

SUPERIOR COURT OF CALIFORNIA
COUNTY OF KERN

ADOPTION

INSTRUCTIONS FOR ADOPTING A MINOR

1. **COMPLETE THE FORMS.** Type or print, blue or black ink only. You can download fillable forms from www.courts.ca.gov/forms. When completing your forms, you are **REQUIRED** to use full names (initials are **not** acceptable) for all parties, this includes Biological Parent(s), Adopting Parent(s) and Child(ren). Local Rule of Court 6.20(b)
 - Complete Notice of Lodging and attach a Certified Copy of the Minor's Birth Certificate. If you are filing a Stepparent Adoption you will also include your Marriage License. (File Original)
 - Complete Adoption Request (ADOPT-200). This form **MUST** be notarized. Attach the completed Indian Child Inquiry Attachment (ICWA-010(A)) (File Original and 1 Copy)
 - Complete Parent Notification of Indian Status (ICWA-020) (File Original and 1 Copy)
 - Complete Adoption Agreement (ADOPT-210) (File Original)
 - Complete Adoption Order (ADOPT-215) (File Original and 1 Copy)
2. **FILING FEE.** There is a fee of \$20.00 to file. Make payment payable to Kern County Superior Court.
3. **FILE YOUR FORMS.** File your forms with the Family Law Department along with the appropriate copies. If you do not have an attorney or typing service, include a self-addressed stamped envelope with sufficient postage to return the endorsed copies to you.
4. **INVESTIGATION.**
 - For Stepparent Adoptions, a filed copy of the Adoption Request (ADOPT-200) will be mailed by the Family Law Department to Family Court Services to initiate the investigation. With your endorsed copies, you will receive a questionnaire. Please complete as soon as possible and return to:
Kern County Family Court Services
1215 Truxtun Avenue 3rd Floor, Room 301
Bakersfield, CA 93301
 - For Independent/Relative Adoptions, a filed copy of the Adoption Request (ADOPT-200) will be mailed by the Family Law Department to the Department of Social Services in Fresno.
 - For International or Agency Adoptions, a filed copy of the Adoption Request (ADOPT-200) will be mailed by the Family Law Department to The State Department of Social Services.
5. **INVESTIGATION REPORT.** After you receive the final investigation report, complete and file the form Adoption Expenses (ADOPT-230), this form is required for all adoptions **EXCEPT** Stepparent Adoptions. Once ADOPT-230 is filed, please contact the Adoption/Abandonment Clerk to set the hearing date.

NOTICE

PERSONNEL OF THE CLERKS OFFICE OF THE SUPERIOR COURT ARE NOT ALLOWED BY LAW
TO GIVE LEGAL ADVICE OR ASSIST IN THE PREPARATION OF ANY FORMS.

Family Law Department
ASK TO SPEAK TO THE
ADOPTION/ABANDONMENT CLERK
(661) 610-6400

INDEPENDENT ADOPTION PROGRAM (IAP)

