ADOPT-203 Stepparent Adoption Request

Clerk stamps date here when form is filed.

Instructions	
Use this form for a stepparent adoption or a stepparent adoption to confirm parentage. If you are adopting more than one child, fill out an adoption request for each child.	
For more information on stepparent adoption and how to fill out this form, see form <u>ADOPT-050-INFO</u> and <u>selfhelp.courts.ca.gov/stepparent-adoption</u> .	
If there are any other persons who are or may be the child's parent, you will	Fill in court name and street address:
be required to obtain additional forms, submit specified paperwork, and possibly participate in additional court proceedings. You will be required to provide all documentation to the court or the investigator during the adoption process.	Superior Court of California, County of
For more information, see stepparent adoption in California	
	Court fills in case number when form is filed.
1 Adopting parent	Case Number:
a. Name:	
b. Street address:	
Telephone number:	
c. Lawyer (if any) (Name, State Bar number, address, telephone number,	s. email):
 Check this box if there are more stepparents requesting adoption. They <i>Adoption Request</i> (form ADOPT-203). Hearing is set for: (<i>To be completed by the clerk of the superior court if a hearing date is ava</i>) 	
Date: Time: a.m. p.m. I Name and address of court if different from above: I I I	Dept.: Room:
 3 The adopting parent a. Will treat the child as their own; b. Will support and care for the child; c. Has a suitable home for the child; <i>and</i> d. Agrees to adopt the child. 	
(4) County of filing	
This Stepparent Adoption Request is filed in this court because (check all	that apply):
a. The adopting parent lives in this county;	
 b. The child was born in or the child now lives in this county; c. An office of the department or public adoption agency that is invest county; 	tigating the request is located in this
d. \Box A placing birth parent lived in this county when the consent was sig	gned;

4) e. \Box A birth parent who will be retaining custody lived in this county when the request was filed;

f. \Box The child was freed for adoption in this county.

5) Type of stepparent adoption (*check all that apply*):

a.
 The adopting parent is married to or in a registered domestic partnership with the legal parent of a child the adopting parent is seeking to adopt. (*Attach proof of the marriage or domestic partnership.*)
 The adopting parent married or entered into a registered domestic partnership with the legal parent on (*date*):

(For court use only. There is no waiting period.)

- b. The adopting parent is seeking a stepparent adoption to confirm parentage. At the time the child was born, the adopting parent 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:
 - (1) [] Form ADOPT-205, Declaration Confirming Parentage in Stepparent Adoption
 - (2) 🗌 Form ADOPT-206, Declaration Confirming Parentage in Stepparent Adoption: Gestational Surrogacy
 - (3) \Box Declaration describing the circumstances of the child's conception.
- c. The child will have more than two parents. The following persons with existing parental rights agree to this adoption and will maintain their existing parental rights:
 - (1) Name:
 Relationship to child:

 Name:
 Relationship to child:
 - (2) An agreement waiving termination of parental rights, signed by both the existing parents and the adopting parent or parents, was filed with the court.

Note: If a person who may have parental rights has not signed a consent or relinquishment, the adopting parent or parents must obtain other signed documents or file for termination of parental rights or other action.

6) Information about the child

a. Name before adoption:

b. Gender: Female Male N	Ionbinary		
c. Date of birth:			
d. Address (if different from address of adopt	ing parent)		
Street:	City:	State:	Zip:
e. Place of birth (<i>if known</i>): City:	State:_	Country:	
f. If the child is 12 or older, does the child ag	gree to the adoption?	🗌 No	
g. \Box The child was conceived by assisted rep	production in compliance with Fa	mily Code section	7613.
Legal guardian			
Does the child have a court-ordered guardian a	appointed? \Box Yes \Box No		
Does the ennumere a court ordered guardian			
(If yes, attach <i>Letters of Guardianship</i> or fill of			

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.

7

- **8** b. \Box 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.
 - 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 parent has 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. \Box 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.

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(10) Contact after adoption (check any that apply):

Contact After Adoption Agreement (form

a. 🗌 is attached

b. \Box will be filed before the final adoption hearing.

(For more information, see form ADOPT-050-INFO; Family Code section 8616.5)

(11) Investigation or written report (check one):

The investigation or written report will be completed as follows:

- a. I will choose someone to do an investigation or written report and will pay them directly. I understand that this person must be a licensed clinical social worker, a licensed marriage and family therapist, or work for a licensed private adoption agency.
- b. I would like the court to choose someone to do an investigation. I understand that the court can charge me money for this investigation.
- c. 🗌 This is an adoption to confirm parentage. No investigation is required unless court-ordered for good cause.

Additional Information Needed

If there are any other persons who are or may be the child's parent, you will be required to obtain additional forms, submit specified paperwork, and possibly participate in additional court proceedings. You must provide additional documents to the court or the investigator during the adoption process. These documents can include:

- Consent or relinquishment for adoption-properly signed and accepted by court.
- Death certificates, prior court orders, or pending court orders.
- Waiver or denial of parentage-properly signed and accepted by court.

Additional court proceedings can include:

- Filing a petition and order freeing the child from parental custody and control. This is a separate action.
- Filing a petition and order terminating parental rights of an alleged father. This action can be filed within the adoption process.

For more information, see: selfhelp.courts.ca.gov/stepparent-adoption.

relationship of paren inheritance. I ask the court to date for the following reas	t and child, with all the rights a	The that the adopting parent and the child have the legal and duties of this relationship, including the right of on as of an earlier date (<i>date</i>):
for the following reas	son (Family Code, § 8601.5):	
(Enter a date no earl	ier than the date parental right	s were ended.)
lawyer is representing y	you in this case, the lawyer mus	t sign here:
e:		
	Type or print lawyer's name	Signature of lawyer for adopting parent
· · ·		te of California that the information in this form and all neans that if I lie on this form, I am guilty of a crime.
e:		
	Type or print your name	Signature of adopting parent
	eclare under penalty of p	Type or print lawyer's name eclare under penalty of perjury under the laws of the Sta attachments is true and correct to my knowledge. This r te:

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*, or call Covered California at 1-800-300-1506 (English) or 1-800-300-0213 (Spanish).