

Superior Court of California

County of San Luis Obispo



[www.slo.courts.ca.gov](http://www.slo.courts.ca.gov)

## STEPARENT ADOPTION

### Written Agreement By All Parents

If the other parent does not want to sign a consent form, you will need to follow different instructions.

1	COMPLETE COURT FORMS	<ul style="list-style-type: none"><li>• <a href="#">ADOPT-200</a> Adoption Request (one form per child)</li><li>• <a href="#">ADOPT-210</a> Adoption Agreement (complete but do not sign)</li><li>• <a href="#">ADOPT-215</a> Adoption Order</li><li>• <a href="#">VS 44</a> Court Report of Adoption (complete part 1 and 2)</li><li>• <a href="#">AD 2</a> Consent To Adoption By Parent Retaining Custody (must be signed in front of a court investigator, court clerk or a notary)</li><li>• <a href="#">AD 2A/2B</a> Consent To Adoption By A Parent In Or Outside Of California Giving Custody To Husband Or Wife Or Domestic Partner Of Other Parent or <a href="#">AD 2D</a> Parent in the Armed Forces</li><li>• <a href="#">AD 01</a> Financial Statement</li><li>• <a href="#">ICWA-010(A)</a> Indian Child Inquiry Attachment</li><li>• <a href="#">ICWA-020</a> Parental Notification Of Indian Status</li></ul>
2	TAKE FORMS TO COURT	Take the completed forms to the Court Clerk. The court will charge between \$20 - 325 based on the annual gross family income. If you are requesting to adopt more than one child, an additional \$20 is charged per child. The forms can be filed at the Court Clerk's Office in San Luis Obispo at 1050 Monterey St, Rm 220 or in Paso Robles at 901 Park St.
3	MAIL COMPLETE QUESTIONNAIRE AND DOCUMENTS TO COURT INVESTIGATOR	<p>Call Family Court Services at (805) 706-3608 after you turn in the documents listed in Step 1. The Court will mail you a questionnaire to complete. This questionnaire is also available online at <a href="https://www.slo.courts.ca.gov/dv/familycourt.htm">https://www.slo.courts.ca.gov/dv/familycourt.htm</a>.</p> <p>The court investigator will also need <b>certified</b> copies of the following documents:</p> <ul style="list-style-type: none"><li>• The child's birth certificate;</li><li>• Marriage license for Petitioner (stepparent) and his or her spouse (parent retaining custody) or Certificate of Domestic Partnership;</li><li>• Death certificate of absent parent, if applicable;</li><li>• Final Judgments of Dissolution from prior marriages, if any, of either Petitioner or Petitioner's spouse/partner;</li><li>• Any court order awarding custody of the child to Petitioner's spouse/partner (e.g., the minor's natural parent);</li><li>• Any Order Terminating Parental Rights or Order Declaring Minor Free from Parental Custody and Control, if one has been obtained in another court proceeding.</li></ul> <p>Mail the completed questionnaire and certified copies of documents listed above to the Family Court Services Office at 1035 Palm St., Room 385, San Luis Obispo, CA 93408 or 901 Park St., Paso Robles, CA 93446. If you have questions, you may call the Family Court Services Office at (805) 706-3608.</p> <p>The court investigator will write a report that gives important information to the judge about the adopting parent and the child. If the appropriate documentation is not provided, the court investigator will report to the court that she is unable to complete the investigation which will delay your case.</p>
4	REQUEST A HEARING DATE	You will receive a copy of the court investigator's report in the mail. After you receive it, you may go to court in person to request a hearing date. Be sure to bring your photo ID when coming to court to request a hearing date.

<p><b>6</b></p>	 <p>ATTEND THE HEARING</p>	<p>The stepparent, the custodial parent and the child must go to the Adoption Hearing. When you get inside the courtroom, please let the clerk in the courtroom know that you are present.</p> <p>You may bring a camera if you want a photo with you and your child with the judge. You may also bring friends and relatives.</p>
<p><b>7</b></p>	 <p>OBTAIN A NEW BIRTH CERTIFICATE</p>	<p>After the adoption has been approved by the court, you will get a new birth certificate for the child. This process is initiated by the court. The clerk submits the Court Report of Adoption to the Office of Vital Records in Sacramento, which supervises the preparation of the new birth certificate. It takes the Office of Vital Records about <b>7 months</b> to process the request. A certified copy will be sent to the address listed on the Court Report of Adoption when it is ready.</p> <p>If you don't want to have a new birth certificate established, you can make that request to the Office of Vital Records. The telephone number for the Office of Vital Records is (916) 445-268.</p>

WHERE TO GET FORMS:

**Internet:** For free, click on the hyperlinks in these instructions.

**Certified Copy of Birth, Marriage and Death Certificates**

They can be obtained from the County Clerk-Recorder's Office in the County of the State in which the birth, death or marriage occurred. The County Clerk-Recorder's Office is located at the Government Center, 1055 Monterey St., Suite D120, San Luis Obispo, CA 93408.

**Certified Copy of Certificate of Domestic Partnership**

A certified copy of your Certificate of Domestic Partnership can be obtained by making a written request that includes both partners' names to the Secretary of State, Business Programs Division, % Special Filings, P.O. Box 942877, Sacramento, CA 94277-0001. A fee of \$6 must be included with the request. The Secretary of State-Domestic Partners Registry may be contacted at (916) 653-3984.

**Certified Copy of Divorce Judgments, Custody Orders or Order Terminating Parental Rights**

They can be obtained from the court that entered the order.

# ADOPT-200 Adoption Request

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

## 1 Adopting parent(s)

a. Name: Pat James Sample

b. Name: \_\_\_\_\_

Relationship to child: Step-Father

Street address: 1234 Main Street

City: San Luis Obispo State: CA Zip: 93401

Telephone number: 805-555-1212

Lawyer (if any) (name, address, telephone numbers, e-mail address, and State Bar number):  
\_\_\_\_\_  
\_\_\_\_\_

Clerk stamps date here when form is filed.

