

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF THE ADOPTION PETITION OF: <i>(Names of adopting parents or parent)</i>	
PETITION FOR ADOPTION	ADOPTION CASE NUMBER: _____

1. Type of adoption: Stepparent Independent Intercountry
 Agency (*name*): _____
2. Petitioner(s) (*specify name of each petitioner*):

 seek(s) to adopt the following child:
 a. Male Female
 b. Date of birth:
 c. Age:
 d. Place of birth (*if known*):
 e. Dependent child of (*specify county*): _____ ; case no. (*specify*): _____
3. Petitioner(s) is/are the grandparent aunt uncle first cousin sibling
 other (*specify*): _____ of the child.
4. I/We have been provided with written information on the Adoption Assistance Program and on the availability of mental health services through the Medi-Cal program or other programs.
5. A *Postadoption Contact Agreement* (form ADOPT-310) is attached will be submitted at least thirty (30) days
 will not be submitted. before the hearing on the adoption petition
6. Petitioner(s) has/have been named in the will of a deceased mother father as an intended adoptive parent, and the child has no other parent.
7. Address of each petitioner (*specify*):
8. Child's address (*if different*):
9. For independent adoption
 a. A copy of the *Adoptive Placement Agreement* is attached. (*Required in most independent adoptions; see Fam. Code, § 8802.*)
 b. Petitioner(s) will file promptly with the department or delegated county adoption agency information required by the department in the investigation of the proposed adoption.
 c. The consent of the birth mother presumed father is not necessary because (*specify Fam. Code, § 8606 subdivision*):
10. a. Parental rights of the birth mother presumed father biological father unknown father
 have been terminated. (*Attach copy of order if available.*)
 b. A petition to terminate the parental rights of the birth mother presumed father biological father
 will be filed.

IN THE MATTER OF THE ADOPTION PETITION OF <i>(Names of adopting parents or parent):</i>	CASE NUMBER:
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- 11. The birth mother presumed father biological father has relinquished the child to an agency for adoption.
- 12. The birth mother presumed father biological father has consented to the adoption. *(Attach signed consent, if available.)*
- 13. The birth mother presumed father biological father is deceased.
- 14. The child has been determined to be an Indian child, and an *Attachment to Petition for Adoption—Adoption of an Indian Child* (form ADOPT-220) is attached.
- 15. The child is the subject of a guardianship established on *(date):*
in *(specify county):* _____ ; case no. *(specify):* _____
 A copy of the letters of guardianship is attached.
- 16. The child is a proper subject for adoption, the home of each petitioner is suitable for the child, and each petitioner will support and care properly for the child. The welfare of the child will be served and the child's best interest promoted by this adoption, and each petitioner will treat the child in all respects as his or her own lawful child. Each petitioner is at least 10 years older than the child, and each petitioner consents to the adoption of the child by the other.
- 17. The child is 12 years of age or older and consents to the adoption.
- 18. **Petitioner(s) request(s) the court to grant the petition for adoption and to declare that each petitioner and the child shall sustain toward one another the legal relation of parent and child, with all the rights and duties of the relationship, and that the child shall be known as *(state child's full adoptive name):***

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 PETITIONER)

Date: _____

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

Date: _____

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR PETITIONER(S))