

ADOPTION

THE LAW DOES NOT ALLOW PERSONNEL OF THE OFFICE OF THE CLERK OF THE SUPERIOR COURT TO ASSIST IN THE SELECTION OR PREPARATION OF ANY FORMS OR TO ADVISE YOU AS TO ANY PROCEDURE TO BE FOLLOWED IN OBTAINING A JUDGMENT

Attached are the forms usually necessary to commence an action for Adoption.

Form #	Title	Number of Copies
ADOPT-050	How to Adopt a Child in California	1
ADOPT-200	Adoption Request	1
ADOPT-210	Adoption Agreement	1
ADOPT-215	Adoption Order	1
ADOPT-230	Adoption Expenses	1
AD-1A	Parental Consent to Adoption (In California)	1
AD-1C	Parental Consent to Adoption (Outside California)	1
AD-2	Stepparent Adoption – Consent to Adoption by Parent Retaining Custody	1
AD-2A	Stepparent Adoption – Consent to Adoption by Parent in California Giving Custody to Husband or Wife or Domestic Partner of Other Parent	1
AD-2B	Stepparent Adoption – Consent to Adoption by Parent Outside California Giving Custody to Husband or Wife or Domestic Partner of Other Parent	1

ALL FORMS MUST BE TYPED OR LEGIBLY PRINTED IN BLACK INK AND SIGNED.

Complete all forms in their entirety, i.e., all boxes checked as applicable; attachments attached, if applicable; and “NONE”, “NOT APPLICABLE”, or “UNKNOWN” typed in if required.

The following are additional forms that may be required.

AD-1F	Parental Consent to Adoption (Outside California in Armed Forces)
AD-2D	Stepparent Adoption – Consent to Adoption by Parent Outside California in Armed Forces Giving Custody to Husband or Wife or Domestic Partner of Other Parent
VS-44	Court Report of Adoption

ADOPT-050 How to Adopt a Child in California

In California, there are several kinds of adoption. Learn about stepparent/domestic partner adoptions on page 1 and independent, agency, and international adoptions and adoption of an Indian child on page 2.

Stepparent/Domestic Partner Adoptions

If you want to adopt your stepchild or the child of your domestic partner, fill out and file the forms listed below. You can get them from the court clerk or from the California Courts Self-Help Center: www.courtinfo.ca.gov/selfhelp.

1 Fill out court forms.

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> ADOPT-200 | <i>Adoption Request</i> | This tells the judge about you and the child you are adopting. |
| <input type="checkbox"/> ADOPT-210 | <i>Adoption Agreement</i> | This tells the judge that you and the child, if over 12, agree to the adoption. Fill it out, but do not sign it until the judge asks you to sign it. |
| <input type="checkbox"/> ADOPT-215 | <i>Adoption Order</i> | The judge signs this form if your adoption is approved. |
| <input type="checkbox"/> ICWA-010(A) | <i>Indian Child Inquiry Attachment</i> | This lets the judge know that you have asked whether the child may have Indian ancestry. |
| <input type="checkbox"/> ICWA-020 | <i>Parental Notification of Indian Status</i> | This proves that the child's parents have been asked about Indian ancestry. |

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 every adoption, 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
- ☐ Friends/relatives (*optional*)



Independent, Agency, or International Adoptions

If this is an independent, agency, or international adoption, fill out and file the forms below. You can get them from the court clerk or from the California Courts Self-Help Center: www.courtinfo.ca.gov/selfhelp.

① Fill out court forms.