Fill in court name and street address:  
**Superior Court of California, County of San Luis Obispo  
1035 Palm Street, Room 385  
San Luis Obispo, CA 93408**

Court fills in case number when form is filed.  
**Case Number:** \_\_\_\_\_

## 2 County of filing

This *Adoption Request* is filed in this court because (check all that apply):

- The adopting parent or parents live in this county;
- The child was born in or the child now lives in this county;
- An office of the agency that placed the child for adoption is located in this county;
- An office of the department or public adoption agency that is investigating the request is located in this county;
- The placing birth parent or parents lived in this county when the adoptive placement agreement, consent, or relinquishment was signed;
- The placing birth parent or parents lived in this county when the request was filed;
- The child was freed for adoption in this county.

(Note: If the child is a dependent of the court, the *Adoption Request* must be filed in the county where the child was freed for adoption or the county where the adopting parent or parents reside. See Fam. Code, § 8714.)

(To be completed by the clerk of the superior court if a hearing date is available.)

Hearing is set for:  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

Name and address of court if different from above:  
\_\_\_\_\_  
\_\_\_\_\_

**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 Type of adoption

Check one of the following:

Agency (name): \_\_\_\_\_  Relative  Nonrelative

Tribal customary adoption (attach tribal customary adoption order)

Independent:  Relative  Nonrelative  Additional Parent(s)

Intercountry (name of agency): \_\_\_\_\_

Stepparent adoption

Stepparent adoption to confirm parentage. See form ADOPT-050-INFO to determine whether you are eligible for the stepparent adoption to confirm parentage process.

Joinder:

Joinder is being filed at same time as this *Adoption Request*.  Joinder will be filed.



Your name: **Pat James Sample****4 Information about the child**

- a. The child's new name will be: **Ally Jean Sample**
- b. Sex:  Female  Male  Nonbinary
- c. Date of birth: **5/30/2016** Age: **2**
- d. Child's address (if different from address of adopting parent or parents):  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- e. Place of birth (if known): City: **San Luis Obispo** State: **CA** Country: **USA**
- f. If the child is 12 or older, does the child agree to the adoption?  Yes  No
- g. Date child was placed in the physical care of the adopting parents: **4/1/2017**
- h.  The child was conceived by assisted reproduction in compliance with Family Code section 7613.
- i.  The child is a dependent of the court. Juvenile Case No. \_\_\_\_\_ County: \_\_\_\_\_

**5 Child's name before adoption** (fill out ONLY for independent, stepparent, or tribal customary adoption)Child's name before adoption: **Ally Jean Smith****6 Birth parents**Names of birth parents, if known: **Betty Ann Sample and David Collins Smith****7 Legal guardian**Does the child have a legal guardian?  Yes  No (If yes, attach *Letters of Guardianship* and fill out below.)

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

**8 Inquiry and notice under the Indian Child Welfare Act**

- a.  The inquiry required under law to determine whether the child may be an Indian child has been made, and a completed *Indian Child Inquiry Attachment* (form ICWA-010(A)) is attached.  
Note: In agency adoptions, it is the responsibility of the agency to ensure that this inquiry is conducted and the form is made part of the file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible.
- b.  A completed version of *Parental Notification of Indian Status* (form ICWA-020) is attached OR a good faith attempt has been made to provide the form to the parents, Indian custodian, or guardian of the child and inform them that they are required to complete and submit the form to the court.  
Note: In agency adoptions, it is the responsibility of the agency to ensure that these forms are made part of the file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible.
- c.  There is **reason to know** that this child is an Indian child. Notice of the adoption request will be provided to the child's tribe or tribes, parents, Indian custodian, and the Bureau of Indian Affairs, using *Notice of Child Custody Proceeding for Indian Child* (form ICWA-030).

**9 Adoption of an Indian child**

- a.  This is an adoption of an Indian child. The adopting parents have filled out and attached *Adoption of Indian Child* (form ADOPT-220) and will bring *Parent of Indian Child Agrees to End Parental Rights* (form ADOPT-225) to the hearing.
- b.  This is a tribal customary adoption under Welfare and Institutions Code section 366.24. Parental rights have been modified under and in accordance with the attached tribal customary adoption order, and the child has been ordered placed for adoption.



Your name: **Pat James Sample****10 Agency adoption questions**

- a.  I/We have received information about the Adoption Assistance Program, the Regional Center, mental health services available through Medi-Cal or other programs, and federal and state tax credits that might be available.
- b. All persons with parental rights agree that the child should be placed for adoption by the California Department of Social Services or a county adoption agency or a licensed adoption agency (Fam. Code, § 8700) and have signed a relinquishment form approved by the California Department of Social Services, and the time to revoke the relinquishment has expired or been waived.  Yes  No

*If no, list the name and relationship to child of each person who has not signed the relinquishment form or whose time to revoke the relinquishment has not expired or been waived:*

**11 Independent adoption questions**

- a.  A copy of the Independent Adoptive Placement Agreement from the California Department of Social Services is attached. (This is required in most independent adoptions; see Fam. Code, § 8802.)
- b. All persons with parental rights agree to the adoption and have signed the Independent Adoptive Placement Agreement or consent on the appropriate California Department of Social Services form.  Yes  No  
(*If no, list the name and relationship to child of each person who has not signed the agreement form*):
- c.  I/We will file promptly with the department or delegated county adoption agency the information required by the department in the investigation of the proposed adoption.
- d.  This is an independent adoption involving additional parent(s):
- All persons with existing parental rights agree to this adoption and will maintain their existing parental rights.
  - An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s) is attached.

