

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: <p style="text-align: center;"><i>(Names of adopting parents or parent)</i></p>	
ORDER OF ADOPTION	ADOPTION CASE NUMBER:

1. a. Date of hearing: _____ Dept.: _____ Div.: _____ Room: _____
 b. Judicial officer:
 c. Present: (1) Petitioner(s) (2) Attorney for petitioner(s)
 (3) Child (4) Attorney for child
 (5) Other (*specify*): _____
 d. Date and place of child's birth (*specify*): _____
2. The court has read and considered the assessment and other documents and evidence.
 3. The court has examined each petitioner, and each petitioner has executed an agreement in writing that the child will be treated in all respects as the lawful child of petitioner.
 4. The court has examined the child, who is 12 years of age or older, and the child has consented to the adoption, and requested that his or her name before the adoption (*specify name*), _____, appear here.

THE COURT FINDS AND ORDERS THAT

5. The child is a proper subject for adoption, the home of petitioner is suitable for the child, and the interests of the child will be promoted by this adoption.
 6. The petition for adoption is granted.
 7. **The child is now the lawful child of petitioner, and petitioner shall sustain toward the child and the child toward petitioner the legal relation of parent and child.**
 8. The name of the child shall be (*specify*): _____
 9. The child is an Indian child.
 a. The clerk shall transmit a copy of this order, the adoption petition, and the *Attachment to Petition for Adoption—Adoption of an Indian Child* (form ADOPT-220) to the Bureau of Indian Affairs.
 b. The court finds
 (1) the adoptive placement meets the placement preference requirements of the Indian Child Welfare Act, **or**
 (2) good cause exists for modifying the preference order.
 10. The *Postadoption Contact Agreement* is approved as submitted as amended.
 11. The child shall be permitted to contact his or her birth siblings.
 12. Name of parent retaining parental rights (*i.e., in stepparent and unmarried couple adoptions*): _____

Date: _____

 JUDICIAL OFFICER

IN THE MATTER OF THE ADOPTION PETITION OF <i>(Names of adopting parents or parent):</i> _____	CASE NUMBER:
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NOTE: If the child is an Indian child, the Clerk's Certificate of Mailing below must be completed.

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that an endorsed copy of the foregoing order, the adoption petition, and the *Attachment to Petition for Adoption—Adoption of an Indian Child* (form ADOPT-220) were mailed as follows:

The copies were enclosed in an envelope with postage fully prepaid. The envelope was sealed, marked "Confidential," and addressed to: **Chief, Division of Social Services, Bureau of Indian Affairs, 1849 C Street, N.W., Mail Stop 310-SIB, Washington, DC 20240** and deposited with the United States Postal Service at *(place)*:
on *(date)*:

Date: _____ Clerk, by _____, Deputy