FACT SHEET

- The California Department of Social Services (CDSS) or delegated county adoption agency is required to investigate all Independent Adoption Petitions and submit a final report to the court with its findings within 180 days of receipt of 50 percent of the fee, or longer as determined by the court, as long as full payment has been received. (effective 10/1/2008)
- The fee for the cost of the investigation of an Independent Adoption petition is \$4,500. (effective 10/1/2008)
- The fee for the cost of the investigation of an Independent Adoption petition for a family with a completed, valid pre-placement evaluation is \$1,550. The pre-placement evaluation must be less than one year old and meet the requirements of Family Code Section 8811.5. (effective 10/1/2008)
- The fee for the cost of the investigation of an Independent Adoption petition for a family with a completed, valid private agency adoption home study is \$1,550. The agency adoption home study must be less than two years old at the time of filing a petition. (effective 1/1/2013)
- Once the petition is filed with the court, a copy and 50 percent of the fee shall be mailed to CDSS or the delegated county adoption agency. (effective 10/1/2008)
 - The 180 day time-frame will begin once the Department or delegated adoption agency has received a copy of the filed petition and 50 percent of the fee.
- The remaining 50 percent of the fee shall be paid no later than the date determined by CDSS or the delegated county adoption agency. The CDSS or delegated county adoption agency cannot file the final court report until the remainder of the fee is paid. (effective 10/1/2008)
- The fee for all Independent Adoption investigations is non-refundable.
- Request for fee waivers will no longer be accepted. (effective 10/1/2008)
- The fee may be reduced in some cases, where the prospective adoptive parent(s) is in the lower income category, according to the income limits published by the Department of Housing and Community Development (<http://www.hcd.ca.gov/hpd/hrc/rep/state/incNote.html>), and making the required payment would be detrimental to the welfare of an adopted child. However, in no case will the fee be reduced to less than \$500. (effective 1/1/2014)
- Adopting families may be eligible for a tax credit for qualifying expenses paid to adopt an eligible child (<http://www.irs.gov/taxtopics>). Please consult your tax advisor.



If you have any questions, please contact the CDSS Adoptions Regional/Field Office or the delegated county adoption agency (Alameda, Los Angeles, or San Diego) in your area for more information. You may also check CDSS' website at www.childsworld.ca.gov.



<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN</p> <p><input type="checkbox"/> Metropolitan Division: 1215 Truxtun Avenue, Bakersfield, CA 93301</p> <p><input type="checkbox"/> East Division: Mojave Branch 1773 Highway 58, Mojave, CA 93501</p> <p><input type="checkbox"/> East Division: Ridgecrest Branch 132 E. Coso Street, Ridgecrest, CA 93555</p> <p><input type="checkbox"/> North Division: Delano/McFarland Branch 1122 Jefferson Street, Delano, CA 93215</p> <p><input type="checkbox"/> North Division: Shafter/Wasco Branch 325 Central Valley Highway, Shafter, CA 93263</p>	<p>FOR COURT USE ONLY</p>
<p>PETITIONER:</p> <p>RESPONDENT:</p>	
<p style="text-align: center;">NOTICE OF LODGING (Family Law)</p> <p><input type="checkbox"/> Certified Copy – Birth Certificate <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Certified Copy – Marriage License <input type="checkbox"/> Other:</p>	<p>CASE NUMBER:</p>

Petitioner / Respondent herein submits the attached document(s) for lodging in the in the above-entitled case. By signing below, party understands the document is lodged and not filed in this case. Party further understands, upon completion of the case, the attached document *may* be returned to the filing party upon request.

DATED:

_____ (Printed Name)

Petitioner / Respondent

<i>Court Use Only</i>	
<i>Lodged Documents Returned to Party:</i>	<i>(date)</i>
<i>Received by</i> _____	
	_____ <i>(Printed Name)</i>
<i>By</i> _____	<i>(clerk)</i>

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

Clerk stamps date here when form is filed.

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, email 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 or is filing the request 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.

(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.

(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 Family Code section 8714.)

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.



Your name: _____

Case Number: _____

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 (only for independent, intercountry, 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: _____

Case Number: _____

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 may 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 (Family Code section 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 Adoption Placement Agreement from the California Department of Social Services is attached. (This is required in most independent adoptions; see Family Code section 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 keep those 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 and will pay them directly. I understand that this person must be a licensed clinical social worker, a licensed marriage and family therapist, or work for a licensed private adoption agency.
 - I would like the court to choose someone to do an investigation. I understand that the court can charge me money for this investigation.
 - This is an adoption to confirm parentage. No investigation is required unless court ordered for good cause.
- f. This is a stepparent adoption involving an additional parent:
 - All persons with existing parental rights agree to this adoption and will keep those 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: _____

Case Number: _____

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 Family Code section 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. (Family Code section 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 Family Code section 7630(c) 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.



