

## INDEPENDENT ADOPTION PLACEMENT AGREEMENT

*This form **MUST** be signed after the Statement of Understanding (SOU AD 926) AND Declaration of Mother (AD 880) forms have been completed and signed. The Adoption Placement Agreement WILL NOT be valid if it is signed prior to the SOU AD 926 and AD 880.*

### PLACING PARENT SECTION:

**Note to placing parent:** *This form will become a permanent and irrevocable consent to adoption. Do not sign this form unless you want the prospective adoptive parent(s) named below to adopt your child.*

I/We, \_\_\_\_\_, being the parent(s) of \_\_\_\_\_,  
NAME OF PARENT(S) NAME OF CHILD,  
 (Gender: M F) born on \_\_\_\_\_ in \_\_\_\_\_, place him/her  
DATE OF BIRTH CITY AND STATE OF BIRTH  
 with \_\_\_\_\_ for the purpose of an Independent adoption.  
FULL NAME(S) OF PROSPECTIVE ADOPTIVE PARENT(S)

I/We understand that I/we may revoke this Independent Adoption Placement Agreement only during the thirty (30) day period beginning on the date I/we sign this agreement AND only if I/we have not waived my/our right to revoke the agreement.

If I/we take no further action, this agreement will become a permanent and irrevocable consent to the adoption on the 31st day after I/we sign it.

I/We further understand that with the signing of the order of adoption by the court, I/we shall give up all my/our rights of custody, services, and earnings of this child and I/we may not reclaim this child.

The person(s) named above have my/our permission to care for this child in his/her/their home.

I/We have chosen the person(s) named above to be the parent(s) of my/our child based on my/our personal knowledge about him/her/them.

I/We have been informed of the basic health and social history of the person(s) named above.

I/We understand that this child will not be considered to have been placed for adoption until the birth parent(s) placing the child, prospective adoptive parent(s) and the Adoption Service Provider have signed this Adoption Placement Agreement.

The person(s) named above have my/our permission to make any provisions for medical and surgical care for this child, including anesthesia, which may be deemed necessary or advisable by any licensed physician, **for a period not to exceed one year from the date this agreement is signed.**

I/We understand that if this child is found to be subject to the Indian Child Welfare Act, this placement agreement WILL NOT be valid.

I/We was/were advised of my/our rights in this Independent adoption process on \_\_\_\_\_. These rights are summarized on the attached SOU (AD 926) which I/we have read and signed. DATE

I/We have decided to place my/our child for adoption with the person(s) named above, and I/we am/are signing this freely and willingly.

SIGNATURE OF PARENT

DATE SIGNED

SIGNATURE OF PARENT

DATE SIGNED

**ADOPTION SERVICE PROVIDER SECTION (witnessing Birth Parent(s) signature):**

I have advised the placing parent(s) as required by Family Code Section 8801.5.

- The advisement occurred at least ten (10) days before the signing of this agreement, **or**
- Due to the attached exigent circumstances, the advisement occurred fewer than ten (10) days before the signing of this agreement:

I, \_\_\_\_\_, have witnessed the signing of this Independent Adoption Placement Agreement by  
NAME OF WITNESS  
\_\_\_\_\_ on \_\_\_\_\_ in \_\_\_\_\_  
PLACING PARENT(S) DATE CITY AND STATE WHERE SIGNED

I am:

- A representative of \_\_\_\_\_, a California licensed private adoption agency.  
NAME OF AGENCY
- An individual California Adoption Service Provider (ASP).
- A representative of \_\_\_\_\_, an adoption agency licensed or otherwise approved under the laws  
NAME OF AGENCY  
of the state of \_\_\_\_\_, the state where the Adoption Placement Agreement is being signed.  
NAME OF STATE
- An individual licensed or otherwise certified as a clinical social worker under the laws of \_\_\_\_\_, the state where  
NAME OF STATE  
the Adoption Placement Agreement is being signed.
- Independent counsel for the placing parent(s) serving as an ASP, pursuant to Family Code Section 8502(b) and 8801.5(e).

