

REFUSAL TO GIVE PARENTAL CONSENT TO ADOPTION

Original: Court Record
 Copy: Parent
 Copy: Case Record

(Birth Mother/Presumed/Biological Father/Legal Parent)

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <p>INSTRUCTIONS:</p> <ol style="list-style-type: none"> 1. This form is to be completed by the legal parent who refuses to consent to the adoption of his/her child. 2. The legal parent must initial each statement and sign at the bottom of the form. 3. Complete Section A or B as explained below. | <p>COUNTY: _____</p> <hr/> <p>ACTION NUMBER: _____</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|

I, _____ being the (Choose One):

NAME OF LEGAL PARENT

Birth Mother Presumed Father Biological Father Other Legal Parent _____

of _____ (Gender: M F) born on _____

NAME OF CHILD

DATE OF BIRTH

refuse to give my consent to adoption of said child by _____.

NAME OF PETITIONER(S)

_____ I understand I have the right to retain a lawyer to assist me with this matter.

INITIAL

_____ I understand that by signing this form it does not stop the adoption. I understand that if I want to stop the adoption I must take legal action as soon as possible.

INITIAL

_____ I understand that the petitioner(s) can go to court and ask the court to end my rights as this child's parent.

INITIAL

| | |
|---------------------------|------|
| SIGNATURE OF LEGAL PARENT | DATE |
|---------------------------|------|

SECTION A
Complete if signed in California

| | |
|-------------------------------------------------------------------------------|---------------------|
| SIGNATURE OF AGENCY REPRESENTATIVE (CDSS or Delegated County Adoption Agency) | DATE |
| NAME OF AGENCY REPRESENTATIVE | TELEPHONE NUMBER |
| NAME OF AGENCY (CDSS or Delegated County Adoption Agency) | COUNTY WHERE SIGNED |
| FULL ADDRESS | |

SECTION B
Complete if signed Outside-of-California*
*****THIS FORM MUST BE WITNESSED BY A NOTARY PUBLIC WHEN SIGNED OUTSIDE OF CALIFORNIA*****

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

| | |
|---------------------|------|
| SIGNATURE OF NOTARY | DATE |
|---------------------|------|

***If signing outside the United States, this section must meet with the requirements of California Civil Code Section 1183.**