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. (Family Code section 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 15f and file an Application for Freedom From Parental Custody. See Family Code section 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 their own;
- c. Will support and care for the child;
- d. Has a suitable home for the child; *and*
- e. Agrees to adopt the child.



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 (Family Code section 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).

**INFORMATION SHEET ON INDIAN CHILD INQUIRY ATTACHMENT AND
NOTICE OF CHILD CUSTODY PROCEEDING FOR INDIAN CHILD**

This is an information sheet to help you fill out form ICWA-010(A), *Indian Child Inquiry Attachment*, and form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.

Form ICWA-010(A), *Indian Child Inquiry Attachment*

You are responsible for helping to find out whether the child is or may be an Indian child and filling out the information requested on ICWA-010(A), *Indian Child Inquiry Attachment*. This is important because if the child is an Indian child, specific steps must be taken to prevent the breakup of the child's Indian family and to obtain for the child resources and services that are culturally specific to the child's family. The court will check to make sure that the child receives these resources and services.

Tips on how to fill out form ICWA-010(A), Indian Child Inquiry Attachment

1. Try to find contact information for the child's parents, the child's Indian custodian (if the child is living with an Indian person other than a parent) or other legal guardian, the child's grandparents and great-grandparents, and other available family members.
2. Contact the child's parents, the child's Indian custodian or any other legal guardians, available extended family members, and any other persons known to have an interest in the child and ask them (and the child, if old enough) these questions:
 - a. Is the child a member of a tribe or eligible for tribal membership, and if they think the child might be, then which tribe or tribes?
 - b. Are the parents or other members of the extended family members of a tribe, and if they think they might be, which tribe or tribes?
 - c. Does the child, or do the child's parents or Indian custodian, if any, live in Indian country, including a reservation, rancheria, Alaska Native village, or other tribal trust land?
 - d. Does the child or any of the child's relatives receive services or benefits from a tribe, and if yes, which tribe?
 - e. Does the child or any of the child's relatives receive services or benefits available to Indians from the federal government?
 - f. Do they have any other information indicating the child is an Indian child?
3. If you are in touch with any of the child's relatives, ask them the same questions.

The court clerk's office cannot file your petition unless you have filled out form ICWA-010(A), *Indian Child Inquiry Attachment*, and attached it to the petition. This requirement does not apply to a petition for appointment of a guardian of the estate only.

After you take the steps described above, if you have reason to believe that the child is an Indian child, you must contact the tribe or tribes that may have a connection with the child about your court case.

You have reason to believe the child is an Indian child if any of the people you talk to answers "Yes" to any of your questions. Tribes that learn about the case can investigate and advise you and the court whether the child is a tribal member or eligible to become a tribal member, and can then decide whether to get involved in the case or assume tribal jurisdiction.

Your contacts with the tribe or tribes should include:

- (1) Contacting the tribe's designated agent for service of notice under the Indian Child Welfare Act, which is published in the Federal Register, by telephone, facsimile, or email; and
- (2) Sharing with the tribe or tribes any information identified by the tribe as necessary for the tribe to make a determination about the child's tribal membership or eligibility for membership, as well as information on the current status of the child and the case.

Form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*

Following your inquiry about the child's Indian status and contacts with the child's tribe or tribes, if you know or have reason to know the child is an Indian child, you must provide formal notice on form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.

Some tips to help you figure out if you have a reason to know the child is an Indian child

You have reason to know:

1. If the child, an Indian tribe, an Indian organization, an attorney, a public or private agency, a member of the child's extended family or any other person having an interest in the child says the child is an Indian child or provides information to anyone involved in the case suggesting that the child is an Indian child;
2. If the child, the child's parents, or an Indian custodian live on a reservation or rancheria or in an Alaskan Native village;

(continued on next page)

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You have reason to know (*continued*):

3. If the child is or has been a ward of the tribal court; or
4. If the child's parent(s) have an identification card indicating membership or citizenship in an Indian tribe.

