



**IN THE FAMILY COURT FOR
SMITH RIVER RANCHERIA**

ADOPTION REQUEST

CASE NO.:

Court Address
P.O. Box 992, Smith River, CA 95567-9525

Court telephone no.
(707) 487-6425

If you are adopting more than one child, fill out an adoption request for each child.

1. Your name (adopting parent(s)):

- a. _____
- b. _____
- c. Relationship to child: _____
- d. Street address: _____
- e. City: _____ State: _____ Zip: _____
- f. Telephone Number: () _____

2. Type of adoption (*check one*):

- a. Agency (*name*):
- b. Independent
- c. International (*name of agency*):
- d. Stepparent
- e. Relative

(To be completed by the Clerk of the Court)

HEARING DATE: _____, 2009

Hearing Address: _____

Time: _____ .m.

To the person served with this request: if you do not come to this hearing, the judge can order the adoption without your input.

3. Information about the child:

- a. The child's new name will be:

- b. Boy Girl
- c. Date of birth: _____ Age: _____
- d. Child's address (*if different from yours*):
City: _____ State: _____ Zip: _____
- e. Place of birth (*if known*):
City: _____ State: _____ Zip: _____
- f. If the child is 12 or older, does the child agree to the adoption? Yes No
- g. Date child was placed in your physical care: _____

4. Child's name before adoption: _____

(Fill out ONLY if this is an independent, relative, or stepparent adoption.)

5. Does the child have a legal guardian? Yes No *If yes, attach a copy of the Letters of Guardianship and fill out below:*

- a. Date guardianship ordered: _____
- b. County: _____
- c. Case number: _____

6. Is the child a dependent of the court? Yes No *If yes, fill out below:*

- a. Juvenile case number: _____
- b. County: _____

7. Names of birth parents, if known:

- a. _____
- b. _____

8. If this is an agency adoption

- a. I have received information about the Adoption Assistance Program and about mental health services available through Medi-Cal or other programs. Yes No
- b. All persons with parental rights agree that the child should be placed for adoption by the _____ [state or adoption agency] and have signed a relinquishment form (*if no, list the name and relationship to child of each person who has not signed the consent form*):

9. If this is an independent adoption

- a. A copy of the Independent Adoptive Placement Agreement is attached.
- b. All persons with parental rights agree to the adoption and have signed the Independent Adoptive Placement Agreement (*if no, list the name and relationship to child of each person who has not signed the consent form*):

10. If this is a stepparent adoption

- a. The birth parent (*name*): _____ has signed a consent will sign a consent
- b. The adopting parents were married on _____ **or** The domestic partnership was registered on _____ (*For court use only. This does not affect social worker's recommendation. There is no waiting period.*)

11. There is no presumed or biological father because the child was conceived by artificial insemination, using semen provided to a medical doctor or a sperm bank.

12. The form *Contact After Adoption Agreement*,
 will be filed at least 30 days before the adoption hearing
 is attached will not be used
 is undecided at this time

13. The consent of the birth mother presumed father is not necessary because

14. A court ended the parental rights of (attach copy of order)
a. Name: _____ Relationship to child: _____
b. Name: _____ Relationship to child: _____

15. I will ask the court to end the parental rights of (attach copy of Petition to Terminate Parental Rights)
a. Name: _____ Relationship to child: _____
b. Name: _____ Relationship to child: _____

16. Each of the following persons with parental rights has not contacted his or her child in one or more years:
a. Name: _____ Relationship to child: _____
b. Name: _____ Relationship to child: _____

17. Each of the following persons with parental rights has died:
a. Name: _____ Relationship to child: _____
b. Name: _____ Relationship to child: _____

18. Suitability for adoption – each adopting parent:

- a. Is at least 10 years older than the child
- b. Will treat the child as his or her own
- c. Will support and care for the child
- d. Has a suitable home for the child *and*
- e. Agrees to adopt the child

19. I ask the court to approve the adoption and to declare that the adopting parents and the child have the legal relationship of parent and child, with all the rights and duties of this relationship, including the right of inheritance.

20. I declare under penalty of perjury under the laws of the Smith River Rancheria that the information in this form is true and correct to my knowledge. This means that if I lie on this form, I am guilty of a crime.

Date: _____
Type or print name _____
Signature of adopting parent _____

Date: _____
Type or print name _____
Signature of adopting parent _____

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