

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



January 4, 1983

ALL-COUNTY INFORMATION NOTICE I-02-83

TO: ALL PUBLIC AND PRIVATE ADOPTION AGENCIES  
ALL SDSS ADOPTION DISTRICT OFFICES

SUBJECT: STATEMENT OF UNDERSTANDING FORMS

Revised and new Statement of Understanding Forms are now available as follows:

| <u>Form #</u> | <u>Title</u>   | <u>For Use With</u>  |
|---------------|--|--|
| AD 885        | Statement of Understanding-<br>Relinquishment Adoption Program                               | Parent who gave physical<br>custody of child to the agency                         |
| AD 885A       | Statement of Understanding-<br>Relinquishment Adoption Program                               | Legal parent who did not give<br>physical custody of the child<br>to the agency    |
| AD 885B       | Statement of Understanding-<br>Relinquishment Adoption Program                               | Alleged natural father   |
| AD 899        | Statement of Understanding<br>for Parent of Indian Child-<br>Relinquishment Adoption Program | Parent of Indian child who gave<br>physical custody of child to the<br>agency      |
| AD 899A       | Statement of Understanding<br>for Parent of Indian Child-<br>Relinquishment Adoption Program | Legal parent of Indian child who<br>did not give custody of child<br>to the agency |
| AD 899B       | Statement of Understanding<br>for Parent of Indian Child-<br>Relinquishment Adoption Program | Alleged natural father of Indian<br>Child  |

An estimated four months supply of the forms has been printed. The forms come in individual sets and may be ordered from the SDSS Warehouse, P. O. Box 22429, Sacramento, CA 95822. Copies of these forms are attached.

Please note that the use of any Statement of Understanding Form dated prior to October 1982 requires the use of the appropriate addendum. Forms dated October 1982 or later do not require an addendum.

For SDSS district offices and delegated county welfare departments involved in investigating and reporting to the court on independent adoption petitions, the following revised and new forms are available from the SDSS Warehouse at the address indicated above.

| <u>Form #</u> | <u>Title</u>  | <u>For Use With</u>  |
|---------------|---|--|
| AD 887        | Statement of Understanding-<br>Independent Adoption Program                               | Parent who gave physical<br>custody of the child to<br>the adoptive parents                                  |
| AD 887A       | Statement of Understanding-<br>Independent Adoption Program                               | Legal parent who did not<br>give physical custody of<br>child to the adoptive<br>parents                     |
| AD 887B       | Statement of Understanding-<br>Independent Adoption Program                               | Alleged natural father   |
| AD 900        | Statement of Understanding<br>for Parent of Indian Child-<br>Independent Adoption Program | Parent of Indian Child who<br>gave physical custody of the<br>child to the adoptive parents                  |
| AD 900A       | Statement of Understanding<br>for Parent of Indian Child-<br>Independent Adoption Program | Legal parent of Indian child<br>who did not give physical custody<br>of the child to the adoptive<br>parents |
| AD 900B       | Statement of Understanding<br>for Parent of Indian Child-<br>Independent Adoption Program | Alleged natural father of Indian<br>child  |

Copies of these forms are attached.

Please contact your adoption program consultant if there are any questions about this notice or the use of these forms.



CLAUDE FINN  
Deputy Director  
Adult and Family Services Division

Attachment

cc: CWDA

## STATEMENT OF UNDERSTANDING — RELINQUISHMENT ADOPTION PROGRAM

RELINQUISHING A CHILD MEANS PERMANENTLY GIVING THE CHILD TO THE AGENCY SO THEY CAN CHOOSE OTHER PARENTS TO ADOPT THE CHILD. YOU WILL BE STATING YOUR INTENT TO RELINQUISH THE CHILD BY SIGNING THE RELINQUISHMENT FORM. YOU WILL NO LONGER HAVE ANY RIGHTS AS A PARENT TO THIS CHILD WHEN THE SIGNED RELINQUISHMENT FORM IS FILED WITH THE STATE.

RELINQUISHING A CHILD IS AN EXTREMELY IMPORTANT DECISION. YOU SHOULD KNOW ALL THE FACTS ABOUT IT AND WEIGH ITS ADVANTAGES AND DISADVANTAGES IN MAKING YOUR DECISION.

BEFORE YOU SIGN THE RELINQUISHMENT FORM, READ EACH OF THE STATEMENTS BELOW WITH YOUR SOCIAL WORKER. BE SURE TO ASK QUESTIONS ABOUT ANY STATEMENT YOU DO NOT UNDERSTAND.

### INSTRUCTIONS

1. Complete this form only after you have carefully considered your decision and you are sure that you want the child adopted by other parents to raise as their own child.
2. Read each of the statements in this form very carefully. If you do not understand a statement, ask the social worker to explain it to you.
3. If you understand and agree with a statement, put your initials in the box next to the number of that statement.
4. If you do not agree, or if you do not understand a statement after the social worker's explanation, do not initial the box. Ask for more help and time in making your decision.
5. If you have initialed **all** the boxes, sign your name at the end. Two witnesses must be present when you sign your name and they will sign their names after yours. (Witnesses are not necessary if this form is signed outside the State of California.)
6. This form must be completed for each child being relinquished.
7. You will receive a copy of the completed form(s).



| Distribution Instructions |        |
|---------------------------|--------|
| Original:                 | Agency |
| Second:                   | DSS    |
| Third:                    | Parent |

**STATEMENT OF UNDERSTANDING — RELINQUISHMENT ADOPTION PROGRAM**

1. I have carefully thought about the reasons for keeping or not keeping my child. I have decided that giving up my child to the agency for adoption is the best decision for my child and I do not need any more help and time to make my decision. I have decided to relinquish my child permanently to the \_\_\_\_\_ for adoption.  
 \_\_\_\_\_  
 (Name of Agency)

2. I have been informed that there may be different agencies to help with family, health, money, and other concerns. I know that I can talk about my plans and about giving up my child with other professional people and with family and friends.