These are just a few of the facts that would give you reason to know that a child is an Indian child. There may also be other information that would give you reason to know that the child is an Indian child.

Who do you need to notify?

If you know or have reason to know that the child is an Indian child, you must send the *Notice* to the following:

1. Child's parents or other legal guardian, including adoptive parents;
2. Child's Indian custodian (if the child is living with an Indian person who has legal custody of the child under tribal law or custom, under state law, or if the parent asked that person to take care of the child);
3. Child's tribe or tribes; and
4. Sacramento Area Director, Bureau of Indian Affairs, Federal Office Building, 2800 Cottage Way, Sacramento, California 95825 (if the parents, Indian custodian, or tribe cannot be determined or located).

Tips on how to find the address for the child's tribe or tribes

The Secretary of the Interior periodically updates and publishes in the Federal Register (see 25 C.F.R. § 23.12) a list of tribe names and addresses. The Bureau of Indian Affairs also keeps a list. You can access the Federal Register list and other resources related to ICWA on the Bureau of Indian Affairs website at www.bia.gov/bia/ois/dhs/.

Copy to the Secretary of the Interior and the Area Director of the Bureau of Indian Affairs

If you know the identity and location of the parent, Indian custodian, and the tribe or tribes, when you send the *Notice* to the parent, Indian custodian, and the tribe or tribes, you must also send a copy to the Secretary of the Interior, at 1849 C Street, NW, Washington, DC 20240, and a copy to the Sacramento Area Director, Bureau of Indian Affairs, Federal Office Building, 2800 Cottage Way, Sacramento, CA 95825.

Copy to the Area Director of the Bureau of Indian Affairs

If you do **not** know the identity and location of the child's parents, Indian custodian, and tribe or tribes, you must send copies of the *Notice* and the other documents to the Sacramento Area Director, Bureau of Indian Affairs, Federal Office Building, 2800 Cottage Way, Sacramento, CA 95825. To help establish the child's tribal identity, provide as much information as possible, including the child's name, birthdate, and birthplace; the name of the tribe or tribes; the names of all of the child's known relatives with addresses and other identifying information; and a copy of the petition in the case.

How do you send the *Notice* and prove to the court that you have done so?

If you have an attorney, the attorney will complete the steps described below. If you are representing yourself without an attorney in a probate guardianship case, the court clerk will help you with steps 1 and 2 below, including doing the mailing and signing the certificate of mailing on page 9 of the *Notice*, but you must deliver copies of the *Notice* and other documents listed in step 1 below to the court in addressed envelopes ready for mailing and then complete step 3.

1. Mail to the persons and organizations listed at the top of this page, by registered or certified mail, with return receipt requested, completed and signed copies of the following forms:
 - a. Your petition;
 - b. Form ICWA-010(A), *Indian Child Inquiry Attachment*; and
 - c. Form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.
2. The person who does the mailing must fill out the information requested on page 10 of form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*, and then date and sign the original form on page 9.
3. Go to the court and file with the clerk of the court proof that you have given notice to everyone listed above and on page 10 of form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*. Your proof must consist of the following:
 - a. The original signed *Notice* (form ICWA-030) and copies of the documents you sent with it (the petition and form ICWA-010(A);
 - b. All return receipts given to you by the post office and returned from the mailing; and
 - c. All responses you receive from the child's parents, the child's Indian custodian, the child's tribe or tribes, and the Bureau of Indian Affairs.

Please note that you are subject to court sanctions if you knowingly and willfully falsify or conceal a material fact concerning whether the child is an Indian child or if you counsel a party to do so. (Welf. & Inst. Code, § 224.3(e).)

CHILD'S NAME:	CASE NUMBER:
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1. Name of child:

2. (Check one)

I have not yet been able to complete the inquiry about the child's Indian status because:

I understand that I have an affirmative and continuing duty to complete this inquiry. I will do it as soon as possible and advise the court of my efforts.

