ADOPT-230 Adoption Expenses

Clerk stamps date here when form is filed.

If you are adopting your stepchild, do not fill out this form.

1 a. Your name (adopting parent or parents):

(1) _____

(2) _____

b. Address *(skip this if you have a lawyer):*

Street: _____

City: _____ State: _____ Zip: _____

c. Telephone number: _____

d. Lawyer *(if any): (Name, address, telephone number, and State Bar number):* _____

_____

_____

_____

☐ Check this box if there are more adopting parents. Use a separate piece of paper and write "ADOPT-230, Other Adopting Parents" at the top and complete a–d. Turn it in with this form.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number if known:

Case Number:

2 Name of child after adoption:

_____

3 *List services you received that were related to the adoption of the child listed in* **2**. *Include all medical, hospital, attorney, legal fees and costs, doctors and physicians, surgeons, licensed adoption agency, or any other person or organization that received payment in connection with the birth of the child, expenses, and services received by either birth parent or by the child.* (Examples of other services provided: prenatal care, transportation, counseling, adoption service provider, pregnancy expenses, court filing fees, fingerprinting fees.)

	Service	Name and address of service provider	How much paid, or value of service	Payment date
a.	_____	_____	$ _____	_____
b.	_____	_____	$ _____	_____
c.	_____	_____	$ _____	_____
d.	_____	_____	$ _____	_____

Adopting parent or parents: _____ **Case Number:**

	Service	Name and address of service provider	How much paid, or value of service	Payment date
e.			$	
f.			$	
g.			$	
h.			$	
i.			$	
j.			$	
k.			$	
l.			$	

☐ Check this box if you need more space to list the services related to this adoption. Use a separate piece of paper and write "ADOPT-230, Item 3—Payment for Services" at the top and include the service, name and address of provider, amount paid, and payment date. Turn it in with this form.

Number of pages attached: _____

4 I declare under penalty of perjury under the laws of the State of California that I have listed all payments (or anything of value) that I have paid or agreed to pay, or that were paid on my behalf, related to the child I want to adopt. I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct, which 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*

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

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

Print this form Save this form Clear this form