SIGNATURE OF WITNESS	DATE
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**WHEN SIGNED OUT OF CALIFORNIA and the identification of the birth parent(s) is being questioned,  
then this form must also be signed in front of a Notary.**

The Notary Public must staple the Acknowledgement document to this form and sign and date below.

SIGNATURE OF NOTARY:	DATE
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**ADOPTION AGENCY INVESTIGATING THIS ADOPTION (to be completed by representative or an ASP):**

The adoption agency which will investigate this proposed Independent adoption is:

NAME OF CDSS DISTRICT OFFICE/DELEGATED COUNTY ADOPTION AGENCY	
ADDRESS	TELEPHONE NUMBER

**PROSPECTIVE ADOPTIVE PARENT(S) SECTION:**

I/We, the prospective adoptive parent(s) listed on page one, accept the placement of \_\_\_\_\_ by \_\_\_\_\_ into my/our home with the intent of adoption.

PLACING PARENT(S)

NAME OF CHILD

I/We agree to file a petition to adopt this child within ten (10) working days after signing this placement agreement with the Superior Court in \_\_\_\_\_ County, the county where I/we reside.

NAME OF COUNTY

I/We are not residents of California. I/We agree to file petition to adopt this child within ten (10) working days after signing this agreement with the Superior Court in \_\_\_\_\_ County, the

NAME OF COUNTY

county in which the placing birth parent(s) resided when the Adoption Placement Agreement was signed.

county in which the placing birth parent(s) resided when the petition was file.

I/We agree that if, during the time period specified on the first page of this agreement, the placing parent(s) sign(s) and delivers to the investigating adoption agency a statement revoking the consent and requesting that the child be returned, I/we must immediately return the child to the custody of the placing parent(s).

I/We agree that until the adoption is granted by the court:

- A. I/We must place the child under the care of a licensed physician and follow his/her recommendations for health care for the child, including immunization.
- B. I/We must not take the child from the county named above for a period of more than thirty (30) days without the approval of the court. I/We understand that the court may issue an order which prevents me/us from taking the child out of the county at all.
- C. I/We must not conceal the child from the placing parent(s), the investigating adoption agency, or the court.
- D. I/We must inform the agency of changes in my/our family or place of residence.
- E. I/We must assume responsibility for board, lodging, maintenance, medical care, and any other care for the child, and for any damages resulting therefrom.

I/We understand that if this child is found to be subject to the Indian Child Welfare Act, this placement agreement will not be valid.

I/We have been informed of the basic health and social history of the placing parent(s).

SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT	DATE SIGNED
SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT	DATE SIGNED

**ADOPTION SERVICE PROVIDER SECTION:**

I, \_\_\_\_\_, have witnessed the signing of this Independent Adoption Placement Agreement by

NAME OF WITNESS

\_\_\_\_\_ on \_\_\_\_\_ in \_\_\_\_\_.

PROSPECTIVE ADOPTIVE PARENT(S)

DATE

CITY AND STATE WHERE SIGNED

I am:

- A representative of \_\_\_\_\_, a California licensed private adoption agency.
- NAME OF AGENCY
- An individual California Adoption Service Provider.
  - A representative of \_\_\_\_\_, an adoption agency
- NAME OF AGENCY
- licensed or otherwise approved under the laws of the state of \_\_\_\_\_, the state where the Adoption Placement Agreement is being signed.
- NAME OF STATE
- An individual licensed or otherwise certified as a Clinical Social Worker under the laws of \_\_\_\_\_, the state where the Adoption Placement Agreement is being signed.
- NAME OF STATE
- Independent counsel for the placing parent(s) serving as an ASP, pursuant to Family Code Section 8502(b) and 8801.5(e).

SIGNATURE OF WITNESS	DATE
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