I have asked or I am advised by _____ and on information and belief confirm that this person has completed inquiry by asking the child, the child's parents, and other required and available persons about the child's Indian status. The person(s) questioned are:

Name:

Name:

Address:

Address:

City, state, zip:

City, state, zip:

Telephone:

Telephone:

Date questioned:

Date questioned:

Relationship to child:

Relationship to child:

Additional persons questioned and their information is attached.

3. This inquiry (*check one*):

gave me reason to believe the child is or may be an Indian child. (*If yes, continue to 4.*)

gave me no reason to believe the child is or may be an Indian child.

4. I contacted the tribe(s) that the child may be affiliated with and worked with them to establish whether the child is a member or eligible for membership in the tribe(s). Information detailing the tribes contacted, the names of the individuals contacted, and the manner of the contacts is attached.

5. Based on inquiry and tribal contacts (*check all that apply*):

a. The child is or may be a member of or eligible for membership in a tribe.

Name of tribe(s):

Location of tribe(s):

b. The child's parents, grandparents, or great-grandparents are or were members of a tribe.

Name of tribe(s):

Location of tribe(s):

c. The residence or domicile of the child, child's parents, or Indian custodian is on a reservation, rancheria, Alaska Native village or other tribal trust land.

d. The child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (TANF).

e. The child is or has been a ward of a tribal court.

Name of tribe(s):

Location of tribe(s):

f. Either parent or the child possesses an Indian Identification card indicating membership or citizenship in an Indian tribe.

Name of tribe(s):

Location of tribe(s):

6. If this is a delinquency proceeding under Welfare and Institutions Code section 601 or 602:

The child is in foster care.

It is probable the child will be entering foster care.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
PARENTAL NOTIFICATION OF INDIAN STATUS	CASE NUMBER:

To the parent, Indian custodian, or guardian of the above named child: You must provide all the requested information about the child's Indian status by completing this form. If you get new information that would change your answers, you must let your attorney, all the attorneys on the case, and the social worker or probation officer, or the court investigator know immediately and an updated form must be filed with the court.

1. Name: _____
2. Relationship to child: Parent Indian custodian Guardian Other:

Indian Status

3. a. I am or may be a member of, or eligible for membership in, a federally recognized Indian tribe.
 Name of tribe(s) (name each): _____
 Location of tribe(s): _____
- b. The child is or may be a member of, or eligible for membership in, a federally recognized Indian tribe.
 Name of tribe(s) (name each): _____
 Location of tribe(s): _____
- c. One or more of my parents, grandparents, or other lineal ancestors is or was a member of a federally recognized tribe.
 Name of tribe(s) (name each): _____
 Location of tribe(s): _____
 Name and relationship of ancestor(s): _____
- d. I am a resident of or am domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.
- e. The child is a resident of or is domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.
- f. The child is or has been a ward of a tribal court.
- g. Either parent or the child possesses an Indian identification card indicating membership or citizenship in an Indian tribe.
 Name of tribe(s) (name each): _____
 Membership or citizenship number (if any): _____
- h. None of the above apply.

4. A previous form ICWA-020 has has not been filed with the court.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

 (TYPE OR PRINT NAME) ▶ _____
 (SIGNATURE)

Note: This form is not intended to constitute a complete inquiry into Indian heritage. Further inquiry may be required by the Indian Child Welfare Act.

ADOPT-210 Adoption Agreement

Clerk stamps date here when form is filed.

1 Adopting parent(s)

a. Name: _____
b. Name: _____
Relationship to child: _____
Address (skip this if you have a lawyer): _____
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 Information about the child

Child's name before adoption: _____
Child's name after adoption: _____
Date of birth: _____ Age: _____

Signing this form:

- Adoptions usually require a hearing where most signatures on this form must be completed in front of a judge.
- Item 4b may be signed before the hearing.
- If this is a stepparent adoption to confirm parentage involving a spouse or registered domestic partner who gave birth to the child or established parentage over a child born through gestational surrogacy during the union, usually no hearing is required and you may sign this form in front of a proper witness. See item 8a for instructions on having your signature properly witnessed. If the court orders a hearing in this case, you must sign this form at the hearing in front of the judge.
- All other signatures must be signed at a hearing, in front of a judge, unless waived by the judge for good cause.

