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: _____

Your address:

Street: _____

City: _____ State: _____ Zip: _____

Your phone #: (____) _____

Your lawyer *(if you have one): (Name, address, phone #, and State Bar #):*

_____

_____

_____

Court name and street address:

Superior Court of California, County of

Case Number:

2 Type of adoption: *(Check one)*

☐ Agency *(name):* _____

   ☐ Relative

☐ Independent

☐ International *(name of agency):* _____

☐ Stepparent/Domestic Partner

3 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: _____

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

City: _____ State: _____ Zip: _____

4 Child's name before adoption *(Fill out ONLY if this is an independent, relative, or stepparent/domestic partner adoption.):* _____

5 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: _____

6 Is the child a dependent of the court? ☐ Yes ☐ No

If yes, fill out below:

Juvenile case number: _____

County: _____

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

Hearing is set for:

Hearing Date

Date: _____ Time: _____

Dept.: _____ Room: _____

Name and address of court if different from above:

_____

_____

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

Adoption Request

7 Child may have Indian ancestry: ☐ Yes ☐ No
If yes, attach Form ADOPT-220, Adoption of Indian Child.

8 If this is an Agency Adoption:

a. I/We have received information about the Adoption Assistance Program, Regional Center, and mental health services available through Medi-Cal or other programs. ☐ Yes ☐ No

b. All persons with parental rights agree the child should be placed for adoption by the California Department of Social Services or a licensed adoption agency (Fam. Code, § 8700) and have signed a *Relinquishment* form approved by the California Department of Social Services except:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

9 If this is an Independent Adoption:

a. A copy of the Adoptive Placement Agreement is attached. (Required in most independent adoptions; see Fam. Code, § 8802.)

b. I/We will file promptly with the department or delegated county adoption agency information required by the department in the investigation of the proposed adoption. ☐ Yes ☐ No

c. All persons with parental rights agree to the adoption and have signed the Adoptive Placement Agreement *Consent to Adoption* on a form approved by the California Department of Social Services except:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

10 If this is a Stepparent/Domestic Partner Adoption:

a. The birth parent is ☐ in state ☐ out of state

(If out of state and unable to sign in the presence of the required official, the parent may sign his or her consent before a notary. (Fam. Code, § 9003 (b).))

b. Adopting parents married: _____ *(date)* OR Domestic partnership registered: _____ *(date)*. (This does not affect the social worker's recommendation. Information is for court only. There is no waiting period.)

11 ☐ There is no presumed or biological father because the child was conceived by artificial insemination using semen provided to a medical doctor or a sperm bank. (Fam. Code, § 7613.)

12 Form ADOPT-310, *Contact After Adoption Agreement:*

☐ Is attached ☐ Will not be used ☐ Will be filed at least 30 days before the adoption hearing
☐ Undecided at this time

13 Name of birth parents if you know:

a. _____ *(mother)*

b. _____ *(father)*

14 ☐ The consent of the ☐ birth mother ☐ presumed father is not necessary because *(specify Fam. Code, § 8606 subdivision)*: _____

15 A court ended the parental rights of:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

16 ☐ I/We will ask the court to end the parental rights of:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

17 Each of the following persons with parental rights has not contacted his or her child in one year (Fam. Code, § 8604(b)):

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

18 Each of the following persons with parental rights has died:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

19 Suitability for Adoption:
Each adopting parent:

　a. Is at least 10 years older than the child
　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.

20 I/We ask the court to approve the adoption and to declare that the adopting parent(s) 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.

21 If a lawyer is representing you in this case, he or she must sign here:

Date: _____ _____ ▶ _____
　　　　　　　　Type or print your name　　　　　　　*Signature of Attorney for Adopting Parent*

22 I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct to my knowledge. This means 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*