INDEPENDENT ADOPTION PLACEMENT AGREEMENT (INDIAN CHILD)

This form <u>MUST</u> be signed after the Statement of Understanding (SOU) AD 927 AND Declaration of Mother (AD 880) forms have been completed and signed. This Independent Adoption Placement Agreement WILL NOT be valid if it is signed prior to the SOU AD 927 and AD 880.

PLACING PARENT SECTION

Note to placing parent: This form is a consent to adoption. Do not sign this form unless you want the prospective adoptive parent(s) named below to adopt your child.

I/We, _				, being the parent(s)
		NAME OF PARENT(S)		
of		, (Gender: 🗌 I	/I 🗌 F) born on	
	NAME OF CHILD		,	DATE OF BIRTH
in		, place him/her with		
	CITY AND STATE OF BIRTH		FULL NAME(S) OF PRO	DSPECTIVE ADOPTIVE PARENT(S)

for the purpose of an independent adoption.

I/We understand that with the signing of this document, I/we will give up all my/our rights of custody, services and earnings of this child.

I/We understand that this child is or may be covered under the Indian Child Welfare Act (ICWA).

If known, name of child's tribe: _____

If known, tribal membership or enrollment number:

I/We understand that unless this child is confirmed as covered under ICWA, my/our right to revoke this consent is **ONLY DURING THE THIRTY (30) DAY PERIOD** beginning on the date I/we sign this consent.

I/We understand that if this child is confirmed as covered under ICWA, I/we have the right to withdraw this Independent Adoption Placement Agreement, at any time **BEFORE THE FINAL DECREE** of adoption has been entered in court.

I/We understand that if this child is later confirmed as covered under ICWA then the agency will notify me. I understand I must keep the agency informed of my current address.

I/We have chosen the person(s) named above to be the parent(s) of my/our child based on my/our personal knowledge about him/her/them.

I/We have been informed of the basic health and social history of the person(s) named above.

I/We understand that this child will not be considered to have been placed for adoption until the birth parent(s) placing the child, prospective adoptive parent(s) and the Adoption Service Provider (ASP) have signed this Independent Adoption Placement Agreement.

The person(s) named above have my/our permission to care for this child in his/her/their home.

The person(s) named above have my/our permission to make any provisions for medical and surgical care for this child, including anesthesia, which may be deemed necessary or advisable by any licensed physician, for a period not to exceed one year from the date this agreement is signed.

I/We was/were advised of my/our rights in the independent adoption process on ______. These rights are summarized on the attached SOU (AD 927) which I/we have read and signed.

I/We have decided to place my/our child for adoption with the person(s) named above, and I/we am/are signing this freely and willingly.

SIGNATURE OF PARENT	DATE SIGNED
SIGNATURE OF PARENT	DATE SIGNED

ADOPTION SERVICE PROVIDER SECTION (advising and witnessing signature of birth parent(s))

I have advised the placing parent(s) as required by Family Code Section 8801.5. The advisement occurred at least ten (10) days before the signing of this placement agreement or Due to the attached exigent circumstances, the advisement occurred fewer than ten (10) days before the signing of this placement agreement: , have witnessed the signing of this Independent Adoption Ι, NAME OF WITNESS Placement Agreement by _____ on _____ PLACING PARENT(S) DATE in _ CITY AND STATE WHERE SIGNED I am: A representative of _____, a California licensed private adoption agency. NAME OF AGENCY An individual California ASP. A representative of _____, an adoption agency licensed or otherwise NAME OF AGENCY approved under the laws of the state of , the state where the Independent Adoption Placement Agreement is being signed. NAME OF STATE An individual licensed or otherwise certified as a clinical social worker under the laws of _____ the state where the Independent Adoption Placement Agreement is being signed. NAME OF STATE Independent counsel for the placing parent(s) serving as an ASP, pursuant to Family Code Section 8502(b) and 8801.5(e). SIGNATURE OF INDIVIDUAL SERVING AS AN ASP DATE WHEN SIGNED OUT OF CALIFORNIA and the identification of the birth parent(s) is being questioned

then this form must also be signed in front of a Notary Public

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

SIGNATURE OF NOTARY

ADOPTION AGENCY INVESTIGATING THIS ADOPTION (to be completed by representative or ASP)

