

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>	
RESPONSE TO PETITION FOR <input type="checkbox"/> ENFORCEMENT <input type="checkbox"/> MODIFICATION <input type="checkbox"/> TERMINATION OF POSTADOPTION CONTACT AGREEMENT	CASE NUMBER: _____

1. a. I am a party to the *Postadoption Contact Agreement* of *(date of child's adoption)*:
 b. I am the child adoptive mother adoptive father birth mother birth father
 other *(specify relationship)*: _____

2. I received a copy of the *Petition for Enforcement, Modification, or Termination of Postadoption Contact Agreement* filed by *(specify name)*: _____ on *(date received)*: _____

3. Petitioner is requesting that the agreement be enforced modified terminated.

4. I consent to the request being made by Petitioner.

5. I believe that granting the request is in the best interest of the child.

6. I do not agree with the request for the following reasons:

Continued in Attachment 6.

7. Number of pages attached: _____

Date: _____

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 (TYPE OR PRINT NAME) (SIGNATURE)