**12 Stepparent adoption and confirmation of parentage questions**

- a. The birth parent (*name*): **Betty Ann Sample**  has signed a consent  will sign a consent.
- b. The birth parent (*name*): **David Collins Smith**  has signed a consent  will sign a consent.
- c. The adopting parent married or entered into a registered domestic partnership with the legal parent on (*date*): **6/1/2017**. (*For court use only. This does not affect social worker's recommendation. There is no waiting period.*)
- d.  I am seeking a stepparent adoption to confirm my parentage. At the time the child was born, I was married to or in a state-registered domestic partnership with the parent who gave birth or whose parentage was established through a gestational surrogacy process, and we remain in that union. See attached:
- Form ADOPT-205, *Declaration Confirming Parentage in Stepparent Adoption*
  - Form ADOPT-206, *Declaration Confirming Parentage in Stepparent Adoption: Gestational Surrogacy*
  - Declaration describing the circumstances of the child's conception.
- e. The investigation or written report will be completed as follows (*choose one*):
- I will choose someone to do an investigation or written report. I understand that the person I choose must be a licensed clinical social worker, a licensed marriage and family therapist, or work for a licensed private adoption agency. I will pay this person or agency directly.
  - I would like the court to choose someone to do an investigation. I understand that the court can charge me money for this investigation.
- f.  This is a stepparent adoption involving an additional parent:
- All persons with existing parental rights agree to this adoption and will maintain their existing parental rights.
  - An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s) is attached.



Your name: **Pat James Sample****13 Intercountry adoption questions**

- a.  This adoption may be subject to the Hague Adoption Convention (*form ADOPT-216 must be filed with this request*).
- b.  This is an adoption conducted under the requirements of the Hague Adoption Convention and the child has already moved with the adopting parent(s) to another Hague Convention member country or will be moving at the conclusion of this adoption.  
 Child will be moving or has moved to (name of country): \_\_\_\_\_  
 Adopting parent(s):  seek(s) a California adoption  will be petitioning for a Hague Adoption Certificate  
 will be seeking a Hague Custody Declaration.
- c.  This is an intercountry adoption that was finalized in another country before the child entered the United States with the adopting parent(s).  
 Date the child entered the United States: \_\_\_\_\_  
 See form ADOPT-050-INFO for a list of documents to attach to this *Adoption Request*.

**14 Contact after adoption**

- Contact After Adoption Agreement* (form ADOPT-310)  is attached  will not be used  
 will be filed at least 30 days before the adoption hearing  is undecided at this time.  
 This is a tribal customary adoption. Postadoption contact is governed by the attached tribal customary adoption order.

**15 Consent for adoption**

Complete all sections that apply to your adoption:

- a.  The consent of the birth parent is not necessary because (*check the applicable reasons under Fam. Code, § 8606*):
- (1)  The parent has been judicially deprived of the custody and control of the child.
  - (2)  The parent has voluntarily surrendered the right to custody and control of the child in a judicial proceeding in another jurisdiction, under a law of that jurisdiction providing for the surrender.
  - (3)  The parent has deserted the child without providing information to identify the child.
  - (4)  The parent has relinquished the child under Family Code section 8700.
  - (5)  The parent has relinquished the child for adoption to a licensed or authorized child-placing agency in another jurisdiction.
- b.  The child has a presumed parent under Family Code section 7611. The consent of the presumed parent is not required because:
- (1)  The presumed parent did not become a presumed parent before the mother's relinquishment or consent became irrevocable or the mother's parental rights were terminated. (Fam. Code, § 8604(a).)
  - (2)  The presumed parent signed a Waiver of the Right to Further Notice of Adoption Proceedings pursuant to Family Code section 7660.5.
- c.  Termination of parental rights of an alleged father is not required because:
- (1)  The relationship to the child was previously terminated or determined not to exist by a court.
  - (2)  The alleged father was served as prescribed in Family Code section 7666 with a written notice of alleged parentage and the proposed adoption, and has failed to bring an action pursuant to Family Code section 7630(c) within 30 days of service of the notice or the birth of the child, whichever is later. (*Attach proof of notice to this Adoption Request.*)
  - (3)  The alleged father has executed a written form to waive notice, deny parentage, relinquish the child for adoption, or consent to the adoption of the child.



Your name: **Pat James Sample**

- 15 d.  A court ended the parental rights of:  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_  
*(Enter the date of the court order ending parental rights and attach a copy of the order.)*
- e.  The child is the subject of a tribal customary adoption order under Welfare and Institutions Code section 366.24, which has modified the parental rights of *(attach a copy of the order)*:  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_
- f.  I/We will ask the court to end the parental rights of *(attach copy of Petition to Terminate Parental Rights or Application for Freedom From Parental Custody, if filed)*:  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- g.  Adopting parent has custody of the child by court order or by agreement with the other parent, and each of the following persons with parental rights has not contacted the child and has not paid for the child's care, support, and education for one year or more when able to do so. (Fam. Code, § 8604(b).)  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- h.  The child has been abandoned as follows:  
 (1)  The child has been left by the child's parent or parents with no way to identify the child.  
 (2)  The child has been left in the custody of another person by both parents or the sole parent for six months without providing for the child's support, or without communication from the parent or parents, with the intent to abandon the child.  
 (3)  One parent has left the child in the care and custody of the other parent for one year or longer without providing for the child's support or without communication from the parent, with the intent to abandon the child.  
*(If any of the above boxes are checked, adopting parent must also check item 15f and file an Application for Freedom from Parental Custody. See Fam. Code, § 7822(a).)*
- i.  Each of the following persons with parental rights has died:  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

16 **Suitability for adoption**

Each adopting parent:

- a. Is at least 10 years older than the child or meets the criteria in Family Code section 8601(b);  
 b. Will treat the child as their own;  
 c. Will support and care for the child;  
 d. Has a suitable home for the child; *and*  
 e. Agrees to adopt the child.



