

NOTICE OF FORM CHANGE NO. 05-008

DATE

01/07/2005

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

- Community Care Licensing District Offices
 Private and Public Adoption Agencies

- District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE AD 590A (1/05) - Waiver of Right to Further Notice of Adoption Planning (Presumed Father in or out of California)

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 1/05	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

- Use until exhausted Destroy

USE NEW FORM

- When supply available in DSS Warehouse Use new form effective _____

USE FORM IN ACCORDANCE WITH

- All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form is a Master Only.

Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

WAIVER OF RIGHT TO FURTHER NOTICE OF ADOPTION PLANNING (PRESUMED FATHER IN OR OUT OF CALIFORNIA)

INSTRUCTIONS:

1. These instructions apply to the presumed father whether he is signing this form in California or out-of-state.
2. This form may be used in both the relinquishment and the independent adoption programs.

I, _____, have been identified as the presumed father of

(NAME OF PRESUMED FATHER)

_____ born to _____

(NAME OF CHILD)

(NAME OF MOTHER)

on _____ /to be born, for whom an adoption is planned. I hereby waive the
(DATE OF BIRTH)
right to further notice of adoption planning for this child which includes notice of court hearings. I understand that any parental rights I may have toward this child will continue until the court issues an order of adoption or an order terminating my parental rights, whichever comes first. I understand that the court may enter an order terminating my parental rights without further notice to me. I understand any parental responsibility I may have toward this child, including the responsibility to pay child support if so ordered by a court, will continue until an order of adoption or an order terminating my parental rights, whichever occurs first, has been issued by the court. I understand that if I change my mind after signing this form, I may not revoke or rescind this waiver and that my only recourse is court action.

SIGNATURE OF PRESUMED FATHER

DATE

STATE OF _____ }
COUNTY OF _____ } ss.

On this _____ day of _____, 20____, before me, _____,

a Notary Public in and for said county and state, personally appeared _____
known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal.

(AFFIX NOTARIAL SEAL)

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

My Commission Expires _____