

# ADOPT-320

## Answer to Request to: Enforce, Change, End Contact After Adoption Agreement

Clerk stamps below when form is filed.

Court name and street address:

**Superior Court of California, County of**

**Case Number:**

- 1** This is my answer to the request to (*check one*):
- Enforce    Change    End  
 an existing Contact After Adoption Agreement.
- a. Name(s) of person who filed ADOPT-315 and his or her relationship to child: \_\_\_\_\_
- b. I received a copy of the signed, written agreement, ADOPT-310.

- 2** Your name(s):
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- Relationship to child: \_\_\_\_\_
- Your address (*skip this if you have a lawyer*):
- Street: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Your phone #: (\_\_\_\_\_) \_\_\_\_\_
- Your lawyer (*if you have one*): (*Name, address, phone #, and State Bar #*):
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_


- 3** Child's adopted name (*if you know*): \_\_\_\_\_
- Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_
- Date of adoption (*if you know*): \_\_\_\_\_

- 4** Check all that apply:
- a.  I agree with the requests listed in ADOPT-315 and think the requests are in the child's best interest.
- b.  I do not agree with the requests in ADOPT-315 because:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*If you need more space, attach a sheet of paper and write "ADOPT-320, Item 4—Do Not Agree With 315" at the top.*

Number of pages attached: \_\_\_\_\_

Date: \_\_\_\_\_  \_\_\_\_\_  
*Type or print your name* *Sign your name*

Date: \_\_\_\_\_  \_\_\_\_\_  
*Type or print your name* *Sign your name*