Your name: **Pat James Sample**

**17 Requests to court**

I/We 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.

I/We ask the court to date its order approving the adoption as of an earlier date (*date*): \_\_\_\_\_  
for the following reason (Fam. Code, § 8601.5): \_\_\_\_\_

*(Enter a date no earlier than the date parental rights were ended.)*

This is a tribal customary adoption. I/We 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 of the rights and duties stated in the attached tribal customary adoption order and in accordance with Welfare and Institutions Code section 366.24.

**18** If a lawyer is representing you in this case, the lawyer must sign here:

Date: **3/14/22** \_\_\_\_\_ **Pat James Sample** \_\_\_\_\_ ▶ *Pat James Sample*  
*Type or print lawyer's name* *Signature of lawyer for adopting parent(s)*

**19** I declare under penalty of perjury under the laws of the State of California that the information in this form and all its attachments 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 your name* *Signature of adopting parent*

Date: \_\_\_\_\_ \_\_\_\_\_ ▶ \_\_\_\_\_  
*Type or print your name* *Signature of adopting parent*

**NOTICE—ACCESS TO AFFORDABLE HEALTH INSURANCE:** Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay toward high-quality affordable health care. For more information, visit [www.coveredca.com](http://www.coveredca.com). Or call Covered California at 1-800-300-1506 (English) or 1-800-300-0213 (Spanish).



CHILD'S NAME:

**Ally Jean Smith**

CASE NUMBER:

1. Name of child: **Ally Jean Smith**

2. (Check one)

 I have not yet been able to complete the inquiry about the child's Indian status because:

I understand that I have an affirmative and continuing duty to complete this inquiry. I will do it as soon as possible and advise the court of my efforts.

I have asked or  I am advised by \_\_\_\_\_ and on information and belief confirm that this person has completed inquiry by asking the child, the child's parents, and other required and available persons about the child's Indian status. The person(s) questioned are:

Name: **Betty Ann Sample**

Name:

Address: **1234 Main Street**

Address:

City, state, zip: **San Luis Obispo, CA 93401**

City, state, zip:

Telephone: **805-555-1213**

Telephone:

Date questioned: **3/14/22**

Date questioned:

Relationship to child: **Mother**

Relationship to child:

 Additional persons questioned and their information is attached.

3. This inquiry (check one):

 gave me reason to believe the child is or may be an Indian child. (If yes, continue to 4.) gave me no reason to believe the child is or may be an Indian child.

4.  I contacted the tribe(s) that the child may be affiliated with and worked with them to establish whether the child is a member or eligible for membership in the tribe(s). Information detailing the tribes contacted, the names of the individuals contacted, and the manner of the contacts is attached.

5. Based on inquiry and tribal contacts (check all that apply):

a.  The child is or may be a member of or eligible for membership in a tribe.

Name of tribe(s):

Location of tribe(s):

b.  The child's parents, grandparents, or great-grandparents are or were members of a tribe.

Name of tribe(s):

Location of tribe(s):

c.  The residence or domicile of the child, child's parents, or Indian custodian is on a reservation, rancheria, Alaska Native village or other tribal trust land.d.  The child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (TANF).e.  The child is or has been a ward of a tribal court.

Name of tribe(s):

Location of tribe(s):

f.  Either parent or the child possesses an Indian Identification card indicating membership or citizenship in an Indian tribe.

Name of tribe(s):

Location of tribe(s):

6. If this is a delinquency proceeding under Welfare and Institutions Code section 601 or 602:

 The child is in foster care. It is probable the child will be entering foster care.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **3/14/22****Pat James Sample**

(TYPE OR PRINT NAME)



(SIGNATURE)

# ADOPT-210 Adoption Agreement

Clerk stamps date here when form is filed.

## 1 Adopting parent(s)

a. Name: **Pat James Sample**

b. Name: \_\_\_\_\_

Relationship to child: **Step-Father**

Address (skip this if you have a lawyer): \_\_\_\_\_

City: **San Luis Obispo** State: **CA** Zip: **93401**

Telephone number: **805-555-1212**

Lawyer (if any) (name, address, telephone numbers, e-mail address, and State Bar number): \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of  
San Luis Obispo  
1035 Palm Street, Room 385  
San Luis Obispo, CA 93408**

## 2 Information about the child

Child's name before adoption: **Ally Jean Smith**

Child's name after adoption: **Ally Jean Sample**

Date of birth: **5/30/2016** Age: **2**

Court fills in case number when form is filed.

Case Number:

### Signing this form:

- Adoptions usually require a hearing where most signatures on this form must be completed in front of a judge.
- Item 4b may be signed before the hearing.
- If this is a stepparent adoption to confirm parentage involving a spouse or registered domestic partner who gave birth to the child or established parentage over a child born through gestational surrogacy during the union, usually no hearing is required and you may sign this form in front of a proper witness. See item 8a for instructions on having your signature properly witnessed. If the court orders a hearing in this case, you must sign this form at the hearing in front of the judge.
- All other signatures must be signed at a hearing, in front of a judge, unless waived by the judge for good cause.

3 I am the child listed in 2 and I agree to the adoption. (Not required in the case of a tribal customary adoption under Welf. & Inst. Code, § 366.24.)

Date: \_\_\_\_\_  
Type or print your name

Signature of child (child must sign if 12 or older; optional if child is under 12)

4 If there is only one adopting parent and that person is married and not separated, the consent of their spouse is required under section 8603 of the Family Code. Read and sign below. Stepparent adoptions: Go to Item 7.

a. I am the adopting parent listed in 1, and I agree that the child will:

- (1) Be adopted and treated as my legal child (Fam. Code § 8612(b)) and
- (2) Have the same rights as a natural child born to me, including the right to inherit my estate.

