

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF KERN

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**TERMINATION OF PARENTAL RIGHTS**

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Research Family Law Codes 7800-7840 concerning grounds for filing for termination of parental rights.

If the filing party does not have an attorney, the Petitioner's signature on the Petition must be notarized.

1. **COMPLETE THE FORMS.** Type or print, blue or black ink only. When completing your forms, you are **REQUIRED** to use full names (initials are **not** acceptable) for all parties. Local Rule of Court 6.20(b)
  - Complete Notice of Lodging and attach a **certified copy** of the Minor's Birth Certificate.
  - Complete Petition- Including the child's name, date of birth, mother and father's name, who has custody, where the child lives. Attach form Indian Child Inquiry Attachment (ICWA-010A).
  - Complete Parent Notification of Indian Status (ICWA-020).
  - Complete Declaration under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (FL-105/GC-120).
  - Complete Declaration of Military Status.
  - Complete Request and Order for Issuance of Citation and Setting Matter for Hearing.
  - Complete Citation.
2. **COPIES AND FILE YOUR FORMS.** Make two (2) copies of each forms. If you have more than one citee, make additional copies. One copy is for your records; the other copy is for service on the cite. File the original and 2 copies with the Family Law Department (1215 Truxtun Avenue, Bakersfield, CA 93301).
3. **SERVE YOUR DOCUMENTS.** "**SERVICE**" means that someone other than you, over the age of 18, must **personally** deliver (serve) a copy of the filed endorsed papers to the other party and return the citation to the court. The citee must be served at least 10 calendar days before the hearing. If you prefer, you can arrange to have the Sherriff's Department or private process server serve the papers at a cost.
4. **INVESTIGATION:** Once you have been assigned a case number, you will receive a questionnaire. This questionnaire must be completed and return to Family Court Services at 1215 Truxtun Avenue, Room 301, Bakersfield, CA 93301 or by email to [FCS@Kern.Courts.Ca.Gov](mailto:FCS@Kern.Courts.Ca.Gov) within 7 calendar days.

<p><b>NOTICE</b> 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.</p>
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**Family Law Department  
ADOPTION/ABANDONMENT  
CLERK (661) 868-5405**

<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN</b></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><b>PETITIONER:</b></p> <p><b>RESPONDENT:</b></p>	
<p><b>NOTICE OF LODGING (Family Law)</b></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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name &amp; Address</i> ):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR ( <i>Name</i> ): _____ BAR NO.: _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN</b>	
IN THE MATTER OF THE PETITION OF:  TO DECLARE:  A MINOR(S) FOR FREEDOM FROM THE PARENTAL CUSTODY AND CONTROL OF:	
<b>PETITION FOR FREEDOM FROM PARENTAL CUSTODY AND CONTROL</b>	
CASE NUMBER: _____	
HEARING DATE: _____	TIME: _____
DIVISION: _____	

1. Petitioner Name(s):

a.

b.

Street Address:

City:

State:

Zip Code:

Telephone Number:

Email Address:

2. Relationship to Child(ren) Named Below:

3. The petitioner(s) respectfully represent(s) and allege(s) that the child(ren) listed below is/are a person(s) under the age of 18 and that said person(s) is/are within the County of Kern:

Name	Date of Birth	City/State of Birth

Matter of:	Case No.
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4. Petitioner(s) request(s) an order declaring the child free from the custody and control of:

(Names and addresses of child's birth parent(s)):

a. Parent: \_\_\_\_\_ Address: \_\_\_\_\_

b. Parent: \_\_\_\_\_ Address: \_\_\_\_\_

Complete Attachment 1 and include information about child(ren)'s current guardian and address

5. I filed this request in this county because *(Check all that apply)*:

- the child resides here.
- an Adoption Request has been filed here

6. I request the order for the following reason(s): (check all that apply):

- a. Family Code section 7822 – Abandonment (check at least one box below)
  - The child has been left without provision for the child's identification by the child's parent(s).
  - The child has been left by the parent(s) named above in the care and custody of a non-parent for a period of six months:
    - without any provision for the child's support, or
    - without communication from the parent(s), with the intent on the part of the parent(s) to abandon the child.
  - The parent named above has left the child in the care and custody of the other parent for a period of one year:
    - without any provision for the child's support, or
    - without communication from the parent, with the intent on the part of the parent to abandon the child.

–and –

Abandonment commenced (date)  
and continued through (date).

(Use Attachment 2 to tell the court about the nature of the communication between the child and abandoning parent and whether any child support has been paid.)