3. I have been informed that it may be possible to make other arrangements for the temporary care of my child while I try to make up my mind about adoption.

4. If I do not sign the relinquishment form, my rights and responsibilities as the child's parent continue, and I may request to have my child returned to me. In that event, I may expect my child returned within three working days, if possible, but not more than seven calendar days following my request unless the child is a dependent of the court. If the agency has reason to believe that I will hurt or otherwise be harmful to the child, the agency will refer the child to children's protective services.

5. I may cancel the relinquishment form any time before it is filed with the State Department of Social Services.

6. When I sign the relinquishment form, I have the following choices:

- (A) I may choose to have the relinquishment form filed immediately. (If so, I may cancel it any time before the close of the next working day after I sign the form.)
- (B) I may choose to have the agency hold the relinquishment form for up to 30 days so I can think about my decision.
- (C) I may agree with the agency to hold the relinquishment form for more than 30 days if my child must be freed for adoption from the other parent(s).

**Put a check mark in front of the one statement that says what you want.**

- \_\_\_\_\_ (a) I want the relinquishment form filed immediately.
- \_\_\_\_\_ (b) I want the relinquishment form held for \_\_\_\_\_ days until \_\_\_\_\_.
- \_\_\_\_\_ (c) I agree to have the relinquishment form held until my child is freed for adoption from the other parent(s).

7. If I cancel the relinquishment form during any holding period referred to in number 6, I may request to have my child returned to me. In that event, my child will be returned within three working days, if possible, but not more than seven calendar days following my request unless the child is a dependent of the court. If the agency has reason to believe that I will hurt or otherwise be harmful to the child, the agency will refer the child to children's protective services.

8. Upon filing of the signed relinquishment form with the State Department of Social Services:

- (A) I will no longer be the child's legal parent.
- (B) All my rights and responsibilities as a parent of the relinquished child will be permanently ended.
- (C) I will not be able to get my child back unless the agency agrees. I will be required to tell the agency how I plan to care for my child if I ask to have my child back.

9. After my child has been legally adopted, the agency cannot return my child to me.

10. Before my child is legally adopted, the agency is permitted to give me information about his situation. At any future time I may request all known information about the status of my child's adoption including whether my child has been placed for adoption, the approximate date the adoption was completed, and if the adoption was not completed or was vacated, for any reason, whether adoptive placement of my child is again being considered.

The agency is not permitted to give me any identifying information about my child or any information which may reveal his whereabouts after my child is legally adopted.

11. I may participate with the agency in choosing who will adopt my child if the agency agrees. The final decision about who adopts my child rests with the agency.
12. If I want to know when my child was placed in an adoptive home and when my child was legally adopted, I will keep the agency informed of my whereabouts.
13. I will be able, at any time, to add information about myself to the agency's record.
14. When my child is adopted and reaches 18 (or before 18 with permission of the adoptive parents), he may request and will receive from the agency nonidentifying information about his birth family including information on health history and any updated nonidentifying information provided by the birth parents.

I know that the agency may not release any identifying information about me unless the information is released to certain agencies specified in law that require the information for the welfare of my child, or unless the adult adoptee, any living adoptive parent, and birth parent all sign waivers of his/her right to confidentiality of the adoption records for the purpose of arranging contact among these persons. In addition, the law permits the court to release identifying information from the court adoption file after considering the reasons for the request.

15. After the adoption is granted in court, all of my child's inheritance rights from any blood relatives will end unless there is a will or trust which includes my child.

(Check One)

Yes No

- I request a copy of the relinquishment form after it has been filed with the State Department of Social Services and is final.

I, \_\_\_\_\_, mother/father of \_\_\_\_\_  
(Name of Parent) (Name of Child)

\_\_\_\_\_, understand and agree to the statements I have initialed above.

\_\_\_\_\_  
(Date) (Signature of Parent)

I, \_\_\_\_\_, an authorized official of \_\_\_\_\_  
(Name and Title) (Name of Agency)

\_\_\_\_\_, accept this statement of understanding of \_\_\_\_\_  
(Relinquishing Parent's Name)

\_\_\_\_\_  
(Date) (Signature of Authorized Official)

The foregoing statement of understanding was signed on \_\_\_\_\_  
(Date)

by \_\_\_\_\_ in the presence of  
(Relinquishing Parent's Name)

\_\_\_\_\_  
(Witness' Signature) (Witness' Signature)

## STATEMENT OF UNDERSTANDING -- RELINQUISHMENT ADOPTION PROGRAM

RELINQUISHING A CHILD MEANS PERMANENTLY GIVING THE CHILD TO THE AGENCY SO THEY CAN CHOOSE OTHER PARENTS TO ADOPT THE CHILD. YOU WILL BE STATING YOUR INTENT TO RELINQUISH THE CHILD BY SIGNING THE RELINQUISHMENT FORM. YOU WILL NO LONGER HAVE ANY RIGHTS AS A PARENT TO THIS CHILD WHEN THE SIGNED RELINQUISHMENT FORM IS FILED WITH THE STATE.

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BEFORE YOU SIGN THE RELINQUISHMENT FORM, READ EACH OF THE STATEMENTS BELOW WITH YOUR SOCIAL WORKER. BE SURE TO ASK QUESTIONS ABOUT ANY STATEMENT YOU DO NOT UNDERSTAND.