Date: \_\_\_\_\_ **Pat James Sample**  
Type or print your name

Signature of adopting parent



Case Number: \_\_\_\_\_

Your name: **Pat James Sample** \_\_\_\_\_

b. I am married to, or am the registered domestic partner of, the adopting parent listed in (1), and I am not a party to this adoption. I agree to the adoption of the child by the adopting parent listed in (1).

Date: 3/14/22 **Betty Ann Sample**  
*Type or print your name*

▶ Betty Ann Sample  
*Signature of spouse or registered domestic partner  
(may be signed before hearing)*

5 If there are **two** adopting parents, read and sign below.

We are the adopting parents listed in (1), and we agree that the child will:

- a. Be adopted and treated as our legal child (Fam. Code, § 8612(b)) and
- b. Have the same rights as a natural child born to us, including the right to inherit our estate.

I agree to the other parent's adoption of the child.

Date: \_\_\_\_\_  
*Type or print your name*

▶ \_\_\_\_\_  
*Signature of adopting parent*

I agree to the other parent's adoption of the child.

Date: \_\_\_\_\_  
*Type or print your name*

▶ \_\_\_\_\_  
*Signature of adopting parent*

6 If this is a tribal customary adoption, read and sign below.

I/we are the adopting parents listed in (1), and I/we agree that the child will:

- a. Be adopted and treated as my/our legal child (Fam. Code, § 8612(b)) and
- b. Have the same rights and duties stated in the tribal customary adoption order dated \_\_\_\_\_ (copy attached).

If two adopting parents, we agree to the other parent's adoption of the child.

Date: \_\_\_\_\_  
*Type or print your name*

▶ \_\_\_\_\_  
*Signature of adopting parent*

Date: \_\_\_\_\_  
*Type or print your name*

▶ \_\_\_\_\_  
*Signature of adopting parent*

7 For stepparent adoptions only:

If you are the legal parent of the child listed in (2), read and sign below.

I am the legal parent of the child and am the spouse or registered domestic partner of the adopting parent listed in (1). I agree to the adoption of my child by the adopting parent listed in (1).

Date: \_\_\_\_\_ **Betty Ann Sample**  
*Type or print your name*

▶ \_\_\_\_\_  
*Signature of legal parent*

Your name: **Pat James Sample**

Case Number: \_\_\_\_\_


8

**Executed (check one):**

a.  This form was signed outside of a hearing. *(Select this option only for a stepparent adoption to confirm parentage under Family Code, § 9000.5, where the court did not order a hearing for good cause.)*

- (1)  This form was signed **in** California.  
This form was signed in front of the following type of witness *(check one)*:
- Notary public *(the notary acknowledgment is attached)*
  - Court clerk
  - Probation officer
  - Qualified court investigator
  - Authorized representative of a licensed adoption agency
  - County welfare department staff member

- (2)  This form was signed **outside** of California.  
This form was signed in front of the following type of witness *(check one)*:
- Notary public *(the notary acknowledgment is attached)*
  - Other person authorized to perform notarial acts *(proof of notarization is attached)*
  - Authorized representative of an adoption agency that is licensed in the state or country where this form was signed

(3) Witness information  
This form was signed in: *(county)* \_\_\_\_\_ *(state)* \_\_\_\_\_ *(country)* \_\_\_\_\_  
Name of witness: \_\_\_\_\_  
Agency witness works for *(if applicable)*: \_\_\_\_\_  
Date: \_\_\_\_\_  
Witness signature:  \_\_\_\_\_

b.  This form was signed at a hearing in front of a judicial officer. *(The judge will date and sign the form below.)*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Judge (or Judicial Officer)*

Clerk stamps date here when form is filed.

**1 Adopting parent(s)**a. Name: **Pat James Sample**

b. Name: \_\_\_\_\_

Relationship to child: **Step-Father**Street address: **1234 Main Street**City: **San Luis Obispo** State: **CA** Zip: **93401**Daytime telephone number: **805-555-1212**

Lawyer (if any) (name, address, telephone number, e-mail address, and State Bar number): \_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of  
**San Luis Obispo**  
**1035 Palm Street, Room 385**  
**San Luis Obispo, CA 93408**

Court fills in case number when form is filed.

Case Number: \_\_\_\_\_

**2 Information about the child**Child's name after adoption: **Ally Jean Sample**First name: **Ally**Middle name: **Jean**Last name: **Sample**Date of birth: **5/30/2016** Age: **2**Place of birth (if known): **San Luis Obispo**City: **San Luis Obispo** State: **CA** Country: **USA****3 Name of adoption agency (if any):** \_\_\_\_\_**4 Hearing details**

Hearing date: \_\_\_\_\_ Dept.: \_\_\_\_\_ Div.: \_\_\_\_\_ Rm.: \_\_\_\_\_

Judicial officer: \_\_\_\_\_ Clerk's office telephone number: \_\_\_\_\_

People present at the hearing:

 Adopting parent(s)  Lawyer for adopting parent(s) Child  Child's lawyer Parent keeping parental rights: **Betty Ann Sample** Other people present (list each name and relationship to child):

a. \_\_\_\_\_

b. \_\_\_\_\_

If there are more names, attach a sheet of paper, write "ADOPT-215, Item 4" at the top, and list the additional names and each person's relationship to child.

The hearing is waived pursuant to Family Code section 9000.5 (Check this box only if this is an adoption confirming parentage of a parent who was married to or in a state-registered domestic partnership, including a registered domestic partnership or civil union from another jurisdiction, with the legal parent at the time the child was born.)

**Judge will fill out section below.****5 The judge finds that the child (check all that apply):**a.  Is 12 or older and agrees to the adoptionb.  Is under 12c.  Is not required to consent because this is a tribal customary adoption.

Your name: **Pat James Sample**

6 The judge has reviewed the report and other documents and evidence and finds that each adopting parent:

- a. Is at least 10 years older than the child or meets the criteria in Fam. Code, § 8601(b);  
 b. Will treat the child as their own;  
 c. Will support and care for the child;  
 d. Has a suitable home for the child; *and*  
 e. Agrees to adopt the child.