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> ADOPT-200 | <i>Adoption Request</i> | This tells the judge about you and the child you are adopting. |
| <input type="checkbox"/> ADOPT-210 | <i>Adoption Agreement</i> | This tells the judge that you and the child, if over 12, agree to the adoption. Fill it out, but do not sign it until the judge asks you to sign it. |
| <input type="checkbox"/> ADOPT-215 | <i>Adoption Order</i> | The judge signs this form if your adoption is approved. |
| <input type="checkbox"/> ICWA-010(A) | <i>Indian Child Inquiry Attachment</i> | This lets the judge know that you have asked whether the child may have Indian ancestry. |
| <input type="checkbox"/> ICWA-020 | <i>Parental Notification of Indian Status</i> | This proves that the child's parents have been asked about Indian ancestry. |

② The social worker writes a report.

In every adoption, 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 and send you a copy. When you get the report, ask the clerk for a date for your adoption hearing.

③ 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
- ☐ Friends/relatives (*optional*)

④ Is this an “open” adoption?

If you want your child to have contact with his or her birth family, fill out ADOPT-310, which asks for an open adoption.

⑤ If you are adopting an Indian child

In addition to the forms listed in ①, fill out and bring:

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

If you are adopting through a tribal customary adoption:

- ☐ Attach a copy of the tribal customary adoption order to *Adoption Request*, ADOPT-200
- ☐ Attach a copy of the tribal customary adoption order to the *Adoption Order*, ADOPT-215

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.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number if known:

Case Number:

1 Your name (adopting parent):

a. _____

b. _____

Relationship to child: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone number: (____) _____

Lawyer (if any): (Name, address, telephone numbers, and State Bar number):

2 Type of adoption (check one):

☐ Agency (name): _____

☐ Joinder has been filed. ☐ Joinder will be filed.

☐ Tribal customary adoption (attach tribal customary adoption order)

☐ Independent

☐ International (name of agency): _____

☐ Stepparent

☐ Relative

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: _____

City: _____ State: _____ Zip: _____

e. Place of birth (if known):

City: _____

State: _____ Country: _____

f. If the child is 12 or older, does the child agree to the adoption? ☐ Yes ☐ No

g. Date child was placed in your physical care:

4 Child's name before adoption: (fill out ONLY if this is an independent, a relative, a stepparent, or a tribal customary 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 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.

Your name: _____

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

- 8 Names of birth parents, if known:
a. Mother: _____
b. Father: _____

9 **If this is an agency adoption**

- a. I have received information about the Adoption Assistance Program Regional Center and about mental health services available through Medi-Cal or other programs. ☐ Yes ☐ No
- b. All persons with parental rights agree that the child should be placed for adoption by the California Department of Social Services or a licensed adoption agency (Fam. Code, § 8700) and have signed a relinquishment form approved by the California Department of Social Services. ☐ Yes ☐ No (If no, list the name and relationship to child of each person who has not signed the relinquishment form): _____
- c. This is a tribal customary adoption under Welfare and Institutions Code section 366.24. Parental rights have been modified under and in accordance with the attached tribal customary adoption order, and the child has been ordered placed for adoption.

10 **If this is an independent adoption**

- a. A copy of the Independent Adoptive Placement Agreement, a California Department of Social Services form, 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, a 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 will file promptly with the department or delegated county adoption agency the information required by the department in the investigation of the proposed adoption.

11 **If this is a stepparent adoption**

- a. The birth parent (name): _____ ☐ has signed a consent ☐ will sign a consent
- b. The birth parent (name): _____ ☐ has signed a consent ☐ will sign a consent
- c. The adopting parents were married on **or** The domestic partnership was registered on (date): _____. (For court use only. This does not affect social worker's recommendation. There is no waiting period.)

- 12 ☐ 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.)

13 **Contact after adoption**

- Form ADOPT-310, *Contact After Adoption Agreement*, ☐ 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.