### INSTRUCTIONS

1. Complete this form only after you have carefully considered your decision and you are sure that you want the child adopted by other parents to raise as their own child.
2. Read each of the statements in this form very carefully. If you do not understand a statement, ask the social worker to explain it to you.
3. If you understand and agree with a statement, put your initials in the box next to the number of that statement.
4. If you do not agree, or if you do not understand a statement after the social worker's explanation, do not initial the box. Ask for more help and time in making your decision.
5. If you have initialed **all** the boxes, sign your name at the end. Two witnesses must be present when you sign your name and they will sign their names after yours. (Witnesses are not necessary if this form is signed outside the State of California.)
6. This form must be completed for each child being relinquished.
7. You will receive a copy of the completed form(s).

| Distribution Instructions |        |
|---------------------------|--------|
| Original:                 | Agency |
| Second:                   | DSS    |
| Third:                    | Parent |

**STATEMENT OF UNDERSTANDING — RELINQUISHMENT ADOPTION PROGRAM**

1. I have carefully thought about the reasons for keeping or not keeping my child. I have decided that giving up my child to the agency for adoption is the best decision for my child and I do not need any more help and time to make my decision. I have decided to relinquish my child permanently to the \_\_\_\_\_ for adoption.  
 \_\_\_\_\_  
 (Name of Agency)

2. I have been informed that there may be different agencies to help with family, health, money, and other concerns. I know that I can talk about my plans and about giving up my child with other professional people and with family and friends.

3. If I do not sign the relinquishment form and have it filed with the State Department of Social Services, my rights and responsibilities as the child's parent continue unless terminated by other legal action.

4. I may cancel the relinquishment form any time before it is filed with the State Department of Social Services.

5. When I sign the relinquishment form, I have the following choices:

- (A) I may choose to have the relinquishment form filed immediately. (If so, I may cancel it any time before the close of the next working day after I sign the form.)
- (B) I may choose to have the agency hold the relinquishment form for up to 30 days so I can think about my decision.
- (C) I may agree with the agency to hold the relinquishment form for more than 30 days if my child must be freed for adoption from the other parent(s).

**Put a check mark in front of the one statement that says what you want.**

- \_\_\_\_\_ (a) I want the relinquishment form filed immediately.
- \_\_\_\_\_ (b) I want the relinquishment form held for \_\_\_\_\_ days until \_\_\_\_\_.
- \_\_\_\_\_ (c) I agree to have the relinquishment form held until my child is freed for adoption from the other parent(s).

6. If I cancel the relinquishment form during any holding period referred to in number 5, I may request to have my child returned to me if I have legal right to physical custody of the child. If I have a right to physical custody, my child will be returned within three working days, if possible, but not more than seven calendar days following my request unless the child is a dependent of the court. If the agency has reason to believe that I will hurt or otherwise be harmful to the child, the agency will refer the child to children's protective services.

7. Upon filing of the signed relinquishment form with the State Department of Social Services:

- (A) I will no longer be the child's legal parent.
- (B) All my rights and responsibilities as a parent of the relinquished child will be permanently ended.
- (C) I will not be able to get my child back unless the agency agrees and I have a legal right to obtain physical custody of the child. I will be required to tell the agency how I plan to care for my child if I ask to have my child back.

8. After my child has been legally adopted, the agency cannot return my child to me.



9. Before my child is legally adopted, the agency is permitted to give me information about his situation. At any future time I may request all known information about the status of my child's adoption including whether my child has been placed for adoption, the approximate date the adoption was completed, and if the adoption was not completed or was vacated, for any reason, whether adoptive placement of my child is again being considered.

The agency is not permitted to give me any identifying information about my child or any information which may reveal his whereabouts after my child is legally adopted.

10. I may participate with the agency in choosing who will adopt my child if the agency agrees. The final decision about who adopts my child rests with the agency.
11. If I want to know when my child was placed in an adoptive home and when my child was legally adopted, I will keep the agency informed of my whereabouts.
12. I will be able, at any time, to add information about myself to the agency's record.
13. When my child is adopted and reaches 18 (or before 18 with permission of the adoptive parents), he may request and will receive from the agency nonidentifying information about his birth family including information on health history and any updated nonidentifying information provided by the birth parents.

I know that the agency may not release any identifying information about me unless the information is released to certain agencies specified in law that require the information for the welfare of my child, or unless the adult adoptee, any living adoptive parent, and birth parent all sign waivers of his/her right to confidentiality of the adoption records for the purpose of arranging contact among these persons. In addition, the law permits the court to release identifying information from the court adoption file after considering the reasons for the request.

14. After the adoption is granted in court, all of my child's inheritance rights from any blood relatives will end unless there is a will or trust which includes my child.

(Check One)

Yes No

- I request a copy of the relinquishment form after it has been filed with the State Department of Social Services and is final.

I, \_\_\_\_\_, mother/father of \_\_\_\_\_  
(Name of Parent) (Name of Child)

\_\_\_\_\_, understand and agree to the statements I have initialed above.

\_\_\_\_\_  
(Date Signed) (Signature of Parent)

I, \_\_\_\_\_, an authorized official of \_\_\_\_\_  
(Name and Title) (Name of Agency)

\_\_\_\_\_, accept this statement of understanding of \_\_\_\_\_  
(Relinquishing Parent's Name)

\_\_\_\_\_  
(Date) (Signature of Authorized Official)

The foregoing statement of understanding was signed on \_\_\_\_\_  
(Date)

by \_\_\_\_\_ in the presence of \_\_\_\_\_  
(Relinquishing Parent's Name)

\_\_\_\_\_  
(Witness' Signature) (Witness' Signature)

## STATEMENT OF UNDERSTANDING — RELINQUISHMENT ADOPTION PROGRAM

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### INSTRUCTIONS

1. Complete this form only after you have carefully considered your decision and you are sure that you want the child adopted by other parents to raise as their own child.
2. Read each of the statements in this form very carefully. If you do not understand a statement, ask the social worker to explain it to you.
3. If you understand and agree with a statement, put your initials in the box next to the number of that statement.
4. If you do not agree, or if you do not understand a statement after the social worker's explanation, do not initial the box. Ask for more help and time in making your decision.
5. If you have initialed **all** the boxes, sign your name at the end. Two witnesses must be present when you sign your name and they will sign their names after yours. (Witnesses are not necessary if this form is signed outside the State of California.)
6. This form must be completed for each child being relinquished.
7. You will receive a copy of the completed form(s).

