

ADOPT-320

Answer to Request to: Enforce, Change, End Contact After Adoption Agreement

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

1 This is my answer to the request to *(check one)*:

- Enforce Change End

an existing Contact After Adoption Agreement.

a. Name(s) of person who filed ADOPT-315 and his or her relationship to the child:

b. I received a copy of the signed, written agreement, ADOPT-310.

2 Your name(s):

a. _____

b. _____

Relationship to child: _____

Your address *(skip this if you have a lawyer)*:

Street: _____

City: _____ State: _____ Zip: _____

Your phone number: _____

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

3 Child's adopted name *(if you know)*: _____

Date of birth: _____ Age: _____

Date of adoption *(if you know)*: _____

4 Check all that apply:

a. I agree with the requests listed in ADOPT-315 and think the requests are in the child's best interests.


b. I do not agree with the requests in ADOPT-315 because:


If you need more space, attach a sheet of paper and write "ADOPT-320, Item 4—Do Not Agree With 315" at the top.

Number of pages attached: _____

c. I/We have NOT tried to resolve these issues by using a dispute resolution program, like mediation.

d. I/We tried to fix these problems by using a dispute resolution program, like mediation, but were unable to reach an agreement.

Date: _____ *Type or print your name and relationship to child*  _____ *Sign your name*

Date: _____ *Type or print your name and relationship to child*  _____ *Sign your name*