

ADOPT-200 Adoption Request

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

Clerk stamps date here when form is filed.

1 Your name (adopting parent):
a. _____
b. _____
Relationship to child: _____
Street address: _____
City: _____ State: _____ Zip: _____
Telephone number: (____) _____
Lawyer (if any): (Name, address, telephone numbers, and State Bar number):

Fill in court name and street address:

Superior Court of California, County of _____

Fill in case number if known:

Case Number: _____

2 Type of adoption (check one):
 Agency (name): _____
 Joinder has been filed.
 Joinder will be filed.
 Independent
 International (name of agency): _____
 Stepparent
 Relative

3 Information about the child:
a. The child's new name will be: _____
b. Boy Girl
c. Date of birth: _____ Age: _____
d. Child's address (if different from yours):
Street: _____
City: _____ State: _____ Zip: _____
e. Place of birth (if known):
City: _____
State: _____ Country: _____
f. If the child is 12 or older, does the child agree to the adoption? Yes No
g. Date child was placed in your physical care:

4 Child's name before adoption: (Fill out ONLY if this is an independent, relative, or stepparent adoption.)

5 Does the child have a legal guardian? Yes No
If yes, attach a copy of the Letters of Guardianship and fill out below:
a. Date guardianship ordered: _____
b. County: _____
c. Case number: _____

6 Is the child a dependent of the court? Yes No
If yes, fill out below:
Juvenile case number: _____
County: _____

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

Hearing Date → Hearing is set for:
Date: _____
Time: _____
Dept.: _____ Room: _____

Name and address of court if different from above:

To the person served with this request: If you do not come to this hearing, the judge can order the adoption without your input.



Your name: _____

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

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

9 **If this is an agency adoption**

- a. I have received information about the Adoption Assistance Program Regional Center and about mental health services available through Medi-Cal or other programs. Yes No
- b. All persons with parental rights agree that the child should be placed for adoption by the California Department of Social Services or a licensed adoption agency (Fam. Code, § 8700) and have signed a relinquishment form approved by the California Department of Social Services. Yes No *(if no, list the name and relationship to child of each person who has not signed the consent form):* _____

10 **If this is an independent adoption**

- a. A copy of the Independent Adoptive Placement Agreement, a California Department of Social Services form, is attached. (This is required in most independent adoptions; see Fam. Code, § 8802.)
- b. All persons with parental rights agree to the adoption and have signed the Independent Adoptive Placement Agreement, a California Department of Social Services form. Yes No *(if no, list the name and relationship to child of each person who has not signed the consent form):* _____

- c. I will file promptly with the department or delegated county adoption agency the information required by the department in the investigation of the proposed adoption.

11 **If this is a stepparent adoption**

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

12 There is no presumed or biological father because the child was conceived by artificial insemination, using semen provided to a medical doctor or a sperm bank. (Fam. Code, § 7613.)

13 **Contact after adoption**

Form ADOPT-310, *Contact After Adoption Agreement*, is attached will not be used
 will be filed at least 30 days before the adoption hearing is undecided at this time

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