**Distribution Instructions**

|           |        |
|-----------|--------|
| Original: | Agency |
| Second:   | DSS    |
| Third:    | Parent |

**STATEMENT OF UNDERSTANDING — RELINQUISHMENT ADOPTION PROGRAM**

1. I have carefully thought about the reasons for keeping or not keeping the child. I have decided that giving up the child to the agency for adoption is the best decision for the child and I do not need any more help now to make my decision. I have decided to relinquish the child permanently to the \_\_\_\_\_ for adoption.  
(Name of Agency)

2. I have been informed that there may be different agencies to help with family, health, money, and other concerns. I know that I can talk about my plans and about giving up the child with other professional people and with family and friends.

3. I may cancel the relinquishment form any time before it is filed with the State Department of Social Services.

4. When I sign the relinquishment form I have the following choices.

(A) I may choose to have the relinquishment form filed immediately. (If so, I may cancel it any time before the close of the next working day after I sign the form.)

(B) I may choose to have the agency hold the relinquishment form for up to 30 days so I can think about my decision.

(C) I may agree with the agency to hold the relinquishment form for more than 30 days if the child must be freed for adoption from the other parent(s).

**Put a check mark in front of the one statement that says what you want.**

- \_\_\_\_\_ (a) I want the relinquishment form filed immediately.
- \_\_\_\_\_ (b) I want the relinquishment form held for \_\_\_\_\_ days until \_\_\_\_\_.
- \_\_\_\_\_ (c) I agree to have the relinquishment form held until the child is freed for adoption from the other parent(s).

5. Upon filing of the relinquishment form with the State Department of Social Services, any rights and responsibilities I may have as a parent of the child will be permanently ended, and I will not be able to cancel the relinquishment unless the agency agrees.

6. Before the child is legally adopted, the agency is permitted to give me information about his situation. At any future time I may request all known information about the status of the child's adoption including whether the child has been placed for adoption, the approximate date the adoption was completed, and if the adoption was not completed or was vacated, for any reason, whether adoptive placement of the child is again being considered.

The agency is not permitted to give me any identifying information about the child or any information which may reveal his whereabouts after the child is legally adopted.

7. I may participate with the agency in choosing who will adopt the child if the agency agrees. The final decision about who adopts the child rests with the agency.

8. If I want to know when the child was placed in an adoptive home and when the child was legally adopted, I will keep the agency informed of my whereabouts.

9. I will be able, at any time, to add information about myself to the agency's record.



10. When the child is adopted and reaches 18 (or before 18 with permission of the adoptive parents), he may request and will receive from the agency nonidentifying information about his birth family including information on health history, and any updated nonidentifying information provided by the birth parents.

I know that the agency may not release any identifying information about me unless the information is released to certain agencies specified in law that require the information for the welfare of the child, or unless the adult adoptee, any living adoptive parent, and birth parent all sign waivers of his/her right to confidentiality of the adoption records for the purpose of arranging contact among these persons. In addition, the law permits the court to release identifying information from the court adoption file after considering the reasons for the request.

11. After the adoption is granted in court all the child's inheritance rights from any blood relatives will end unless there is a will or trust which includes the child.

(Check One)

Yes No

- I request a copy of the relinquishment form after it has been filed with the State Department of Social Services and is final.

I, \_\_\_\_\_, the alleged father of \_\_\_\_\_

(Name of Parent)

(Name of Child)

\_\_\_\_\_, understand and agree to the statements I have initialed above.

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Signature of Parent)

I, \_\_\_\_\_, an authorized official of \_\_\_\_\_

(Name and Title)

(Name of Agency)

\_\_\_\_\_, accept this statement of understanding of \_\_\_\_\_

(Relinquishing Parent's Name)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Signature of Authorized Official)

The foregoing statement of understanding was signed on \_\_\_\_\_

(Date)

by \_\_\_\_\_ in the presence of

(Relinquishing Parent's Name)

\_\_\_\_\_  
(Witness' Signature)

\_\_\_\_\_  
(Witness' Signature)

## STATEMENT OF UNDERSTANDING — RELINQUISHMENT ADOPTION PROGRAM

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### INSTRUCTIONS

1. Complete this form only after you have carefully considered your decision and you are sure that you want the child adopted by other parents to raise as their own child.
2. Read each of the statements in this form very carefully. If you do not understand a statement, ask the social worker to explain it to you.
3. If you understand and agree with a statement, put your initials in the box next to the number of that statement.
4. If you do not agree, or if you do not understand a statement after the social worker's explanation, do not initial the box. Ask for more help and time in making your decision.
5. If you have initialed **all** the boxes, sign your name at the end. Two witnesses must be present when you sign your name and they will sign their names after yours. (Witnesses are not necessary if this form is signed outside the State of California.)
6. This form must be completed for each child being relinquished.
7. You will receive a copy of the completed form(s).

|                                  |               |
|----------------------------------|---------------|
| <i>Distribution Instructions</i> |               |
| <i>Original:</i>                 | <i>Agency</i> |
| <i>Second:</i>                   | <i>DSS</i>    |
| <i>Third:</i>                    | <i>Parent</i> |

**STATEMENT OF UNDERSTANDING FOR THE PARENT OF AN INDIAN CHILD —  
RELINQUISHMENT ADOPTION PROGRAM**

- 1. I have carefully thought about the reasons for relinquishing or not relinquishing the child. I have decided that giving up the child to the agency for adoption is the best decision for the child, and I do not need any more help now to make my decision. I have decided to relinquish the child permanently to the \_\_\_\_\_ for adoption.  
(Name of Agency)
- 2. I have been informed that there may be different agencies to help with family, health, money, and other concerns. I know that I can talk about my plans and about relinquishing the child with other professional people and with family and friends.
- 3. I know that if I do not sign the relinquishment form and I want custody of the child, I will have to ask the court to establish my parental rights to the child.
- 4. I know that if I do sign the relinquishment form, I must sign it before a superior court judge (or other appropriate court if signed outside the State of California).
- 5. I may cancel the relinquishment form any time before it is filed with the State Department of Social Services.
- 6. When I sign the relinquishment form I have the following choices:
  - (A) I may choose to have the relinquishment form filed immediately. (If so, I may cancel it any time before the close of the next working day after I sign the form.)
  - (B) I may choose to have the agency hold the relinquishment form for up to 30 days so I can think about my decision.
  - (C) I may agree with the agency to hold the relinquishment form for more than 30 days if the child must be freed for adoption from the other parent(s).