- b. Family Code section 7823/7824 - The child has been a dependent of the juvenile court, AND

Case Name:	Case No.
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the parent(s) have been deprived of the child's custody for one year before the filing of this petition AND

(Check at least one):

- The child has been neglected or cruelly treated by the parent(s) named above.
- The parent(s) named above suffer a disability because of the habitual use of alcohol or drugs.

Juvenile Court Case Number:

- c. Family Code section 7825 - The parent(s) named above are convicted of a felony, the facts of which are of such a nature so as to prove the unfitness of the parent(s) to have the future custody and control of the child.

(Use Attachment 3 to specify the felony and facts connecting the felony to parental unfitness.)

- d. Family Code section 7826 - The parent(s) named above have been declared by a court of competent jurisdiction to be developmentally disabled or mentally ill and have been certified to be incapable of supporting or controlling the child in a proper manner.

A copy of the court order is attached as Attachment 4 (required).

- e. Family Code section 7827 – The parent(s) named above is/are mentally disabled and is/are likely to remain so in the foreseeable future.

The evidence of two qualified experts (as defined by Fam. Code, § 7827, subd. (c)) is attached at Attachment 5 (required).

- f. Probate Code section 1516.5. – A guardian has been appointed for the child(ren), and one or both parents do not have legal custody of the child(ren); the child(ren) has/have been in the physical custody of the guardian for a period of not less than two years; and the child(ren) would benefit from being adopted by their guardian.

County in which the guardian was appointed:

Case Number of guardianship proceeding:

(Attach the Letters of Guardianship as Attachment 6.)

- g. Additional facts in support of allegations (give additional facts in detail, added pages may be used for this purpose):

Case Name:	Case No.
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7. Child may have Indian ancestry:       Yes       No

a. Whether you answered "Yes" or "No," you must fill out and attach as Attachment 7 Indian Child Inquiry Attachment (Judicial Council Form ICWA-010(A)) and Parental Notification of Indian Status (Judicial Council form ICWA-020) or other proof that ICWA inquiry has been completed in accordance with California Rules of Court, rule 5.481(a).

b. If you answered "Yes," you must also fill out and attach as Attachment 8 Adoption of Indian Child (Judicial Council form ADOPT-220) if, after notice, it is determined that ICWA does apply to the child.

8. It is in the best interests that the child be declared free from the custody and control of the parent(s) named in paragraph 4.

9. Wherefore, petitioner(s) request(s) that this court inquire into such matter, and that said child(ren) be declared free from the custody and control of the parent(s) named in section 2 above as provided in Family Code sections 7800 et seq, and for such other and further relief as the court may deem proper.

10. If a lawyer is representing you in this case, he or she must sign here:

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

Date:

12. I declare under penalty of perjury under the laws of the State of California that the information on this form and all the attachments is true and correct to my knowledge. That means that if I lie on this form, I am guilty of a crime.

Signature of Petitioner:

Date:

Signature of Petitioner:

Date:

Case Name:	Case No.
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**Attachment 1**

Tell the court about the nature and extent of the relationship between (1) the child and the birth parent; (2) the child and the guardian, including family members of the guardian; (3) the child and any siblings or half-siblings; and address and current living arrangements.

Case Name:	Case No.
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**Attachment 2**

Tell the court about the nature of the communication between the child(ren) and abandoning parent and whether the abandoning parent has paid any child support. (Do not attach this sheet if you did not check the corresponding box on the petition.)



Case Name:	Case No.
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**Attachment 3**

Tell the court about the felony and facts connecting the felony to parental unfitness. (Do not attach this sheet if you did not check the corresponding box on the petition.)

Case Name:	Case No.
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**Attachment 4**

Place a copy of the court order behind this sheet. (Do not attach this sheet if you did not check the corresponding box on the petition.)

Case Name:	Case No.
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**Attachment 5**

Place a copy of the qualified expert declarations behind this sheet. (Do not attach this sheet if you did not check the corresponding box on the petition.)

Case Name:	Case No.
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**Attachment 6**

Place a copy of the court order behind this sheet. (Do not attach this sheet if you did not check the corresponding box on the petition.)

Case Name:	Case No.
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**Attachment 7**

Place a copy of the Indian Child Inquiry Attachment (ICWA – 010(A)) behind this sheet. (This is required. You must inquire of both the maternal side of the family and the paternal side of the family. You may use a copy of the form you attached to your Adoption Request, if any.)

Case Name:	Case No.
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**Attachment 8**

Place a copy of the Adoption of Indian Child (Judicial Council form ADOPT-220) behind this sheet if, after notice, it is determined that ICWA does apply to the child.