The adoption agency which will investigate this proposed independent adoption is: NAME OF CDSS ADOPTION OFFICE/DELEGATED COUNTY ADOPTION AGENCY

ADDRESS

TELEPHONE NUMBER

DATE

CERTIFICATE OF THE COURT

The parent of this child to whom the ICWA does apply or may apply, and the ASP, whose signatures are affixed above, appeared in my presence on _______. This voluntary adoption placement agreement has been given at least ______.

en (10) days after the birth of the child. The terms and consequences of the voluntary signing of this adoption placement
greement have been fully explained in English, or translated in a language understood by the parent, including the right
o withdraw the adoption placement agreement prior to the final decree of adoption if the child is confirmed to be covered
Inder ICWA.

SIGNATURE OF SUPERIOR COURT JUDGE	DATE
NAME OF SUPERIOR COURT JUDGE	NAME OF COURT JURISDICTION

PROSPECTIVE ADOPTIVE PARENT(S) SECTION

I/We, the prospective adoptive parent(s) listed on page one, accept the placement of				
	NAME OF CHILD			
by	into my/our home with the intent of adoption.			
PLACING PARENT(S)				
I/We agree to file a petition to adopt this child within ten (10) working days after signing this placement agreement with the				
Superior Court in	_ County, the county where:			
☐ The child was born or resides at the time of filing.				
The placing birth parent(s) resided when the Independent Adoption Placement Agreement was signed.				

The placing birth parent(s) resided when the petition was filed.

I/We agree that if, during the time period specified on the first page of this agreement, the placing parent(s) sign(s) and delivers to the investigating adoption agency a statement revoking this placement agreement and requesting that the child be returned, I/we must immediately return the child to the custody of the placing parent(s).

I/We agree that until the adoption is granted by the court:

- A. I/We must place the child under the care of a licensed physician and follow his/her recommendations for health care for the child, including immunization.
- B. I/We must not take the child from the county named above for a period of more than thirty (30) days without the approval of the court. I/We understand that the court may issue an order which prevents me/us from taking the child out of the county at all.
- C. I/We must not conceal the child from the placing parent(s), the investigating adoption agency, or the court.
- D. I/We must inform the investigating agency of any changes in my/our family or place of residence.
- E. I/We must assume responsibility for board, lodging, maintenance, medical care, and any other care for this child, and for any damages resulting therefrom.

I/We have been informed of the basic health and social history of the placing parent(s).

SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT	DATE SIGNED
SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT	DATE SIGNED

ADOPTION SERVICE PROVIDER SECTION (witnessing prospective adoptive parent(s) signature)

I,			, have witi	nessed the signin	g of this Independent Adoption
	NAME OF INDIVIDUAL SERVING A			0	
Plac	cement Agreement by			on	DATE
			E PARENT(S)		DATE
in _		·			
l am	CITY AND STATE WHERE SIGNED				
	A representative of			_, a California lice	ensed private adoption agency.
	An individual California ASP.	NAME OF AGENCY			
	A representative of			, an adoptior	agency licensed or otherwise
	and a standard back of the state	NAME OF AGENCY			· · · · · · · · · · · · · · · · · · ·
	approved under the laws of the state Adoption Placement Agreement is b		NAME OF STATE	, th	e state where the Independent
	An individual licensed or otherwise				S OF
	the state where the Independent Ad	option Placement	Agreement is a	being signed.	NAME OF STATE
	Independent counsel for the placin	g parent(s) servin	g as an ASP,	pursuant to Fami	ily Code Section 8502(b) and
SIGN	ATURE OF INDIVIDUAL SERVING AS AN ASP				DATE