**Put a check mark in front of the one statement that says what you want.**

- \_\_\_\_\_ (a) I want the relinquishment form filed immediately.
- \_\_\_\_\_ (b) I want the relinquishment form held for \_\_\_\_\_ days until \_\_\_\_\_.
- \_\_\_\_\_ (c) I agree to have the relinquishment form held until the child is freed for adoption from the other parent(s).

- 7. If the relinquishment form is cancelled during any holding period and I ask to have the child, the agency will initiate court proceedings to determine if I have a right to physical custody of the child.
- 8. As a parent of an Indian child, after the relinquishment form is filed with the State Department of Social Services, I may still withdraw it at any time before the adoption is granted in court.
- 9. Upon filing of the relinquishment form with the State Department of Social Services any rights and responsibilities I may have as a parent of the child will be permanently ended unless I withdraw my relinquishment before the adoption is granted in court.
- 10. After the child is legally adopted, I cannot withdraw my relinquishment.
- 11. I will be notified immediately if the child's other parent requests to withdraw his/her relinquishment and of any court proceedings resulting from the request.
- 12. If an agency takes legal action to take away parental rights of the child's other parent, the child's tribe will be notified and may intervene in the proceedings.
- 13. If the child's tribe has a tribal court with jurisdiction to hear child custody proceedings, I, the child's other parent, or the tribe may ask the court to have all court proceedings regarding the child transferred to the tribal court. This transfer will not take place, however, if I, or the other parent objects, or if the tribe declines the request or the court finds good reason not to make such a transfer.
- 14. I may participate with the agency in choosing who will adopt the child if the agency agrees.

Although the final decision on choosing an adoptive home rests with the agency, the placement of the child is also subject to the Indian Child Welfare Act. According to that law, the agency must first try to place the child with someone from his extended family. If that is not possible, the second choice would be with someone from his tribe. If placement with the tribe is also not possible, the third choice is placement with another Indian family.

If I object to any of these placement choices under the Indian Child Welfare Act, I must tell the court. The court will decide whether my placement choices, rather than those required by the Indian Child Welfare Act, will be followed by the agency.

15. Before the child is legally adopted, the agency is permitted to give me information about his situation. At any future time I may request all known information about the status of the child's adoption including whether the child has been placed for adoption, the approximate date the adoption was completed, and if the adoption was not completed or was vacated, for any reason, whether adoptive placement of the child is again being considered.

The agency is not permitted to give me any identifying information about the child or any information which may reveal his whereabouts after the child is legally adopted.

16. If I want to know when the child was placed in an adoptive home and when the child was legally adopted, I will keep the agency informed of my whereabouts.
17. I may request that I be notified if the adoption petition is dismissed or set aside. If I make such a request, I will be given written notice of the petition to dismiss or set aside the adoption.
18. I will be able, at any time, to add information about myself to the agency's adoption record.
19. The agency can take the necessary steps to enroll the child in his tribe or to register him for any Bureau of Indian Affairs (BIA) benefits for which he may be eligible.

If the tribe requires my name in order to enroll the child, I am not required to consent to its release. I know that if I refuse to allow my name to be known to the tribe, the child may not be able to be enrolled.

20. When the child is adopted and reaches 18 (or before age 18 with permission of the adoptive parents), he may request and will receive from the agency nonidentifying information about his birth family including information on health history, Indian ancestry, tribal enrollment, if any, and any updated nonidentifying information provided by the birth parents.

The agency may not release any identifying information about me, unless the information is released to certain agencies specified in law that require the information is for the welfare of the child, or unless the adult adoptee, any living adoptive parent, and birth parent all sign waivers of his/her right to confidentiality of the adoption records for the purpose of arranging contact among these persons. In addition, the law permits the court to release identifying information from the court adoption file after considering the reasons for the request.

When the child is adopted and reaches age 18 he may request the court to give him information so that he can enroll in his tribe or obtain benefits from the Bureau of Indian Affairs. If I do not want my name revealed by the court, I must file such a request with the court.

21. After the adoption is granted in court all the child's inheritance rights from any blood relatives will end unless there is a will or trust which includes the child. However, the child may still be able to receive tribal benefits or BIA services to which he may be entitled due to his status as an Indian.

(Check One)

Yes No

- I request a copy of the relinquishment form after it has been filed with the State Department of Social Services and is final.

I, \_\_\_\_\_, the alleged father of

(Name of Relinquishing Parent)

\_\_\_\_\_, understand and agree to the statements I have initialed above.