## INFORMATION SHEET ON INDIAN CHILD INQUIRY ATTACHMENTS 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*, or in a probate guardianship, page 5 of form GC-210(CA), *Guardianship Petition—Child Information Attachment*, and form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.

### **Form ICWA-010(A), *Indian Child Inquiry Attachment*, or page 5 of form GC-210(CA), *Guardianship Petition—Child Information Attachment***

You are responsible for helping to find out if the child is or may be an Indian child and filling out the information requested on ICWA-010(A), *Indian Child Inquiry Attachment*, or on page 5 of form GC-210(CA), *Guardianship Petition—Child Information Attachment* form. 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*, or  
page 5 of GC-210(CA), *Guardianship Petition—Child Information Attachment*

1. Try to find contact information for the child's parents or other legal guardian, the child's Indian custodian (if the child is living with an Indian person other than a parent), the child's grandparents and great-grandparents, and other available family members.
2. Contact the child's parents or other legal guardian and the child's Indian custodian and other available family members and ask them (and the child, if he or she is old enough) these questions:
  - a. Is the child a member of a tribe, and if they think he or she might be, then which tribe or tribes?
  - b. Are they members of a tribe, and if they think they might be, which tribes?
  - c. Does the child or the child's parents 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?
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 and attached to the petition form ICWA-010(A), *Indian Child Inquiry Attachment*. This does not apply to a petition for appointment of a guardian in a probate guardianship or a petition filed in the juvenile court under Welfare and Institutions Code sections 601 or 602.

After taking the steps listed above to find out whether the child is an Indian child, 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 question answers yes to any of your questions. Tribes that learn of 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.

Contacts with the tribe or tribes should include contacting the tribe's designated agent for service of notice under the Indian Child Welfare Act published in the Federal Register by telephone, facsimile, or email and sharing with the tribe or tribes information identified by the tribe as necessary 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 necessary, you must provide formal notice on form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*, if you know or have reason to know the child is an 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, or a member of the child's extended family says or provides information to anyone involved in the case that the child is an Indian child;
2. If the child, the child's parents, or an Indian custodian live in a predominately Indian community; or
3. If 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.

These are just a few of the facts that would give you reason to know that a child is an Indian child. There also may 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, then 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).

Tip 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/](http://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, N.W., Washington, D.C. 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. In order to help establish the child's tribal identity, provide as much information as possible, including the child's name, birthdate, and birth place; 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, he or she 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 do 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, copies of the following filled-out and signed forms:
  - a. Your petition;
  - b. Form ICWA-010(A), *Indian Child Inquiry Attachment* or, in a probate guardianship case, form GC-210(CA), *Guardianship Petition—Child Information 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) or form GC-210(CA));
  - 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 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.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):    TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY:	<i>(This section applies only to family law cases.)</i>
GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: _____
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

1. I am a party to this proceeding to determine custody of a child.
2.  My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): \_\_\_\_\_ minor children who are subject to this proceeding, as follows:  
**(Insert the information requested below. The residence information must be given for the last FIVE years.)**

a. Child's name	Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
b. Child's name	Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

- c.  Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d.  Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE: _____	CASE NUMBER: _____
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?  
 Yes  No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5.  One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case?  Yes  No (If yes, provide the following information):

<p>a. Name and address of person</p> <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p>b. Name and address of person</p> <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p>c. Name and address of person</p> <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>
--	--	--

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 OF DECLARANT)

7.  Number of pages attached: \_\_\_\_\_

**NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.**

1 Name:  
2 Address:

3 Phone number:  
4

5 SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN  
6 1215 TRUXTUN AVENUE, BAKERSFIELD, CA 93301

7 IN THE MATTER OF:

Case No.:

8 TO DECLARE:

AFFIDAVIT/CERTIFICATE/DECLARATION  
RE: MILITARY SERVICE

9  
10 A minor(s), for freedom from the parental  
11 custody and control of:  
12

IN ADOPTION AND RELATED MATTERS

13 STATE OF CALIFORNIA, COUNTY OF KERN  
14

15 I, \_\_\_\_\_ say:  
*(affiant's name)*

16 I am (not) a party to this proceeding.

17 I reside at \_\_\_\_\_

18 My occupation is \_\_\_\_\_

19 I personally (know) (do not know) the cite:

20 \_\_\_\_\_  
*(name of citee-including aliases)*

21 I have known said cite:

22 \_\_\_\_\_  
*(approximate period of time)*

23 The present known address of said citee is

24 \_\_\_\_\_  
25 Occupation of said citee is

26 \_\_\_\_\_  
27 The name of said citee's employer

28 I last saw citee on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

1 The approximate age of said citee is \_\_\_\_\_ years.

2 The known physical incapacity of said citee is

3 \_\_\_\_\_  
4  
5 *\*(Strike out inappropriate words.)*

6 Other known facts tending to show said citee is not in the military service are:

7 I (know) (have been unable to determine whether) said citee (is) (is not) in the military service  
8 on active duty as a member of the Army of the United States, or of the United States Navy, or of  
9 the United States Marine Corps, or of the United States Coast Guard, or of any Department of  
10 the United States Air Force.

