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 Your name(s) *(adopting parent(s)):*

a. _____

b. _____

Relationship to child: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Lawyer *(if any): (Name, address, telephone numbers, 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 I/We filed this *Adoption Request* in this court because it is in the county *(check all that apply):*

- ☐ Where the adopting parent(s) reside;
- ☐ Where the child was born or resides at the time of filing;
- ☐ Where an office of the agency that placed the child for adoption is located;
- ☐ Where an office of the department or public adoption agency that is investigating the petition is located;
- ☐ Where a placing birth parent or parents resided when the adoptive placement agreement, consent, or relinquishment was signed;
- ☐ Where a placing birth parent or parents resided when the petition was filed;
- ☐ Where the child was freed for adoption.

(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(s) reside(s). See Fam. Code, § 8714.)*

3 Type of adoption *(check one):*

- ☐ Agency *(name):* _____
  - ☐ Relative ☐ Nonrelative
- ☐ Joinder will be filed. ☐ Joinder is being filed at same time as this *Adoption Request*.
- ☐ Tribal customary adoption *(attach tribal customary adoption order)*
- ☐ Independent
  - ☐ Relative ☐ Nonrelative
- ☐ Intercountry *(name of agency):* _____
  - ☐ This adoption may be subject to the Hague Adoption Convention *(form ADOPT-216 must be filed with this request).*
- ☐ Stepparent

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

Hearing Date è 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: _____

Case Number:

4 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: _____

5 Child's name before adoption *(Fill out ONLY if this is an independent, stepparent, or tribal customary adoption):*

_____

6 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: _____

7 Is the child a dependent of the court? ☐ Yes ☐ No
(*If yes, fill out below):*

Juvenile case number: _____
County: _____

8 Child may have Indian ancestry: ☐ Yes ☐ No

a. Whether you answered "Yes" or "No," you must fill out and attach *Indian Child Inquiry Attachment* (form ICWA-010(A)) and *Parental Notification of Indian Status* (form ICWA-020) or other proof that ICWA inquiry has been completed in accordance with rule 5.481(a).

b. If you answered "Yes," you must also fill out and attach *Adoption of Indian Child* (form ADOPT-220) if, after notice, it is determined that ICWA does apply to the child.

9 Names of birth parents, if known:

a. Mother: _____

b. Father: _____

10 **If this is an agency adoption:**

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.
☐ 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 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):*

_____

_____

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. ☐ Yes ☐ No

d. This is an adoption conducted under the requirements of the Hague Adoption Convention and the child will be moving or has already moved with the adopting parent(s) to another Hague Convention member country at the conclusion of this adoption. ☐ Yes ☐ No If yes, child will be moving or has moved to *(name of country):* _____ and adopting parent(s): ☐ seek(s) a California adoption
☐ will be petitioning for a Hague Adoption Certificate ☐ will be seeking a Hague Custody Declaration.

11 If this is an independent adoption:

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.) ☐ Yes ☐ No

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. ☐ Yes ☐ No

12 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.)*

13 ☐ 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.)

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 is not necessary because *(complete all sections that apply to your adoption):*

a. ☐ The consent of the ☐ birth parent ☐ presumed father 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. ☐ 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.)

c. ☐ 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:

Name: _____ Relationship to child: _____ on *(date):* _____
Name: _____ Relationship to child: _____ on *(date):* _____
Name: _____ Relationship to child: _____ on *(date):* _____
(Attach a copy of the order.)

d. ☐ 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: _____

e. ☐ 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: _____

f. ☐ 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 were checked, adopting parent must also check item 15(d) and file an Application for Freedom from Parental Custody. *See Fam. Code, § 7822(a).)*

g. ☐ The consent of the presumed father is not required because he did not become a presumed father before the mother's relinquishment or consent became irrevocable or the mother's parental rights were terminated. (Fam. Code, § 8604(a).)

h. ☐ Each of the following persons with parental rights has died:

Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

Your name: _____

Case Number:

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.

17 ☐ 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, he or she must sign here:

Date: _____ _____ ▶ _____

Type or print your name *Signature of attorney 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).

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