

STATEMENT OF UNDERSTANDING INDEPENDENT ADOPTIONS PROGRAM

You will be consenting to the adoption of your child by signing the Independent Adoption Placement Agreement (AD 924). Consenting means you agree to place your child permanently with the prospective adoptive parent(s) to raise as his/her/their own. When the adoption petition is granted, you will no longer have any rights as a parent to the child.

Before you sign this form and the Independent Adoption Placement Agreement (AD 924), read each of the attached statements in consultation with the Adoption Service Provider.

Be sure to ask questions about any statement you do not understand. Consenting to the adoption of your child is an extremely important decision. You should know all the facts and consequences before making your decision.

Instructions On How to Complete This Statement of Understanding:

BEFORE YOU SIGN THIS STATEMENT OF UNDERSTANDING AND THE INDEPENDENT ADOPTION PLACEMENT AGREEMENT (AD 924), READ BOTH VERY CAREFULLY WITH THE ADOPTION SERVICE PROVIDER. BE SURE TO ASK QUESTIONS ABOUT ANYTHING YOU DO NOT UNDERSTAND.

1. *Complete this Statement of Understanding only after you have carefully thought about placing your child for adoption and you are sure that you want your child adopted by the prospective adoptive parent(s) and raised by him/her/them.*
2. *Read each of the statements in this document very carefully. If you do not understand a statement, ask the Adoption Service Provider to explain it to you until you completely understand.*
3. *If you understand and agree with a statement, put your initials on the line next to the number of that statement.*
4. *If you do not agree, or if you do not understand a statement after the Adoption Service Provider's explanation, do not initial the line. Ask for more help and time in making your decision.*
5. *If you have initialed all the lines, sign your name on page 4 of this form.*
6. *You will receive a copy of this Statement of Understanding and the Independent Adoption Placement Agreement (AD 924) when it has been completed.*

THIS FORM IS TO BE USED WITH THE INDEPENDENT ADOPTION PLACEMENT AGREEMENT (AD 924) FORM

**STATEMENT OF UNDERSTANDING
INDEPENDENT ADOPTIONS PROGRAM**

PARENT WHO PLACES THE CHILD WITH THE PROSPECTIVE ADOPTIVE PARENT(S)

____ 1. I _____ want to place my child,
NAME OF PLACING PARENT
_____, permanently with
NAME OF CHILD
_____, for adoption.
NAME(S) OF THE PROSPECTIVE ADOPTIVE PARENT(S)

____ 2. I have chosen the prospective adoptive parent(s) to be the parent(s) for my child based on my personal knowledge of at least the following information about him/her/them:

First Prospective Adoptive Parent:

Full Legal Name: _____

Age: _____ Religion: _____ Race and Ethnicity: _____

Number of Previous Marriages: _____ Employment: _____

Health Conditions restricting normal daily activities or reducing normal life expectancy: _____

Children who do not live in the home; child support obligation for these children; and any failure to meet child support obligation:

Any history of arrest and convictions for any crimes other than minor traffic violations: _____

Any removals of children from care due to child abuse or neglect: _____

Second Prospective Adoptive Parent:

Full Legal Name: _____

Age: _____ Religion: _____ Race and Ethnicity: _____

Number of Previous Marriages: _____ Employment: _____

Health Conditions restricting normal daily activities or reducing normal life expectancy: _____

Children who do not live in the home; child support obligation for these children; and any failure to meet child support obligation:

Any history of arrest and convictions for any crimes other than minor traffic violations: _____

Any removals of children from care due to child abuse or neglect: _____

Family:

Length of Current Marriage/Relationship: _____

General residence location or, if requested, specific address: _____

Other children and adults residing in the home of the prospective adoptive parent(s): _____