- 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 (attach copy of order):**

Name: _____ Relationship to child: _____ on (date) _____
Name: _____ Relationship to child: _____ on (date) _____

Your name: _____

- 16** The child is the subject of a tribal customary adoption order under Welf. & Inst. Code, § 366.24, which has modified the parental rights of (*attach a copy of order*):
Name: _____ Relationship to child: _____ on (date): _____
Name: _____ Relationship to child: _____ on (date): _____
Name: _____ Relationship to child: _____ on (date): _____

- 17** ☐ I 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: _____

- 18** Each of the following persons with parental rights has not contacted his or her child in one year or more. (Fam. Code, § 8604(b).) (*Attach copy of Application for Freedom From Parental Custody, if filed.*)
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

- 19** Each of the following persons with parental rights has died:
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

20 Suitability for adoption

Each adopting parent:

- a. Is at least 10 years older than the child d. Has a suitable home for the child *and*
b. Will treat the child as his or her own e. Agrees to adopt the child
c. Will support and care for the child

- 21** ☐ I 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.
☐ This is a tribal customary adoption. I 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 Welf. & Inst. Code, § 366.24.

- 22** 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 parents

- 23** 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 that if I lie on this form, I am guilty of a crime.

Date: _____
Type or print your name▶ _____
Signature of adopting parentDate: _____
Type or print your name▶ _____
Signature of adopting parent

ADOPT-210 Adoption Agreement

Clerk stamps date here when form is filed.

① Your name (adopting parent):

a. _____

b. _____

Relationship to child: _____

Address (skip this if you have a lawyer):

Street: _____

City: _____ State: _____ Zip: _____

Telephone number: (____) _____

Lawyer (if any): (Name, address, telephone number, and State Bar number): _____

Fill in court name and street address:

Superior Court of California, County of

Fill in case number if known:

Case Number:

② Child's name before adoption: _____

Child's name after adoption: _____

Date of birth: _____ Age: _____

③ I am the child listed in ② and I agree to the adoption. (Sign at the hearing in front of the judge. 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 at hearing if 12 or older; optional if child is under 12)

④ If there is only **one** adopting parent, read and sign below. Sign at the hearing in front of the judge.

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 (sign at hearing)

b. I am married to, or the registered domestic partner of, the adopting parent listed in ①, and I agree to his or her adoption of the child.

Date: _____
Type or print your name

Signature of spouse or registered domestic partner (may be signed before hearing)



Your name: _____

5 If there are **two** adopting parents, read and sign below. Sign at the hearing in front of the judge.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 (sign at hearing)

I agree to the other parent's adoption of the child.

Date: _____
Type or print your name▶ _____
Signature of adopting parent (sign at hearing)**6** If this is a tribal customary adoption, read and sign below. Sign at the hearing in front of the judge.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 (sign at hearing)Date: _____
Type or print your name▶ _____
Signature of adopting parent (sign at hearing)**7** For stepparent adoptions only:If you are the legal parent of the child listed in **2**, read and sign below. Sign at the hearing in front of the judge.I am the legal parent of the child and am the spouse or registered domestic partner of the adopting parent listed in **1**, and I agree to his or her adoption of my child.Date: _____
Type or print your name▶ _____
Signature of legal parent (sign at hearing)**8** Executed:

Date: _____

▶ _____
Judge (or Judicial Officer)

ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

1 Your name (*adopting parent*):

a. _____

b. _____

Relationship to child: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime telephone number: (____) _____

Lawyer (*if any*): (*Name, address, telephone number, and State Bar number*): _____

2 Child's name after adoption:

First Name: _____

Middle Name: _____

Last Name: _____

Date of birth: _____ Age: _____

Place of birth: _____

City: _____ State: _____ Country: _____

3 Name of adoption agency (*if any*): _____

4 Hearing date: _____

Dept.: _____ Div.: _____ Rm.: _____ Judicial Officer: _____

Clerk's office telephone number: (____) _____

5 People present at the hearing:

☐ Adopting parents ☐ Lawyer for adopting parents

☐ 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 5" at the top, and list the additional names and each person's relationship to child.

Judge will fill out section below.

