

WAIVER OF RIGHT TO FURTHER NOTICE OF ADOPTION PLANNING (ALLEGED NATURAL FATHER IN OR OUT-OF-CALIFORNIA)

INSTRUCTIONS:

1. These instructions apply to the alleged natural father whether signing in California or out-of-California.
2. This form may be used in both the Agency and Independent Adoption Programs.
3. The alleged Natural Father must initial each statement and sign at the bottom of the form.
4. This form must be witnessed and signed by a representative of the California Department of Social Services, a California licensed adoption agency, an authorized out-of-state adoption agency or a Notary Public.

I, _____, acknowledge that I have received notice that I have been named as a
NAME OF ALLEGED NATURAL FATHER
 possible father of a child for whom an adoption is planned. I hereby waive the right to further notice of adoption planning for
 (mark one of the below boxes):

_____, born to _____ on _____
NAME OF CHILD NAME OF MOTHER DATE OF BIRTH

an unborn child of _____ expected to be born on _____
NAME OF MOTHER DATE OF BIRTH

INITIAL I understand that this is a waiver of my right to further notice of adoption planning for this child, including notice of court hearings.

INITIAL I understand that to establish my paternity of this child I must file an action under Family Code Sections 7630(c) and 7631 within 30 days of service of the initial notice which stated I am or could be the father of the child or the birth of the child.

INITIAL I understand that any parental rights and 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 the court issues an order of adoption, or an order terminating my parental rights, whichever occurs first.

INITIAL I understand that the court may enter an order terminating my parental rights without further notice to me.

INITIAL 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 ALLEGED NATURAL FATHER	DATE
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COMPLETED BY AGENCY REPRESENTATIVE

SIGNED IN COUNTY/STATE	NAME OF AGENCY
NAME OF AGENCY REPRESENTATIVE	TITLE OF AGENCY REPRESENTATIVE
SIGNATURE OF AGENCY REPRESENTATIVE	DATE

*** COMPLETED BY NOTARY PUBLIC***

When the form is NOT BEING signed in the presence of an agency representative

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

SIGNATURE OF NOTARY	DATE
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