
8 the Court must appoint counsel for the parent, unless the parent knowingly and  
9 intelligently waives the right to be represented by counsel. The Court will not appoint  
10 the same counsel to represent both the minor and his parent.  
11

12 3. The Court may appoint either the public defender or private counsel. If private  
13 counsel is appointed, he or she will receive a reasonable sum for compensation and  
14 expenses, the amount of which will be determined by the Court. That amount must be  
15 paid by the real parties in interest, but not by the minor, in such proportions as the Court  
16 believes to be just. If, however the Court finds that any of the real parties in interest  
17 cannot afford counsel, the amount will be paid by the county.  
18

19 4. The Court may continue the proceeding for not more than thirty (30) days as  
20 necessary to appoint counsel to become acquainted with the case.  
21  
22  
23

24 Date: \_\_\_\_\_, Clerk

25  
26 By: \_\_\_\_\_  
27 Deputy Clerk  
28

1 **WRITE IN ADOPTING PARENT'S NAME**  
2 **ADDRESS**  
3 **CITY AND STATE**  
4 Phone Number: **TELEPHONE NUMBER**

5 In Pro Per

6 **IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA**  
7 **IN AND FOR THE COUNTY OF MADERA**

8  
9 In the Matter of the Adoption Petition of: )

**Case No.: LEAVE BLANK**

10 **MINOR'S NAME,** )

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

11 )  
12 **ADOPTING PARENT'S NAME,** )

13 Adopting Parent. )  
14 )  
15 \_\_\_\_\_

16 This matter came on regularly for hearing on \_\_\_\_\_, in Department **36**, of  
17 the above-entitled court, the Honorable Thomas L. Bender, presiding, Petitioner  
18 appeared in person, in pro per or/by counsel, **INSERT NAME OF COUNSEL IF**  
19 **APPLICABLE**. Evidence, both oral and documentary, have been introduced and the  
20 matter having been argued and submitted and good cause appearing therefore, time  
21 and place of the hearing have been duly given as required by law.

22 IT IS ORDERED as follows:

23 The minor child, **MINOR'S NAME AND DATE OF BIRTH**, is declared free from  
24 the custody and control of **NAME OF PARENT WHOSE RIGHTS ARE BEING**  
25 **TERMINATED** pursuant to Section 7894 of the Family Code.

26  
27 DATED: \_\_\_\_\_

28 \_\_\_\_\_  
JUDGE OF THE SUPERIOR COURT

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, state bar number, and address</i> ):   TELEPHONE NO: _____ FAX NO.: _____ E-MAIL ADDRESS ( <i>optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b> 200 South G Street Madera, California 93637	
PLAINTIFF/PETITIONER: _____	
DEFENDANT/RESPONDENT: _____	
<b>APPLICATION AND ORDER FOR:</b> <input type="checkbox"/> PUBLICATION <input type="checkbox"/> POSTING OF <input type="checkbox"/> SUMMONS <input type="checkbox"/> CITATION <input type="checkbox"/> EXTENSION OF TIME	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  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:
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5. Facts in support of this application are:

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Continued on attachment 5.

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 \_\_\_\_\_

Denied.

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

\_\_\_\_\_  
JUDGE OF THE SUPERIOR COURT