(Name of Child)

\_\_\_\_\_, \_\_\_\_\_

(Date)

(Signature of Parent)

I, \_\_\_\_\_, an authorized official of \_\_\_\_\_

(Name and Title)

(Name of Agency)

\_\_\_\_\_ accept this statement of understanding of \_\_\_\_\_

(Relinquishing Parent's Name)

\_\_\_\_\_, \_\_\_\_\_

(Date)

(Signature of Authorized Official of the Agency)

The foregoing statement of understanding was signed on \_\_\_\_\_

(Date)

by \_\_\_\_\_ in the presence of

(Name of Relinquishing Parent)

\_\_\_\_\_, \_\_\_\_\_

(Witness' Signature)

(Witness' Signature)

**STATEMENT OF UNDERSTANDING —  
RELINQUISHMENT ADOPTION PROGRAM**

RELINQUISHING A CHILD MEANS PERMANENTLY GIVING THE CHILD TO THE AGENCY SO THEY CAN CHOOSE OTHER PARENTS TO ADOPT THE CHILD. YOU WILL BE STATING YOUR INTENT TO RELINQUISH THE CHILD BY SIGNING THE RELINQUISHMENT FORM. YOU WILL NO LONGER HAVE ANY RIGHTS AS A PARENT TO THIS CHILD WHEN THE SIGNED RELINQUISHMENT FORM IS FILED WITH THE STATE.

RELINQUISHING A CHILD IS AN EXTREMELY IMPORTANT DECISION. YOU SHOULD KNOW ALL THE FACTS ABOUT IT AND WEIGH ITS ADVANTAGES AND DISADVANTAGES IN MAKING YOUR DECISION.

BEFORE YOU SIGN THE RELINQUISHMENT FORM, READ EACH OF THE STATEMENTS BELOW WITH YOUR SOCIAL WORKER. BE SURE TO ASK QUESTIONS ABOUT ANY STATEMENT YOU DO NOT UNDERSTAND.

**INSTRUCTIONS**

1. *Complete this form only after you have carefully considered your decision and you are sure that you want the child adopted by other parents to raise as their own child.*
2. *Read each of the statements in this form very carefully. If you do not understand a statement, ask the social worker to explain it to you.*
3. *If you understand and agree with a statement, put your initials in the box next to the number of that statement.*
4. *If you do not agree, or if you do not understand a statement after the social worker's explanation, do not initial the box. Ask for more help and time in making your decision.*
5. *If you have initialed all the boxes, sign your name at the end. Two witnesses must be present when you sign your name and they will sign their names after yours. (Witnesses are not necessary if this form is signed outside the State of California.)*
6. *This form must be completed for each child being relinquished.*
7. *You will receive a copy of the completed form(s).*

**Distribution Instructions**

|           |        |
|-----------|--------|
| Original: | Agency |
| Second:   | DSS    |
| Third:    | Parent |

**STATEMENT OF UNDERSTANDING FOR THE PARENT OF AN INDIAN CHILD —  
RELINQUISHMENT ADOPTION PROGRAM**

1. I have carefully thought about the reasons for keeping or not keeping my child. I have decided that giving up my child to the agency for adoption is the best decision for my child, and I do not need any more help now to make my decision. I have decided to relinquish my child permanently to the \_\_\_\_\_ for adoption.  
(Name of Agency)
2. I have been informed that there may be different agencies to help with family, health, money, and other concerns. I know that I can talk about my plans and about giving up my child with other professional people and with family and friends.
3. If I do not sign the relinquishment form and have it filed with the State Department of Social Services, my rights and responsibilities as the child's parent continue unless terminated by other legal action.
4. If I do sign the relinquishment form, I must sign it before a superior court judge (or other appropriate court if signed outside the State of California).
5. I may cancel the relinquishment form any time before it is filed with the State Department of Social Services.
6. When I sign the relinquishment form, I have the following choices:
- (A) I may choose to have the relinquishment form filed immediately. (If so, I may cancel it any time before the close of the next working day after I signed the form.)
- (B) I may choose to have the agency hold the relinquishment form for up to 30 days so I can think about my decision.
- (C) I may agree with the agency to hold the relinquishment form for more than 30 days if my child must be freed for adoption from the other parent(s).
- Put a check mark in front of the one statement that says what you want.**
- \_\_\_\_\_ (a) I want the relinquishment form filed immediately.
- \_\_\_\_\_ (b) I want the relinquishment form held for \_\_\_\_\_ days until \_\_\_\_\_.
- \_\_\_\_\_ (c) I agree to have the relinquishment form held until my child is freed for adoption from the other parent(s).
7. If I cancel the relinquishment form during any holding period referred to in number 6, I may request to have my child returned to me if I have a legal right to physical custody of my child. If I have a right to physical custody, my child will be returned within three working days, if possible, but not more than seven calendar days following my request unless the child is a dependent of the court. If the agency has reason to believe that I will hurt or otherwise be harmful to the child, the agency will refer the child to children's protective services.
8. As a parent of an Indian child, after the relinquishment form is filed with the State Department of Social Services, I may still withdraw it at any time before the adoption is granted in court.
9. Upon filing of the signed relinquishment form with the State Department of Social Services:
- (A) I will no longer be the child's legal parent.
- (B) All my rights and responsibilities as a parent of the child will be permanently ended unless I withdraw my relinquishment before the adoption is granted in court.
10. After my child has been legally adopted, I cannot withdraw my relinquishment.
11. I will be notified immediately if my child's other parent requests to withdraw his/her relinquishment and of any court proceedings resulting from the request.
12. If an agency takes legal action to take away parental rights of my child's other parent, my child's tribe will be notified and may intervene in the proceedings.
13. If my child's tribe has a tribal court with jurisdiction to hear child custody proceedings, I, my child's other parent, or the tribe may ask the court to have all court proceedings regarding my child transferred to the tribal court. This transfer will not take place, however, if I, or the other parent objects, or if the tribe declines the request or the court finds good reason not to make such a transfer.

14. I may participate with the agency in choosing who will adopt my child if the agency agrees.

Although the final decision on choosing an adoptive home rests with the agency, the placement of my child is also subject to the Indian Child Welfare Act. According to that law, the agency must first try to place my child with someone from his extended family. If that is not possible, the second choice would be with someone from his tribe. If placement with the tribe is also not possible, the third choice is placement with another Indian family.

If I object to any of these placement choices under the Indian Child Welfare Act, I must tell the court. The court will decide whether my placement choices, rather than those required by the Indian Child Welfare Act, will be followed by the agency.