6 The judge finds that the child (*check all that apply*):

a. ☐ Is 12 or older and agrees to the adoption

b. ☐ Is under 12

c. ☐ This is a tribal customary adoption and the child's consent is not required.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number if known:

Case Number:



Case Number:

Your name: _____

- 7 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
 - 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
- 8 ☐ This case is a relative adoption 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: _____
- 9 ☐ The child is an Indian child. The judge finds that this adoption meets the placement requirements of the Indian Child Welfare Act and that there is good cause to give preference to these adopting parents. The clerk will fill out 13 below.
- 10 ☐ The judge approves the *Contact After Adoption Agreement* (ADOPT-310)
☐ As submitted ☐ As amended on ADOPT-310
- 11 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.
- 12 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.
Date: _____
Judge (or Judicial Officer)

Clerk will fill out section below.

- 13 **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:
- ☐ ADOPT-200, *Adoption Request*
 - ☐ ADOPT-220, *Adoption of Indian Child*
 - ☐ ADOPT-215, *Adoption Order*
 - ☐ ADOPT-310, *Contact After Adoption Agreement*
- 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

Clerk stamps date here when form is filed.

If you are adopting your stepchild, do not fill out this form.**1** Your name (adopting parent):

a. _____

b. _____

Relationship to child: _____

Address (*skip this if you have a lawyer*):

Street: _____

City: _____ State: _____ Zip: _____

Telephone number: (____) _____

Lawyer (*if any*): (*Name, address, telephone number, and State Bar number*): _____

Fill in court name and street address:

Superior Court of California, County of

Fill in case number if known:

Case Number:**2** Name of child after adoption:

3 List the services you received that were related to the adoption of the child listed in **(2)**:

Service	Name and address of service provider	How much paid, or value of service	Payment date
a. Hospital	_____ _____	\$ _____	_____
b. Prenatal care	_____ _____	\$ _____	_____
c. Legal fees paid	_____ _____	\$ _____	_____
d. Adoption agency fee paid	_____ _____	\$ _____	_____
e. Transportation	_____ _____	\$ _____	_____
f. Adoption facilitator fees paid	_____ _____	\$ _____	_____



Case Number:

Your name: _____

Service	Name and address of service provider	How much paid, or value of service	Payment date
g. Counseling fees paid	_____ _____	\$ _____	_____
h. Adoption service provider	_____ _____	\$ _____	_____
i. Pregnancy expenses paid	_____ _____	\$ _____	_____
j. Court filing fees paid	_____ _____	\$ _____	_____
k. Fingerprinting fees paid	_____ _____	\$ _____	_____
l. Other	_____ _____	\$ _____	_____

If you need more space, attach a sheet of paper and write "ADOPT-230, Item 3—Payment for Services" at the top.

Number of pages attached: _____

- ④ I declare under penalty of perjury under the laws of the State of California that I have listed all payments (or anything of value) that I have paid or agreed to pay, or that were paid on my behalf, related to the child I want to adopt. I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct, which means that if I lie on this form, I am guilty of a crime.

Date: _____
Type or print your name

► _____
Signature of adopting parent

Date: _____
Type or print your name

► _____
Signature of adopting parent

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

In the Matter of the Petition of

Petitioner(s)

**PARENTAL CONSENT TO ADOPTION
(In California)**

I/we, _____ being the parent(s) of _____ (Gender: M F)
Name of Child

born on _____ in _____ give my/our full and
Date of Birth Place of Birth

free consent to the adoption of said child by

Name(s) of Petitioner(s)

I/we understand that I/we may revoke this consent only during the thirty (30) day period beginning on the date I/we sign this consent and only if I/we have not waived my/our right to revoke the consent. I/we further understand that with the signing of the order of adoption by the court I/we shall give up all my/our rights of custody, services, and earnings of said child and I/we may not reclaim said child.

