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.

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

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.

☐ 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, relative, or stepparent 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.

American LegalNet, Inc.
www.Forms*Workflow*.com

Case Number:

Your name: _____

7 Child may have Indian ancestry: ☐ Yes ☐ No
If yes, attach Form ADOPT-220, Adoption of Possible 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 consent form):* _____

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 consent 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

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

Case Number:

Your name: _____

15 A court ended the parental rights of *(attach copy of order):*

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

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

16 ☐ I will ask the court to end the parental rights of *(attach copy of Petition to Terminate Parental Rights or Freedom From Parental Custody, if filed):*

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 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: _____

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 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.

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 parents*

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 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*

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