15. Before my child is legally adopted, the agency is permitted to give me information about his situation. At any future time I may request all known information about the status of my child's adoption including whether my child has been placed for adoption, the approximate date the adoption was completed, and if the adoption was not completed or was vacated, for any reason, whether adoptive placement of my child is again being considered.

The agency is not permitted to give me any identifying information about my child or any information which may reveal his whereabouts after my child is legally adopted.

16. If I want to know when my child was placed in an adoptive home and when my child was legally adopted, I will keep the agency informed of my whereabouts.

17. I may request that I be notified if the adoption petition is dismissed or set aside. If I make such a request, I will be given written notice of the petition to dismiss or set aside the adoption.

18. I will be able, at any time, to add information about myself to the agency's adoption record.

19. The agency can take the necessary steps to enroll my child in his tribe or to register him for any Bureau of Indian Affairs (BIA) benefits for which he may be eligible.

If the tribe requires my name in order to enroll my child, I am not required to consent to its release. I know that if I refuse to allow my name to be known to the tribe, my child may not be able to be enrolled.

20. When my child is adopted and reaches 18 (or before age 18 with permission of the adoptive parents), he may request and will receive from the agency nonidentifying information about his birth family including information on health history, Indian ancestry, tribal enrollment, if any, and any updated nonidentifying information provided by the birth parents.

The agency may not release any identifying information about me, unless the information is released to certain agencies specified in law that require the information for the welfare of my child, or unless the adult adoptee, any living adoptive parent, and birth parent all sign waivers of his/her right to confidentiality of the adoption records for the purpose of arranging contact among these persons. In addition, the law permits the court to release identifying information from the court adoption file after considering the reasons for the request.

When my child reaches age 18, he may request the court to give him information so that he can enroll in his tribe or obtain benefits from the Bureau of Indian Affairs. If I do not want my name revealed by the court, I must file such a request with the court.

21. After the adoption is granted in court, all my child's inheritance rights from any blood relatives will end unless there is a will or trust which includes my child. However, my child may still be able to receive tribal benefits or BIA services to which he may be entitled due to his status as an Indian.

(Check One)

Yes No

I request a copy of the relinquishment form after it has been filed with the State Department of Social Services and is final.

I, \_\_\_\_\_, mother/father of \_\_\_\_\_

(Name of Relinquishing Parent) (Name of Child)

\_\_\_\_\_, understand and agree to the statements I have initialed above.

\_\_\_\_\_  
(Date) (Signature of Parent)

I, \_\_\_\_\_, an authorized official of \_\_\_\_\_

(Name and Title) (Name of Agency)

accept this statement of understanding of \_\_\_\_\_

(Relinquishing Parent's Name)

\_\_\_\_\_  
(Date) (Signature of Authorized Official of the Agency)

The foregoing statement of understanding was signed on \_\_\_\_\_  
(Date)

by \_\_\_\_\_ in the presence of \_\_\_\_\_

(Name of Relinquishing Parent)

\_\_\_\_\_  
(Witness' Signature) (Witness' Signature)

**STATEMENT OF UNDERSTANDING —  
RELINQUISHMENT ADOPTION PROGRAM**

RELINQUISHING A CHILD MEANS PERMANENTLY GIVING THE CHILD TO THE AGENCY SO THEY CAN CHOOSE OTHER PARENTS TO ADOPT THE CHILD. YOU WILL BE STATING YOUR INTENT TO RELINQUISH THE CHILD BY SIGNING THE RELINQUISHMENT FORM. YOU WILL NO LONGER HAVE ANY RIGHTS AS A PARENT TO THIS CHILD WHEN THE SIGNED RELINQUISHMENT FORM IS FILED WITH THE STATE.

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BEFORE YOU SIGN THE RELINQUISHMENT FORM, READ EACH OF THE STATEMENTS BELOW WITH YOUR SOCIAL WORKER. BE SURE TO ASK QUESTIONS ABOUT ANY STATEMENT YOU DO NOT UNDERSTAND.

**INSTRUCTIONS**

1. *Complete this form only after you have carefully considered your decision and you are sure that you want the child adopted by other parents to raise as their own child.*
2. *Read each of the statements in this form very carefully. If you do not understand a statement, ask the social worker to explain it to you.*
3. *If you understand and agree with a statement, put your initials in the box next to the number of that statement.*
4. *If you do not agree, or if you do not understand a statement after the social worker's explanation, do not initial the box. Ask for more help and time in making your decision.*
5. *If you have initialed all the boxes, sign your name at the end. Two witnesses must be present when you sign your name and they will sign their names after yours. (Witnesses are not necessary if this form is signed outside the State of California.)*
6. *This form must be completed for each child being relinquished.*
7. *You will receive a copy of the completed form(s).*

| Distribution Instructions |        |
|---------------------------|--------|
| Original:                 | Agency |
| Second:                   | DSS    |
| Third:                    | Parent |

**STATEMENT OF UNDERSTANDING FOR THE PARENT OF AN INDIAN CHILD —  
RELINQUISHMENT ADOPTION PROGRAM**

1. I have carefully thought about the reasons for keeping or not keeping my child. I have decided that giving up my child to the agency for adoption is the best decision for my child, and I do not need any more help now to make my decision. I have decided to relinquish my child permanently to the \_\_\_\_\_ for adoption.

(Name of Agency)

2. I have been informed that there may be different agencies to help with family, health, money, and other concerns. I know that I can talk about my plans and about giving up my child with other professional people and with family and friends.

3. I have been informed that it may be possible to make other arrangements for the temporary care of my child while I try to make up my mind about adoption.

4. If I do not sign the relinquishment form, my rights and responsibilities as the child's parent continue, and I may request to have my child returned to me. In that event, I may expect my child returned to me within three working days, if possible, but not more than seven calendar days following my request unless the child is a dependent of the court. If the agency has reason to believe that I will hurt or otherwise be harmful to the child, the agency will refer the child to children's protective services.