7  This case is an adoption by a relative petitioned under Family Code section 8714.5.

The adopting relative  The child, who is 12 or older, has requested that the child's name before adoption be listed on this order. (Fam. Code, § 8714.5(g).) The child's name before adoption was:  
 First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

8  The child is an Indian child. The judge finds that this adoption meets the placement requirements of the Indian Child Welfare Act or that there is good cause to give preference to these adopting parents. The clerk will fill out 13 below.

9  The judge approves the *Contact After Adoption Agreement* (ADOPT-310)

As submitted  As amended on ADOPT-310

10 This is a tribal customary adoption. The tribal customary adoption order of the \_\_\_\_\_ tribe dated \_\_\_\_\_ containing \_\_\_\_\_ pages and attached hereto is fully incorporated into this order of adoption.

11  This is an adoption under the Hague Adoption Convention. *Verification of Compliance with Hague Adoption Convention Attachment* (form ADOPT-216) is attached and fully incorporated into this order.

12  This is an adoption involving an additional parent or parents.  All persons with existing parental rights agreed to this adoption and will maintain their existing parental rights.  An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s), was filed with the court.

13 The judge believes the adoption is in the child's best interest and orders this adoption.

The child's name after adoption will be:

First name: **Ally** Middle name: **Jean** Last name: **Sample**

The adopting parent or parents and the child are now parent and child under the law, with all the rights and duties of the parent-child relationship or, in the case of a tribal customary adoption, all the rights and duties set out in the tribal customary adoption order and Welfare and Institutions Code section 366.24.

The judge believes it will serve public policy and the best interest of the child to grant the request of the adopting parent or parents for the court to make this order effective as of (date): \_\_\_\_\_.

Date: \_\_\_\_\_

(Date of Signature)

Judge (or Judicial Officer)

**Clerk will fill out section below.**

#### 14 Clerk's Certificate of Mailing

For the adoption of an Indian child, the clerk certifies:

I am not a party to this adoption. I placed a filed copy of:

- Adoption Request* (form ADOPT-200)  *Adoption of Indian Child* (form ADOPT-220)  
 *Adoption Order* (form ADOPT-215)  *Contact After Adoption Agreement* (form ADOPT-310)

in a sealed envelope, marked "Confidential" and addressed to:

Chief, Division of Social Services  
 Bureau of Indian Affairs  
 1849 C Street, NW  
 Mail Stop 310-SIB  
 Washington, DC 20240

The envelope was mailed by U.S. mail, with full postage, from:

Place: \_\_\_\_\_ on (date): \_\_\_\_\_

Date: \_\_\_\_\_ Clerk, by: \_\_\_\_\_, Deputy

# COURT REPORT OF ADOPTION

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

STATE FILE NUMBER \_\_\_\_\_

LOCAL REGISTRATION NUMBER \_\_\_\_\_

**TYPE OR PRINT CLEARLY IN BLACK INK ONLY**

**PART I**      **The information provided in this section must be the information as it was at birth. Without this data, it may be impossible to prepare a new Certificate of Birth.**

FACTS OF BIRTH	1A. NAME OF CHILD—FIRST <b>Ally</b>		1B. MIDDLE <b>Jean</b>		1C. LAST (BIRTH) <b>Smith</b>	
	2. SEX <b>F</b>	3. DATE OF BIRTH—MM/DD/CCYY <b>05/30/2016</b>	4. NAME OF PHYSICIAN (OR ATTENDANT, CERTIFIER, OR OTHER PERSON WHO ATTENDED THIS BIRTH) <b>Moses Clark</b>			
	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY <b>Sierra Vista Hospital</b>			5B. CITY <b>San Luis Obispo</b>		5C. STATE OR COUNTRY <b>California</b>
PARENTS' DATA	6A. FULL NAME OF PARENT—FIRST <b>Betty</b>		6B. MIDDLE <b>Ann</b>		6C. LAST (BIRTH) <b>Ward</b>	
	7A. FULL NAME OF PARENT—FIRST <b>David</b>		7B. MIDDLE <b>Collins</b>		7C. LAST (BIRTH) <b>Smith</b>	
6D. RELATIONSHIP <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT						
7D. RELATIONSHIP <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT						

**PART II**      **Adoptive parents must furnish personal information about themselves as it was on the child's date of birth. This information is used to prepare the new Certificate of Birth.**

PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE PARENT <input type="checkbox"/> BIOLOGICAL PARENT <input checked="" type="checkbox"/>					
	8A. NAME OF PARENT—FIRST <b>Betty</b>		8B. MIDDLE <b>Ann</b>		8C. LAST (BIRTH) <b>Ward</b>	
	9. STATE/FOREIGN COUNTRY OF BIRTH <b>California</b>			10. DATE OF BIRTH—MM/DD/CCYY <b>04/27/1979</b>		
PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE PARENT <input checked="" type="checkbox"/> BIOLOGICAL PARENT <input type="checkbox"/>					
	11A. NAME OF PARENT—FIRST <b>Pat</b>		11B. MIDDLE <b>James</b>		11C. LAST (BIRTH) <b>Sample</b>	
	12. STATE/FOREIGN COUNTRY OF BIRTH <b>California</b>			13. DATE OF BIRTH—MM/DD/CCYY <b>12/04/1972</b>		
14. PLEASE CHECK ONE I want the original birth certificate sealed, and a new birth certificate established. . . . . <input checked="" type="checkbox"/> Pursuant to Health and Safety Code Section 102640, I choose not to have a new birth certificate established. . . . . <input type="checkbox"/>						15. Do you want the name and address of the hospital or other facility where the birth occurred omitted from the new birth certificate as provided for in Section 102645 of the Health and Safety Code? (PLEASE CHECK ONE) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

