

# ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

## 1 Adopting parent or parents

- a. Name: \_\_\_\_\_
- b. Name: \_\_\_\_\_
- c. Name: \_\_\_\_\_
- d. Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime telephone number: \_\_\_\_\_
- e. Additional street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime telephone number: \_\_\_\_\_
- f. Lawyer (if any) (*name, address, telephone number, e-mail address, and State Bar number*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

## 2 Information about the child

Child's name after adoption:

- a. First name: \_\_\_\_\_
- b. Middle name: \_\_\_\_\_
- c. Last name: \_\_\_\_\_
- d. Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_
- e. Place of birth (*if known*): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

3 Name of adoption agency (*if any*): \_\_\_\_\_

## 4 Hearing details

- a. Hearing date: \_\_\_\_\_ Dept.: \_\_\_\_\_ Div.: \_\_\_\_\_ Rm.: \_\_\_\_\_
- b. Judicial officer: \_\_\_\_\_ Clerk's office telephone number: \_\_\_\_\_
- c. People present at the hearing:
- ☐ Adopting parent or parents ☐ Lawyer for adopting parent or parents
- ☐ Child ☐ Child's lawyer
- ☐ Parent or parents keeping parental rights: \_\_\_\_\_
- ☐ Other people present (*list each name and relationship to child*):
- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- ☐ Check here if there are more names. Attach a sheet of paper, write "ADOPT-215, Item 4" at the top, and list the additional names and each person's relationship to child. You may use form MC-025, Attachment.



Adopting parent or parents: \_\_\_\_\_

Case Number: \_\_\_\_\_

- 4 ☐ The hearing is waived pursuant to Family Code section 9000.5 (*Check this box only if this is an adoption confirming parentage of a parent who was married to or in a state-registered domestic partnership, including a registered domestic partnership or civil union from another jurisdiction, with the legal parent at the time the child was born.*)

**Judge will fill out section below.**

- 5 The judge finds that the child (*check all that apply*):
- a. ☐ Is 12 or older and agrees to the adoption
  - b. ☐ Is under 12
  - c. ☐ Is not required to consent because this is a tribal customary adoption.
- 6 The judge has reviewed the report and other documents and evidence and finds that:
- a. Proper notice to all persons with actual or possible parental rights has been provided and their voluntary or nonvoluntary participation is documented in the court file.
  - b. Each adopting parent:
    - (1) Is at least 10 years older than the child or meets the criteria in Family Code section 8601(b);
    - (2) Will treat the child as their own;
    - (3) Will support and care for the child;
    - (4) Has a suitable home for the child; *and*
    - (5) Agrees to adopt the child.
- 7 Child's name before adoption  
*Complete for nonrelative agency, independent, intercountry, or stepparent adoption.*  
*If this is an adoption of a dependent child by a relative filed under Family Code section 8714.5, complete only if requested by the adopting relative or by the child being adopted, if 12 years of age or older.*  
First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_
- 8 ☐ The child is an Indian child. The judge finds that this adoption meets the placement requirements of the Indian Child Welfare Act or that there is good cause to give preference to these adopting parent or parents. The clerk will fill out 14 below.
- 9 ☐ The judge approves the *Contact After Adoption Agreement* (form \_\_\_\_\_ )  
☐ As submitted      ☐ As amended on form ADOPT-310
- 10 ☐ This is a tribal customary adoption. The tribal customary adoption order of the \_\_\_\_\_ tribe dated \_\_\_\_\_ containing \_\_\_\_\_ pages and attached hereto is fully incorporated into this order of adoption.
- 11 ☐ This is an adoption under the Hague Adoption Convention. *Verification of Compliance with Hague Adoption Convention Attachment* (form ADOPT-216) is attached and fully incorporated into this order.



Adopting parent or parents: \_\_\_\_\_

Case Number: _____
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- 12** ☐ (Do not complete for intercountry adoptions.) 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:
- a. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- b. An agreement waiving termination of parental rights, signed by both the existing parents and the adopting parent or parents, was filed with the court.

- 13** The judge believes the adoption is in the child's best interest and orders this adoption. The child's name after adoption will be:
- First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_
- The adopting parent or parents and the child are now parent and child under the law, with all the rights and duties of the parent-child relationship or, in the case of a tribal customary adoption, all the rights and duties set out in the tribal customary adoption order and Welfare and Institutions Code section 366.24.
- ☐ The judge believes it will serve public policy and the best interest of the child to grant the request of the adopting parent or parents for the court to make this order effective as of (date): \_\_\_\_\_.

Date: \_\_\_\_\_  
(Date of Signature)

\_\_\_\_\_  
Judge or Judicial Officer

**Clerk will fill out section below.**

**14 Clerk's Certificate of Mailing**

For the adoption of an Indian child, the clerk certifies:

I am not a party to this adoption. I placed a filed copy of:

- ☐ Adoption Request (form ADOPT-200) ☐ Adoption of Indian Child (form ADOPT-220)  
☐ Adoption Order (form ADOPT-215) ☐ Contact After Adoption Agreement (form ADOPT-310)

in a sealed envelope, marked "Confidential" and addressed to:

Chief, Division of Social Services  
Bureau of Indian Affairs  
1849 C Street, NW  
Mail Stop 310-SIB  
Washington, DC 20240

The envelope was mailed by U.S. mail, with full postage, from:

Place: \_\_\_\_\_ on (date): \_\_\_\_\_

Date: \_\_\_\_\_ Clerk, by: \_\_\_\_\_, Deputy