3 I am the child listed in 2 and I agree to the adoption. (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 if 12 or older; optional if child is under 12)

4 If there is only one adopting parent and that person is married and not separated, the consent of their spouse is required under section 8603 of the Family Code. Read and sign below. Stepparent adoptions: Go to Item 7.

- 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



Your name: _____

Case Number: _____

b. I am married to, or am the registered domestic partner of, the adopting parent listed in ①, and I am not a party to this adoption. I agree to the adoption of the child by the adopting parent listed in ①.

Date: _____
Type or print your name

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

⑤ *If there are two adopting parents, read and sign below.*

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

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

Date: _____
Type or print your name

Signature of adopting parent

⑥ *If this is a tribal customary adoption, read and sign below.*

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

Date: _____
Type or print your name

Signature of adopting parent

⑦ *For stepparent adoptions only:*

If you are the legal parent of the child listed in ②, read and sign below.

I am the legal parent of the child and am the spouse or registered domestic partner of the adopting parent listed in ①. I agree to the adoption of my child by the adopting parent listed in ①.

Date: _____
Type or print your name

Signature of legal parent



Your name: _____

Case Number: _____

8 Executed (check one):

a. This form was signed outside of a hearing. *(Select this option only for a stepparent adoption to confirm parentage under Family Code, § 9000.5, where the court did not order a hearing for good cause.)*

(1) This form was signed **in** California.

This form was signed in front of the following type of witness *(check one)*:

- Notary public *(the notary acknowledgment is attached)*
- Court clerk
- Probation officer
- Qualified court investigator
- Authorized representative of a licensed adoption agency
- County welfare department staff member

(2) This form was signed **outside** of California.

This form was signed in front of the following type of witness *(check one)*:

- Notary public *(the notary acknowledgment is attached)*
- Other person authorized to perform notarial acts *(proof of notarization is attached)*
- Authorized representative of an adoption agency that is licensed in the state or country where this form was signed

(3) Witness information

This form was signed in: *(county)* _____ *(state)* _____ *(country)* _____

Name of witness: _____

Agency witness works for *(if applicable)*: _____

Date: _____

Witness signature:  _____

b. This form was signed at a hearing in front of a judicial officer. *(The judge will date and sign the form below.)*

Date: _____

Judge (or Judicial Officer)

ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

1 Adopting parent(s)

a. Name: _____
b. Name: _____
Relationship to child: _____
Street address: _____
City: _____ State: _____ Zip: _____
Daytime telephone number: _____
Lawyer (if any) (name, address, telephone number, email 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 Information about the child

Child's name after adoption: _____
First name: _____
Middle name: _____
Last name: _____
Date of birth: _____ Age: _____
Place of birth (if known): _____
City: _____ State: _____ Country: _____

3 Name of adoption agency (if any): _____

4 Hearing details

Hearing date: _____ Dept.: _____ Div.: _____ Rm.: _____
Judicial officer: _____ Clerk's office telephone number: _____

People present at the hearing:

- Adopting parent(s) Lawyer for adopting parent(s)
 Child Child's lawyer

Parent keeping parental rights: _____

Other people present (list each name and relationship to child): _____

a. _____

b. _____

Check here if there are more names. Attach a sheet of paper, write "ADOPT-215, Item 4" at the top, and list the additional names and each person's relationship to child. You may use form MC-025, Attachment.

The hearing is waived pursuant to Family Code section 9000.5 (Check this box only if this is an adoption confirming parentage of a parent who was married to or in a state-registered domestic partnership, including a registered domestic partnership or civil union from another jurisdiction, with the legal parent at the time the child was born.)

Judge will fill out section below.