VERIFICATION OF PART II	16. SIGNATURE OF PARENT VERIFYING DATA IN PART II <b>Betty Ann Sample</b>	17. MAILING ADDRESS OF PARENT VERIFYING DATA IN PART II <b>1234 Main Street, San Luis Obispo, CA 93408</b>
AGENCY OR DEPARTMENT	18A. NAME OF AGENCY OR DEPARTMENT	18B. MAILING ADDRESS OF AGENCY/DEPARTMENT THAT INVESTIGATED/HANDLED THE ADOPTION
ATTORNEY	19A. SIGNATURE AND PRINTED NAME OF ATTORNEY <b>▶</b>	19B. MAILING ADDRESS OF ATTORNEY

**PART III**      **The court clerk must obtain as much information as is available to complete Parts I and II before completing Part III and forwarding the record and Court Order/Final Decree to the State Registrar as required by law.**

COURT CLERK	20. I HEREBY CERTIFY THAT THE INDIVIDUAL DESCRIBED ABOVE WAS ADOPTED BY THE ABOVE NAMED ADOPTIVE PARENTS ON THE _____ DAY OF _____, 20_____, AS SET FORTH IN THE DECREE OF ADOPTION MADE ON THAT DATE IN CASE NUMBER _____					
	21A. NEW NAME AS SET FORTH IN THE DECREE OF ADOPTION - FIRST <b>Ally</b>		21B. MIDDLE <b>Jean</b>		21C. LAST <b>Sample</b>	
	22. SIGNATURE AND SEAL OF COURT CLERK <b>▶ Michael Powell</b>				BY:	
	23. CLERK IN AND FOR THE COUNTY OF: <b>San Luis Obispo</b>		24. DATE SIGNED—MM/DD/CCYY		25. DATE PETITION FOR ADOPTION FILED—MM/DD/CCYY	

NAME AND MAILING ADDRESS OF PERSON TO WHOM CERTIFIED COPY IS TO BE SENT	NAME <b>Pat James Sample</b>			EMAIL ADDRESS		
	ADDRESS—Street and Number <b>1234 Main Street</b>		CITY, STATE, ZIP CODE <b>San Luis Obispo, CA 93408</b>		DAYTIME TELEPHONE NUMBER <b>( 805 ) 555-1212</b>	



## GENERAL INFORMATION

The Court Clerk shall complete and transmit a court report of adoption to CDPH - Vital Records for each decree of adoption granted by any court in the State of California.

CDPH - Vital Records shall transmit court reports of adoptions for births that occurred in another state, the District of Columbia, any territory of the United States, or Canada to the appropriate registration authority.

The information contained in Part I and Part II of this certificate is required in order to identify and seal the original birth certificate and prepare a new birth certificate. Once the original birth certificate is sealed, it is only available upon order of a Superior Court.

## INSTRUCTIONS

The agency or department handling the adoption should fill out Parts I and II, but the Court Clerk may complete any incomplete items in Part I or Part II from the information furnished in the court record.

When requested by the adoptive parents, the CDPH - Vital Records shall **not** establish a new birth certificate for the child. (Health & Safety Code Section 102640.) The adoptive parents should indicate in Item 14 whether they DO want a new birth certificate established (by checking the "Yes" Box) or whether they DO NOT want a new birth certificate established (by checking the "No" Box).

The adoptive parents may request CDPH – Vital Records to omit the specific name and address of the hospital or other facility where the birth occurred by checking the "Yes" Box in Item 15. (Health & Safety Code Section 102645.)

A deceased spouse of an adopting single parent can be listed on the new birth certificate if both adopting parents were in the home at the time of the initial placement of the child for adoption. Refer to Health & Safety Code Section 102660 for additional requirements.

One of the adopting parents should verify the information in Part II, sign in Item 16, and enter his or her mailing address in Item 17. The name and address of the agency or department and the attorney handling the adoption should be entered in Items 18 and 19.

The applicable fee shall be paid to the Court Clerk at the time of filing the petition in an adoption proceeding for the services required by statute of the State Registrar. (Health & Safety Code Section 103730.)

For cases in which the petition for adoption was filed on or after January 1, 1972, and the individual was born in California or a foreign country, a certified copy of the new birth record will be furnished without additional fee as provided in Health & Safety Code Section 102710.

For adoptions that occurred prior to January 1, 1972, or in another state, a fee must be submitted for processing the new birth certificate, which includes one certified copy.

Additional certified copies may be obtained from CDPH – Vital Records, but there is an additional fee for each additional certified copy requested. Please contact CDPH – Vital Records for the current fees, or visit our website at [www.cdph.ca.gov](http://www.cdph.ca.gov). Please do not order additional copies until you have reviewed the original copy for accuracy. The mailing address for CDPH – Vital Records is:

California Department of Public Health  
Vital Records - Amendments - MS 5105  
P.O. Box 997410  
Sacramento, CA 95899-7410



Original for Court Record  
Certified Copy for State Department of Social Services

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF **San Luis Obispo**

In the Matter of the Petition of  
**Pat James Sample**  
Petitioner



STEPPARENT ADOPTION  
Consent to Adoption by Parent  
Retaining Custody

I, the undersigned, being the parent of **Ally Jean Smith** give my full and  
free consent to the adoption of said child by **Pat James Sample**, who is  
my husband/wife/domestic partner without relinquishing any of my rights, duties, obligations as his/her parent, and I respectfully ask  
that the petition be granted.

Said child was born on **5/30/2016** in **San Luis Obispo, CA** and is the child  
of **Betty Ann Sample** and **David Collins Smith**  
Name of Legal Parent Name of Legal Parent

Date

\_\_\_\_\_  
Signature of Parent

Signed in the presence of

\_\_\_\_\_  
\*Title

\* The Clerk of the Superior Court, the Probation Officer, or, where stepparent investigations are delegated to County Welfare Departments, a County Welfare Department Staff member may witness.