11 **AFFIDAVIT\*\***

11 **DECLARATION\*\***

12 \_\_\_\_\_  
13 Dated: \_\_\_\_\_, 20\_\_\_\_

12 I certify (or declare) under penalty of perjury  
13 that the foregoing is true and correct

14 Subscribed and sworn to before me

14 Executed at \_\_\_\_\_, California

15 Dated: \_\_\_\_\_, 20\_\_\_\_

15 Dated: \_\_\_\_\_, 20\_\_\_\_

16 \_\_\_\_\_  
17 Notary Public in and for the  
18 County of \_\_\_\_\_, State of California

16 \_\_\_\_\_  
17 Signature of Declarant

19 *\*\*This form is designed for use either as an affidavit or an unsworn statement made under penalty of perjury. If an affidavit,  
20 affiant should sign where indicated at the left. If an unsworn statement, he/she should sign where indicated at the right.  
21 **DECLARATION TO BE SIGNED ONLY IF DECLARANT IS WITHIN THE STATE OF CALIFORNIA.***

22 NOTE 1: "Any person who shall make or use an affidavit (or declaration required under the  
23 section knowing it to be false shall be guilty of a misdemeanor and shall be punishable by  
24 imprisonment not to exceed one year or by fine not to exceed \$1,000 or both." Soldiers' and  
25 Sailors' Civil Relief Act of 1940, as Amended.

26 NOTE 2: Certificates may be obtained from each of the Armed Services for a fee by writing the  
27 following branches; United States Air Force, Department of the Army, United States Marine  
28 Corps and United States Coast Guard. The correct addresses for inquiry may be obtained from  
the local offices of these branches.

If five (5) reports from the Military Service have been received, attach same to this affidavit/declaration.

1 Name:  
2 Address:

3 Phone Number:

4  
5 SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN  
1215 TRUXTUN AVENUE, BAKERSFIELD, CA 93301

6 IN THE MATTER OF:

Case Number:

7 TO DECLARE:

8 A minor(s), for freedom from the parental  
9 custody and control of:

DECLARATION REQUESTING ISSUANCE  
OF CITATION AND SETTING OF  
HEARING DATE AND ORDER

10  
11 Petitioner \_\_\_\_\_,

12 1. That it is essential that the accompanying Petition to Declare Minor Free from Parental  
13 Custody and Control be brought before this Court so that a determination by the court can be  
14 made. I request that the court issue the attached Citation so that said Citation can be served  
15 on \_\_\_\_\_ and set the matter for hearing in the appropriate  
16 (Citee)  
17 department at a time and date convenient for the court.

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

20 Executed this \_\_\_\_\_ day of \_\_\_\_\_ at Bakersfield,  
21 California.

22  
23 Date: \_\_\_\_\_  
24  
25  
26  
27  
28  
Petitioner Signature

ORDER

1 After reviewing the Petition to declare Minor Free from Parental Custody and Control,  
2 in addition to any attached exhibits, and the Declaration Under the Uniform Child Custody  
3 Jurisdiction Act, it is hereby ordered that:

4 A citation freeing a Minor from Parental Custody and Control shall be issued to

5 \_\_\_\_\_ and that said citation shall be served on  
6 \_\_\_\_\_  
7 \_\_\_\_\_

8  
9 That this matter shall be set for hearing on \_\_\_\_\_ at

10 \_\_\_\_\_ in Division \_\_\_\_\_ of the Kern County Superior Court.  
11  
12  
13

14 Dated: \_\_\_\_\_

\_\_\_\_\_  
*JUDGE OF THE SUPERIOR COURT*



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

Space Below for Use of Court Clerk Only

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN  
1215 TRUXTUN AVENUE, BAKERSFIELD, CALIFORNIA 93301**

In the Matter of

CASE NUMBER:

Minor(s)

**CITATION**

**Freedom From Parental Custody and Control**

A person(s) who should be declared free from the custody and control of (his) (her) parent or parents.