Signed in the presence of:

SIGNATURE OF REPRESENTATIVE: CDSS or Delegated County Adoption Agency
CDSS DISTRICT OFFICE OR COUNTY OFFICE
ADDRESS
TELEPHONE NUMBER

DATE
SIGNATURE OF MOTHER
DATE
SIGNATURE OF FATHER
FULL ADDRESS

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

In the Matter of the Petition of

Petitioner(s)

**PARENTAL CONSENT TO ADOPTION
(Outside California)**

I/we, being the parent(s) of _____ (Gender: M F)
Name of Minor Child

born on _____ in _____
Date of Birth Place of Birth

give my/our full and free consent to the adoption of said child by _____
Name(s) of Petitioner(s)

I/we understand that I/we may revoke this consent only during the thirty (30) day period beginning on the date I/we sign this consent and only if I/we have not waived my/our right to revoke the consent. I/we further understand that with the signing of the order of adoption by the court I/we shall give up all my/our rights of custody, services, and earnings of said child and I/we may not reclaim said child.

Signed in the presence of:

DATE
SIGNATURE OF MOTHER
DATE
SIGNATURE OF FATHER
FULL ADDRESS

STATE OF _____)

COUNTY OF _____)

On _____ before me, _____, a Notary Public,
personally appeared _____ proved to me on the basis of satisfactory evidence to
(Name(s) Of Mother/Father)

be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature (Seal)

SIGNATURE OF REPRESENTATIVE: CDSS or Delegated County Adoption Agency
CDSS DISTRICT OFFICE OR COUNTY OFFICE
ADDRESS:
TELEPHONE NUMBER:

Original for Court Record

Certified Copy for State Department of Social Services

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

In the Matter of the Petition of

Petitioner**STEPPARENT ADOPTION**

**Consent to Adoption by Parent
Retaining Custody**

I, the undersigned, being the parent of _____ give my full and
Name of Minor
 free consent to the adoption of said child by _____, who is
Name of Petitioner (Stepparent)
 my husband/wife/domestic partner without relinquishing any of my rights, duties, obligations as his/her parent, and I respectfully ask
 that the petition be granted.

Said child was born on _____ in _____ and is the child
Date City and State
 of _____ and _____
Name of Legal Parent Name of Legal Parent
 Date _____ 20 _____
Signature of Parent

Signed in the presence of

*Title

* The Clerk of the Superior Court, the Probation Officer, or, where stepparent investigations are delegated to County Welfare Departments, a County Welfare Department Staff member may witness.

This form for use only when person giving consent is husband or wife of petitioner or domestic partner, as defined in Family Code Section 297, of petitioner.

Original for court record, certified copy to be sent immediately to California Department of Social Services, Sacramento.

Original for Court Record

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

*In the Matter of the Petition of***STEPPARENT ADOPTION**

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

Petitioner

I, the undersigned, being the parent of _____

Name of 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 earnings 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 _____ 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.*

NOTICE TO THE BIRTH PARENT WHO CONSENTS TO THE CHILD'S ADOPTION: *If you or 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, of other parent. Original for court record.

***In the Superior Court of the State of California
in and for the County of _____***

In the Matter of the Petition of

STEPPARENT ADOPTION

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

Petitioner

*I, the undersigned, being the parent of _____ do
hereby give my full and free consent to the adoption of said child by*

Name of Child

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 earnings of said child, and that said child cannot be reclaimed by
me.*

*Said child was born on _____ in _____ and is
the child of _____ and _____ .
Date _____ 20 ____.*

Date

City and State

Name of Birth Parent

Name of Birth Parent

Signature of Parent

*STATE OF _____)
County of _____)*

*On _____ before me, _____, a Notary Public,
personally appeared _____ proved to me on the basis of satisfactory evidence to
be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the
same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon
behalf of which the person acted, executed the instrument.*

Name of Parent

*I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true
and correct.*

WITNESS my hand and official seal.

Signature

(Seal)

NOTICE TO THE BIRTH PARENT WHO CONSENTS TO THE CHILD'S ADOPTION: *If you or 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, of other parent. Original for court record.*

