

ADOPT-200 Adoption Request

Clerk stamps date here when form is filed.

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

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 _____

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.

(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.)

(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.

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:

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.

Case Number: _____

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);
- 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.

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