

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>	
<div style="text-align: center;"> PETITION FOR <input type="checkbox"/> ENFORCEMENT <input type="checkbox"/> MODIFICATION <input type="checkbox"/> TERMINATION OF POSTADOPTION CONTACT AGREEMENT </div>	CASE NUMBER: _____

This petition will not be accepted unless you attach all of the following:

- A. Documents that show you have participated in or have attempted to participate in good-faith mediation or other appropriate dispute resolution.**
- B. A copy of the original *Postadoption Contact Agreement* and all modifications, if any.**
- C. Proof of service of this petition with a blank response form (form ADOPT-320) on each party to the agreement, including the child.**

1. Petitioner is *(check all that apply if more than one petitioner)*: the child adoptive mother
 adoptive father birth mother birth father other *(specify relationship)*:

2. Name, age, and date of birth of child *(specify)*:

3. Petitioner seeks to

- a. enforce the agreement dated: _____ *(Complete item 4.)*
 b. modify the agreement dated: _____ *(Complete item 5.)*
 c. terminate the agreement dated: _____ *(Complete item 6.)*

4. a. State the reasons for seeking enforcement. Describe how you believe the terms of the agreement have not been followed:

Continued in Attachment 4a.

- b. State what orders you are requesting the court to make:

Continued in Attachment 4b.

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5. State what modifications of the agreement you are requesting and why you are requesting them. Explain why you believe these changes are in the best interests of the child:

Continued in Attachment 5.

6. State the reasons you are requesting that the agreement be terminated. Explain why you believe termination is in the best interest of the child:

Continued in Attachment 6.

7. Attached: Response form or forms (form ADOPT-320) signed by parties to the agreement who agree with the requests I am making.

NOTICE

This petition will have no effect on the adoption of the child. The adoption is final and cannot be set aside or changed.

All parties to the original agreement must receive a copy of this petition with a blank response form (form ADOPT-320). You must attach a proof of service to this petition. If any party cannot be notified, you must provide evidence of why you were unable to find that person or why you could not provide that person with a copy of the petition.

Any party who disagrees with the requests for enforcement, modification, or termination should file a response (form ADOPT-320) with the court within 30 days after receiving this petition.

8. Number of pages attached: _____

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)
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