5. If I do sign the relinquishment form, I must sign it before the superior court judge (or other appropriate court if signed outside the State of California).

6. I may cancel the relinquishment form any time before it is filed with the State Department of Social Services.

7. When I sign the relinquishment form, I have the following choices:

(A) I may choose to have the relinquishment form filed immediately. (If so, I may cancel it any time before the close of the next working day after I signed the form.)

(B) I may choose to have the agency hold the relinquishment form for up to 30 days so I can think about my decision.

(C) I may agree with the agency to hold the relinquishment form for more than 30 days if my child must be freed for adoption from the other parent(s).

**Put a check mark in front of the one statement that says what you want.**

- (a) I want the relinquishment form filed immediately.
- (b) I want the relinquishment form held for \_\_\_\_\_ days until \_\_\_\_\_.
- (c) I agree to have the relinquishment form held until my child is freed for adoption from the other parent(s).

8. If I cancel the relinquishment form during any holding period referred to in number 7, I may request to have my child returned to me. In that event, my child will be returned within three working days, if possible, but not more than seven calendar days following my request unless the child is a dependent of the court. If the agency has reason to believe that I will hurt or otherwise be harmful to the child, the agency will refer the child to children's protective services.

9. As a parent of an Indian child, after the relinquishment form is filed with the State Department of Social Services, I may still withdraw it at any time before the adoption is granted in court.

10. When the signed relinquishment form is received by the State Department of Social Services for filing:

(A) I will no longer be the child's legal parent.

(B) All my rights and responsibilities as a parent of the child will be permanently ended.

(C) I will not be able to get my child back unless I withdraw my relinquishment before the adoption is granted in court.

11. After my child has been legally adopted, the agency cannot return my child to me.

12. I will be notified immediately if my child's other parent requests to withdraw his/her relinquishment and of any court proceedings resulting from the request.

13. If an agency takes legal action to take away parental rights of my child's other parent, my child's tribe will be notified and may intervene in the proceedings.

14. If my child's tribe has a tribal court with jurisdiction to hear child proceedings, I, my child's other parent, or the tribe may ask the court to have all court proceedings regarding my child transferred to the tribal court. This transfer will not take place, however, if I, or the other parent objects, or if the tribe declines the request or the court finds good reason not to make such a transfer.

15. I may participate with the agency in choosing who will adopt my child if the agency agrees.

Although the final decision on choosing an adoptive home rests with the agency, the placement of my child is also subject to the Indian Child Welfare Act. According to that law, the agency must first try to place my child with someone from his extended family. If that is not possible, the second choice would be with someone from his tribe. If placement with the tribe is also not possible, the third choice is placement with another Indian family.

If I object to any of these placement choices under the Indian Child Welfare Act, I must tell the court. The court will decide whether my placement choices, rather than those required by the Indian Child Welfare Act, will be followed by the agency.

16. Before my child is legally adopted, the agency is permitted to give me information about his situation. At any future time I may request all known information about the status of my child's adoption including whether my child has been placed for adoption, the approximate date the adoption was completed, and if the adoption was not completed or was vacated, for any reason, whether adoptive placement of my child is again being considered.

The agency is not permitted to give me any identifying information about my child or any information which may reveal his whereabouts after my child is legally adopted.

17. If I want to know when my child was placed in an adoptive home and when my child was legally adopted, I will keep the agency informed of my whereabouts.

18. I may request that I be notified if the adoption petition is dismissed or set aside. If I make such a request, I will be given written notice of the petition to dismiss or set aside the adoption.

19. I will be able, at any time, to add information about myself to the agency's adoption record.

20. The agency can take the necessary steps to enroll my child in his tribe or to register him for any Bureau of Indian Affairs (BIA) benefits for which he may be eligible.

If the tribe requires my name in order to enroll my child, I am not required to consent to its release. I know that if I refuse to allow my name to be known to the tribe, my child may not be able to be enrolled.

21. When my child is adopted and reaches 18 (or before age 18 with permission of the adoptive parents), he may request and will receive from the agency nonidentifying information about his birth family including information on health history, Indian ancestry, tribal enrollment, if any, and any updated nonidentifying information provided by the birth parents.

The agency may not release any identifying information about me, unless the information is released to certain agencies specified in law that require the information for the welfare of my child, or unless the adult adoptee, any living adoptive parent, and birth parent all sign waivers of his/her right to confidentiality of the adoption records for the purpose of arranging contact among these persons. In addition, the law permits the court to release identifying information from the court adoption file after considering the reasons for the request.

When my child reaches age 18, he may request the court to give him information so that he can enroll in his tribe or obtain benefits from the Bureau of Indian Affairs. If I do not want my name revealed by the court, I must file such a request with the court.

22. After the adoption is granted in court, all my child's inheritance rights from any blood relatives will end unless there is a will or trust which includes my child. However, my child may still be able to receive tribal benefits or BIA services to which he may be entitled due to his status as an Indian.

(Check One)

Yes No

- I request a copy of the relinquishment form after it has been filed with the State Department of Social Services and is final.

I, \_\_\_\_\_, mother/father of \_\_\_\_\_

(Name of Relinquishing Parent)

(Name of Child)

\_\_\_\_\_, understand and agree to the statements I have initialed above.

(Date)

(Signature of Relinquishing Parent)

I, \_\_\_\_\_, an authorized official of \_\_\_\_\_

(Name and Title)

(Name of Agency)

\_\_\_\_\_, accept this statement of understanding of \_\_\_\_\_

(Name of Relinquishing Parent)

(Date)

(Signature of Authorized Official of the Agency)

The foregoing statement of understanding was signed on \_\_\_\_\_ (Date)

by \_\_\_\_\_ in the presence of

(Name of Relinquishing Parent)

(Witness' Signature)

(Witness' Signature)