**ENTERED (ABANDONMENT)  
(Re: ADOPTION)**

TO:

and to all persons claiming to be the father or mother of said minor person(s) above-named.

By order of this Court you are hereby cited and required to appear before the Judge Presiding in Department of the above-entitled court on \_\_\_\_\_, at \_\_\_\_\_ m. of that day, then and there to show cause, if any you have, why said person should not be declared free from the control of (his) (her) parents according to the petition on file herein.

For failure to attend, you will be deemed guilty of a contempt of court.

You are hereby notified of the provisions of Civil Code §237.5 which provide: "the judge shall advise the minor and the parents, if present, of the right to have counsel present. The court may appoint counsel to represent the minor whether or not the minor is able to afford counsel, and if they are unable to afford counsel, shall appoint counsel to represent the parents."

**TAMARAH HARBER-PICKENS, County Clerk**

By: \_\_\_\_\_ Deputy

**NOTICE TO PERSON SERVED**

- You are served as an individual citee
- You are served on behalf of:
  - under:  C.C.P. §416.60 (Minor)
  - C.C.P. §416.70 (Incompetent)
  - C.C.P. §416.90 (Individual)
  - Other:

The time when a citation is deemed served on a party may vary depending on the method of service. For example, see Code of Civil Procedure §§413.10 through 415.40.

(See reverse side for Proof of Service)

**CITATION - FREEDOM FROM PARENTAL CUSTODY AND CONTROL  
(ABANDONMENT) (RE: ADOPTION)**

**PROOF OF SERVICE (See instruction Sheet)**

I served the citation: (Type or print)

Citee 1

Citee 2

1. Name
2. Person served and title:
3. Person with whom left; title or relationship to person served:
4. Date and time of delivery:
5. Mailing date; type of mail:
6. Address, city and state (when required, indicate whether address is home or business):
7. Manner of service: (Check applicable box for each person served and complete this form.)  
(C-1) (C-2)

- (Personal service) By handing copies to the person served. (C.C.P. §415.10)
- (Substituted service on corporation, unincorporated association (including partnership, or public entity)) By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (C.C.P. §415.20(a).) Place of mailing: (C-1): \_\_\_\_\_ (C-2): \_\_\_\_\_
- (Substituted service on natural person, minor, incompetent, or candidate) By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or person apparently in charge of his office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (C.C.P. §415.20(b). Attach separate description of affidavit stating acts relied on to establish reasonable diligence in attempting personal service.) Place of Mailing: (C-1): \_\_\_\_\_ (C-2): \_\_\_\_\_
- (Mail and acknowledgment service) By mailing (by first-class mail or airmail) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender (C.C.P. §415.30) Attach written acknowledgment of receipt.) Place of mailing: (C-1): \_\_\_\_\_ (C-2): \_\_\_\_\_
- (Certified or registered mail service) By mailing to address outside California (by registered or certified airmail with return receipt requested) copies to the person served. (C.C.P. §415.40. Attach signed return receipt or other evidence of actual delivery to the person served.) Place of mailing: (C-1): \_\_\_\_\_ (C-2): \_\_\_\_\_
- (Other C.C.P. §§413.1, 413.30, 417.10-417.30-Attach separate pages if necessary):

The notices stated on the citation appeared on the copy served (C.C.P. §412.30 or 474). At the time of service I was at least 18 years of age and not a party to the action.

Fee for service \$ _____	, Mileage \$ _____	, Notary \$ _____	, Total \$ _____
(To be completed in California by Process Server other than a sheriff, marshal or constable)		(To be completed in California by sheriff, marshal or constable)	

I declare under penalty of perjury that the foregoing is true and correct and this declaration was executed on (insert date):

at (insert place): \_\_\_\_\_ California.  
(Type or print name, address and telephone no.)

I certify that the foregoing is true and correct and this certificate was executed on (insert date):

(Type or print name, title, county and when applicable, Municipal or Justice Court District)

Signature \_\_\_\_\_ Signature \_\_\_\_\_

\* This declaration or certificate of service must be executed within California. (C.C.P. §2015.5). A proof of service executed outside California must be made by affidavit.

# INT-300 Request for Interpreter (Civil)

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)     (Vietnamese)     (Korean)     (Mandarin)  
 (Cantonese)     (Farsi/Persian)     (Russian)     Tagalog (Tagalog)  
 (Arabic)     (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](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons With Disabilities and Response* (Form MC-410). (Civ. Code, § 54.8.)