5 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. Is not required to consent because this is a tribal customary adoption.



Your name: _____

Case Number: _____

- 6 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 or meets the criteria in Family Code section 8601(b);
 - b. Will treat the child as their own;
 - c. Will support and care for the child;
 - d. Has a suitable home for the child; *and*
 - e. Agrees to adopt the child.

7 Child's name before adoption
*Complete for nonrelative agency, independent, intercountry, or stepparent adoption.
 If this is an adoption of a dependent child by a relative filed under Family Code section 8714.5, complete only if requested by the adopting relative or by the child being adopted, if 12 years of age or older.*

First name: _____ Middle name: _____ Last name: _____

8 The child is an Indian child. The judge finds that this adoption meets the placement requirements of the Indian Child Welfare Act or that there is good cause to give preference to these adopting parents. The clerk will fill out 13 below.

9 The judge approves the *Contact After Adoption Agreement* (form ADOPT-310)
 As submitted As amended on form ADOPT-310

10 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.

11 This is an adoption under the Hague Adoption Convention. *Verification of Compliance with Hague Adoption Convention Attachment* (form ADOPT-216) is attached and fully incorporated into this order.

12 This is an adoption involving an additional parent or parents. All persons with existing parental rights agreed 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), was filed with the court.

13 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.

The judge believes it will serve public policy and the best interest of the child to grant the request of the adopting parent or parents for the court to make this order effective as of (date): _____.

Date: _____
 (Date of Signature)

 Judge (or Judicial Officer)

Clerk will fill out section below.

14 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:

- Adoption Request* (form ADOPT-200) *Adoption of Indian Child* (form ADOPT-220)
 - Adoption Order* (form ADOPT-215) *Contact After Adoption Agreement* (form ADOPT-310)
- 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.

Fill out this form if you or a witness in your case needs an interpreter when you are in court.

See instructions on page 2 of this form for more information.

- ① **Your Information** (person requesting an interpreter). *If you have a lawyer, give your lawyer's information.*

Name: _____

State Bar No.: _____

Firm Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone: _____

E-Mail Address: _____

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 am a party in this case** (check one item below):

Plaintiff/Petitioner Defendant/Respondent Other (describe): _____

- ③ **I need an interpreter in the following language when I am in court:**

español (Spanish) Tiếng Việt (Vietnamese) 한국어 (Korean) 普通话 (Mandarin)
 广东话 (Cantonese) فارسی (Farsi/Persian) русский (Russian) Tagalog (Tagalog)
 العربية (Arabic) ਪੰਜਾਬੀ (Punjabi) Other: _____

Include town of origin, if you speak an indigenous language: _____

- ④ **I have a witness who needs an interpreter for the following court date:**

(Complete a separate form for each witness.)

a. Date: _____ Time: _____

Department and judicial officer, if known: _____

No date is set yet.

b. The witness needs an interpreter in (check one):

The language marked above **OR**

Other (enter the language the witness speaks): _____

Date: _____



Signature of party or attorney



Your Name:

Case Number:

INSTRUCTIONS

- Court proceedings are in English. If a party or witness does not speak or understand English well, he or she may need an interpreter. The interpreter will allow him or her to testify, speak to the judge, and understand what others are saying in court. Certified and registered court interpreters are trained to interpret in court. If you need language help, you can ask the court to provide a court interpreter by filling out the first page of this form.
- You should complete this form if you or a witness in your case needs an interpreter. A witness is someone who provides information in court, under oath. You should complete a separate form for every witness who needs language help. Complete the first page and file it with the court. Check with your local court to find out how far in advance you must file a request for an interpreter. You can also find out when the court will answer your request.
- Courts try to provide an interpreter in every language and in every civil case. The court will provide you with a response to let you know if your request was granted. Sometimes, a court cannot provide an interpreter in every case.



Request for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (Form MC-410). (Civ. Code, § 54.8.)

ADOPT-230

Adoption Expenses

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