

# 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.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number if known:

Case Number:

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

2 Type of adoption (check one):  
 Agency (name): \_\_\_\_\_  
 Joinder has been filed.  Joinder will be filed.  
 Tribal customary adoption (attach tribal customary adoption order)  
 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, a relative, a stepparent, or a tribal customary 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 is set for:  
**Hearing Date** → 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 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 relinquishment form):* \_\_\_\_\_  
 \_\_\_\_\_  
 c. This is a tribal customary adoption under Welfare and Institutions Code section 366.24. Parental rights have been modified under and in accordance with the attached tribal customary adoption order, and the child has been ordered placed for adoption.

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 agreement 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  
 This is a tribal customary adoption. Postadoption contact is governed by the attached tribal customary adoption order.

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

15 A court ended the parental rights of *(attach copy of order):*  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date) \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date) \_\_\_\_\_



Your name: \_\_\_\_\_

- 16 The child is the subject of a tribal customary adoption order under Welf. & Inst. Code, § 366.24, which has modified the parental rights of (*attach a copy of order*):
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (*date*): \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (*date*): \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (*date*): \_\_\_\_\_

- 17  I 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: \_\_\_\_\_

- 18 Each of the following persons with parental rights has not contacted his or her child in one year or more. (Fam. Code, § 8604(b).) (*Attach copy of Application for Freedom From Parental Custody, if filed.*)
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- 19 Each of the following persons with parental rights has died:
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_


20 **Suitability for adoption**

Each adopting parent:


- a. Is at least 10 years older than the child
- b. Will treat the child as his or her own
- c. Will support and care for the child
- d. Has a suitable home for the child *and*
- e. Agrees to adopt the child


- 21  I ask the court to approve the adoption and to declare that the adopting parents and the child have the legal relationship of parent and child, with all the rights and duties of this relationship, including the right of inheritance.
- This is a tribal customary adoption. I ask the court to approve the adoption and to declare that the adopting parents and the child have the legal relationship of parent and child, with all of the rights and duties stated in the attached tribal customary adoption order and in accordance with Welf. & Inst. Code, § 366.24.

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

Date: \_\_\_\_\_ *Type or print your name*       \_\_\_\_\_ *Signature of attorney for adopting parents*

- 23 I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct to my knowledge. This means that if I lie on this form, I am guilty of a crime.

Date: \_\_\_\_\_ *Type or print your name*       \_\_\_\_\_ *Signature of adopting parent*

Date: \_\_\_\_\_ *Type or print your name*       \_\_\_\_\_ *Signature of adopting parent*