ADOPT-320 Answer to Request to: Enforce, Change, End Contact After Adoption Agreement

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

1 This is my answer to the request to *(check one):*

☐ Enforce ☐ Change ☐ End

an existing Contact After Adoption Agreement.

a. Name(s) of person who filed ADOPT-315 and his or her relationship to the child:

b. I received a copy of the signed, written agreement, ADOPT-310.

2 Your name(s):

a. _____

b. _____

Relationship to child: _____

Your address *(skip this if you have a lawyer):*

Street: _____

City: _____ State: _____ Zip: _____

Your phone number: _____

Your lawyer, (if you have one) *(Name, address, phone number, and State Bar number):*

_____

_____

_____

3 **Child's adopted name *(if you know):*** _____

Date of birth: _____ Age: _____

Date of adoption *(if you know):* _____

4 *Check all that apply:*

a. ☐ I agree with the requests listed in ADOPT-315 and think the requests are in the child's best interests.

b. ☐ I do not agree with the requests in ADOPT-315 because:

_____

_____

_____

If you need more space, attach a sheet of paper and write "ADOPT-320, Item 4—Do Not Agree With 315" at the top.

Number of pages attached: _____

c. ☐ I/We have NOT tried to resolve these issues by using a dispute resolution program, like mediation.

d. ☐ I/We tried to fix these problems by using a dispute resolution program, like mediation, but were unable to reach an agreement.

Date: _____ _____ ▶ _____

Type or print your name and relationship to child *Sign your name*

Date: _____ _____ ▶ _____

Type or print your name and relationship to child *Sign your name*

For your protection and privacy, please press the Clear button after you have printed the form.

Print Save Clear