- ___ 3. I understand if I do not wish to place my child for adoption with the prospective adoptive parent(s), I should not sign this form and the Independent Adoption Placement Agreement (AD 924).
- ___ 4. I understand I have the right to look for a lawyer to help me in the Independent Adoption process and that the prospective adoptive parent(s) may be required to pay the cost, up to \$500 unless the prospective adoptive parent(s) and I agree to a higher amount, of such legal counsel.
- ___ 5. I understand I may talk about my plan to place my child for adoption with other professional people, my family and friends.
- ___ 6. I understand if I am not sure I want to place my child for adoption, there are other places the agency can refer me to that could help me with family, health, money, and other problems.
- ___ 7. I understand I have a right to a minimum of three separate counseling sessions with an Adoption Service Provider or a licensed psychotherapist of my choice which, at my request, will be paid for by the prospective adoptive parent(s).
- ___ 8. I understand the Independent Adoption Placement Agreement (AD 924) will automatically become an irrevocable consent to adoption either when the 30-day period has ended or when I sign a Waiver of the Right to Revoke Consent (AD 929), whichever occurs first. The first day of the 30-day period is the day the Independent Adoption Placement Agreement (AD 924) is signed.
- ___ 9. If I change my mind after I sign the Independent Adoption Placement Agreement (AD 924) I must sign and deliver to the California Department of Social Services or to the delegated county adoption agency, whichever is investigating the proposed adoption, a written statement revoking the Independent Adoption Placement Agreement (AD 924) and requesting that the child be returned to me. I may not revoke the Independent Adoption Placement Agreement (AD 924) after the 30-day period has ended or after I signed a Waiver of the Right to Revoke Consent (AD 929), whichever occurs first. The first day of the 30-day period is the day the Independent Adoption Placement Agreement (AD 924) is signed.
- ___ 10. After the Independent Adoption Placement Agreement (AD 924) becomes irrevocable, I may regain custody of the child only if the prospective adoptive parent(s) agree(s) to withdraw his/her/their petition for adoption or if the court denies the adoption petition.
- ___ 11. I understand I will remain legally responsible for my child until the adoption is granted by the court. If the adoption is withdrawn, dismissed or denied, the agency will notify me and request that I make other plans for the child. I understand I must keep the agency informed of my current address.
- ___ 12. I understand if I ask the agency which investigates the proposed adoption for information at any future time, the agency must give me all known information about the status of my child's adoption including the approximate date the adoption was completed and if the adoption was not completed or was vacated, for any reason, whether adoptive placement of my child is again being considered.
- ___ 13. I understand after my child's adoption has been granted in court, all inheritance rights from any blood relatives will end unless they have made arrangements in their will or in a trust which specifically includes my child. My child will legally inherit from his/her adoptive parent(s).

- ____ 14. I understand the adoption agency may release identifying information from the adoption case record only when:
- A. It has been requested by certain agencies as named in law because the information is needed to help my child;
 - B. My child, when he/she is an adult, and I have signed forms agreeing to the release of identifying information so that contact can be arranged;
 - C. My child has reached 21 years of age, asks for my identity and I have agreed in writing to the release of my identity and most current address in the adoption agency's record;
 - D. My child has reached 21 years of age and has indicated in writing that I may have his/her adopted name and most current address as indicated in the adoption agency's records and I have asked for this information; or
 - E. My child is under 21 years of age and the adoption agency has found that the release of my identity and most current address as indicated in the agency's record is justified according to law.
- ____ 15. I understand I will be able, at any time, to add information about myself to the record of the agency that investigates the independent adoption.
- ____ 16. I understand the court may, after considering a request, release identifying information from the court's adoption file.
- ____ 17. I understand if I think I was deliberately not told the truth about placing my child for adoption, I have three years after the date the adoption was completed, or within 90 days of discovery of the fraud, whichever is earlier, to ask the court to set-aside the adoption of my child.
- ____ 18. I understand I will no longer be my child's legal parent once the adoption is granted in court. This means that:
- A. I will no longer be responsible for the care of my child;
 - B. The prospective adoptive parent(s) will be the parent(s) and will be legally responsible for caring for my child;
 - C. I will no longer have any right to the custody, services, or earnings of my child; and
 - D. I will not be able to reclaim my child.
- ____ 19. I have received enough information about the prospective adoptive parent(s), and I wish to proceed with signing the Independent Adoption Placement Agreement (AD 924).
- ____ 20. I have carefully thought about the reasons for keeping or placing my child for adoption. I have decided that placing my child with the prospective adoptive parent(s) for adoption is in the best interest of my child. I have read and understand this Statement of Understanding and the Independent Adoption Placement Agreement (AD 924). I do not need any more help or time to make my decision. I have decided to place my child for adoption and consent to the adoption of my child by the prospective adoptive parent(s), and I am signing this freely and willingly.

I, _____, mother/father of _____.

NAME OF PLACING PARENT NAME OF CHILD

understand and agree to the statements I have initialed above.

SIGNATURE OF PLACING PARENT	DATE
-----------------------------	------

TO BE COMPLETED BY THE ADOPTION SERVICE PROVIDER

I, _____, have witnessed the signing of this Statement of Understanding by _____.

NAME OF WITNESS

____ on _____, I am:

NAME OF PLACING PARENT DATE

____ A representative of _____, a California licensed private adoption agency.

NAME OF AGENCY

____ An individual California Adoption Service Provider (ASP).

____ A representative of _____, an adoption agency licensed or otherwise approved under the laws of the state of _____, the state where the Independent Adoption Placement Agreement (AD 924) is being signed.

NAME OF AGENCY 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 (AD 924) 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 ABOVE WITNESS	DATE
----------------------------	------