This form for use only when person giving consent is husband or wife of petitioner or domestic partner, as defined in Family Code Section 297, of petitioner.

Original for court record, certified copy to be sent immediately to California Department of Social Services, Sacramento.

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF San Luis Obispo**

*In the Matter of the Petition of*  
**Pat James Sample**  
*Petitioner*



**STEPPARENT ADOPTION**

*Consent to Adoption by a Parent in or outside of California Giving Custody to Husband or Wife or Domestic Partner of Other Parent*

I, being the parent of **Ally Jean Smith** (Gender:  M  F)  
Name of Minor child

Do hereby give my full and free consent to the adoption of said child by  
**Pat James Sample**  
Name of Petitioner (Stepparent)

*The petitioner herein, it being fully understood by me that with the signing of this document my consent may not be withdrawn except with court approval and that with the signing of the order of adoption by the court, I shall give up all my rights of custody; services, and earnings of said child, and that said child cannot be reclaimed by me.*

Said child was born on **5/30/2016** in **San Luis Obispo, CA**  
Date City and State

And is the child of **Betty Ann Sample** and **David Collins Smith**  
Name of Birth Parent Name of Birth Parent

DATE \_\_\_\_\_  
Signature of Parent

**WITNESS BY:**

*If this form is being signed in the State of California the Clerk of the Superior Court, the Probation Officer, qualified court investigator or, where stepparent investigations are delegated to County Welfare Departments, a County Welfare Department Staff member may witness. [Family Code § 9003]*

*If this form is being signed outside the State of California only a notary or other person authorized to perform notary acts within that state can witness.*

SIGNED IN COUNTY/STATE	NAME OF AGENCY
NAME OF WITNESS	TITLE OF WITNESS
SIGNATURE OF WITNESS	DATE

**COMPLETED BY NOTARY PUBLIC**

*Complete this section when the form is not being signed in the presence of an agency representative. The Notary Public must staple the acknowledgement document to this form and sign and date.*

SIGNATURE OF NOTARY	DATE
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*NOTICE TO THE BIRTH PARENT WHO CONSENTS TO THE CHILD'S ADOPTION: If you and your child lived together at any time as parent and child, the adoption of your child by a stepparent does not affect the child's right to inherit your property or the property of blood relatives. For further information regarding this right of inheritance, you should consult an attorney at your own expense.*

*This form to be used only when parent is giving custody of the child to the husband or wife or domestic partner, as defined in Family Code Section 297, or other parent. Original for court record.*

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <b>Pat James Sample</b>  <b>1234 Main Street</b> <b>San Luis Obispo, CA 93401</b> TELEPHONE NO.: <b>805-555-1212</b> FAX NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>Petitioner in Pro Per</b>	
SUPERIOR COURT OF SAN LUIS OBISPO COUNTY San Luis Obispo Branch 1035 Palm Street, Room 385, San Luis Obispo, CA 93408-2500 website: www.slocourts.net	
In the matter of the Adoption Petition of: <b>Ally Jean Smith</b>	
FINANCIAL STATEMENT (STEPPARENT ADOPTION)	CASE NUMBER:

We, the undersigned, declare that our gross family income as substantiated by our most recent Federal Tax Return filed in **2018** falls into the category checked below:

- \$19,000 and below
- \$19,001 - \$34,999
- \$35,000 - \$49,999
- \$50,000 and above

We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: **11/9/18**

Pat James Sample

PETITIONER

Betty Ann Sample

PARENT RETAINING CUSTODY

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NUMBER: NAME: <b>Pat James Sample</b> FIRM NAME: STREET ADDRESS: <b>1234 Main Street</b> CITY: <b>San Luis Obispo</b> STATE: <b>CA</b> ZIP CODE: <b>93401</b> TELEPHONE NO.: <b>805-555-1212</b> FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name): <b>Petitioner in Pro Per</b>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>San Luis Obispo</b> STREET ADDRESS: <b>1035 Palm Street, Room 385</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>San Luis Obispo, CA 93408</b> BRANCH NAME:	
CHILD'S NAME: <b>Ally Jean Smith</b>	
<b>PARENTAL NOTIFICATION OF INDIAN STATUS</b>	CASE NUMBER:

**To the parent, Indian custodian, or guardian of the above-named child: You must provide all the requested information about the child's Indian status by completing this form. If you get new information that would change your answers, you must let your attorney, all the attorneys on the case, and the social worker or probation officer, or the court investigator know immediately and an updated form must be filed with the court.**

1. Name: **Betty Ann Sample**
2. Relationship to child:  Parent     Indian custodian     Guardian     Other:

**Indian Status**

3. a.  I am or may be a member of, or eligible for membership in, a federally recognized Indian tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Location of tribe(s): \_\_\_\_\_
- b.  The child is or may be a member of, or eligible for membership in, a federally recognized Indian tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Location of tribe(s): \_\_\_\_\_
- c.  One or more of my parents, grandparents, or other lineal ancestors is or was a member of a federally recognized tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Location of tribe(s): \_\_\_\_\_  
 Name and relationship of ancestor(s): \_\_\_\_\_
- d.  I am a resident of or am domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.
- e.  The child is a resident of or is domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.
- f.  The child is or has been a ward of a tribal court.
- g.  Either parent or the child possesses an Indian identification card indicating membership or citizenship in an Indian tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Membership or citizenship number (if any): \_\_\_\_\_
- h.  None of the above apply.
4. A previous form ICWA-020  has  has not been filed with the court.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **3/14/22**

**Betty Ann Sample** \_\_\_\_\_ **Betty Ann Sample** \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE)

**Note: This form is not intended to constitute a complete inquiry into Indian heritage. Further inquiry may be required by the Indian Child Welfare Act.**