ADOPT-225 Parent of Indian Child Agrees to End Parental Rights

Clerk stamps below when form is filed.

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

Court name and street address:

Superior Court of California, County of

Case Number:

(1) I want my child to be adopted by *(name(s)):*

a. _____

b. _____

Their relationship to Indian child: *(Check all that apply)*

☐ Related to child *(specify):* _____

☐ Members of child's tribe ☐ Indian parents

☐ None of the above

(2) The parent(s) in (1) ☐ meet ☐ do not meet the placement preference requirements of the Indian Child Welfare Act.

(3) Indian child *(name):* _____

Date of birth: _____ Age: _____

Child's tribe(s): _____

Enrollment #: _____

☐ *Check here if you do not know the enrollment #.*

(4) Your name: _____

☐ Mother ☐ Father *(Check only one. Each parent fills out a separate form.)*

Your address *(skip this if you have a lawyer):*

_____

City: _____ State: _____ Zip: _____

Phone #: _____ Your tribe(s): _____ Enrollment #: _____

☐ *Check here if you do not know the enrollment #.*

Your lawyer *(if you have one): (Name, address, phone #, and State Bar #):*

_____

_____

(5) I am the parent in (4) and I understand and say:

a. I agree to give up my parental rights.

b. I agree to the adoption of my child by the parent(s) listed in (1).

c. I understand what will happen when I sign this form.

d. No one has threatened me or made promises to me to get me to sign this form.

e. I understand that until the judge signs an Adoption Order (ADOPT-215) or an order to end my parental rights, I can change my mind and my child will be returned to me.

f. I want the court to let me know if the adoption is canceled so I can ask the court to give custody of my child back to me. The court will give the custody of my child back to me if the judge decides it is in my child's best interest.

g. I do not give up any of my rights under the Indian Child Welfare Act by signing this form.

h. My child was at least 10 days old when I signed this form.

i. I understand that notice of the adoption request will be sent to any Indian tribe of which my child may be a member or eligible for membership.

American LegalNet, Inc.
www.USCourtForms.com

Case Number:

Your name: _____

6 At the time of signing this form, I do not live and am not domiciled on an Indian reservation.

Date: _____ _____
Type or print your name

_____
Signature of Indian parent

Judge's Certification

I, Judge _____ ,
Superior Court of California, County of _____ , certify:

- This form was completed in writing and recorded before me.
- I fully explained the terms and consequences to *(name of parent):* _____
- The parent fully understood the terms and consequences.
- The parent speaks English or used an interpreter at the hearing.

Certified:

Date: _____

_____
Judge (or Judicial Officer)

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