

## STATEMENT OF UNDERSTANDING INDEPENDENT ADOPTIONS PROGRAM

You will be consenting to the adoption of your child by signing the Independent Adoption Placement Agreement — Indian Child (AD 925). 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 — Indian Child (AD 925), 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 — INDIAN CHILD (AD 925), 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 7 of this form. Since you are the parent of a child who is or may be an Indian child, you must sign this Statement of Understanding before a Judge of the Superior Court in California or if signed outside the State of California, a Judge of an equivalent state court.*
- 6. You will receive a copy of this Statement of Understanding and the Independent Adoption Placement Agreement — Indian Child (AD 925) when it has been completed.*

**THIS FORM MUST BE USED WITH THE INDEPENDENT ADOPTION PLACEMENT AGREEMENT — INDIAN CHILD (AD 925) FORM.**

**STATEMENT OF UNDERSTANDING****Parent Who Places the INDIAN Child With  
the Prospective Adoptive Parent(s)**

\_\_\_\_\_ 1. I want to place my child, \_\_\_\_\_, \_\_\_\_\_  
NAME OF CHILD  
permanently with \_\_\_\_\_ 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:

**PERSONAL KNOWLEDGE OF PROSPECTIVE ADOPTIVE PARENT(S)****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:

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

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

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

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**Family:**

Length of Current Marriage: \_\_\_\_\_

General residence location or, if requested, specific address:

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

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**RIGHTS UNDER THE INDIAN CHILD WELFARE ACT (ICWA)**

My Child:

- ☐ Has been confirmed as covered under the ICWA
- ☐ Has not been confirmed as covered under the ICWA but may be covered. Therefore, I am being advised of these rights. I understand that until my child is confirmed as covered under the ICWA the rights described below in number 3 and 4 do not apply. Complete number 5 as well.

\_\_\_\_\_ 3. I understand because my child is or may be an Indian child the requirements of the ICWA will apply to the signing of the Independent Adoption Placement Agreement — Indian Child (AD 925) and the adoption of my child.

If Known, Name of Child's Tribe: \_\_\_\_\_

If Known, Tribal Membership or Enrollment Number: \_\_\_\_\_

\_\_\_\_\_ 4. I understand that in a case of a child who has been confirmed as covered under the ICWA the following rights apply:

- \_\_\_\_\_ a. According to the ICWA, the best place for my child to live if he/she cannot be with me would be with a member of his/her extended family. If that is not possible, the next choice would be with other members of my child's tribe. If placement with the tribe is not possible, the third choice would be with another Indian family.

If I do not follow any of these placement choices, I must tell the court so that the court can consider my view in the final decision on where my child will be placed.

- \_\_\_\_\_ b. If I should change my mind about the adoption after signing the Independent Adoption Placement Agreement - Indian Child (AD 925), I may withdraw the agreement before the adoption is granted by the court and my child will be returned to me.
- \_\_\_\_\_ c. I will be told immediately if my child's other parent asks to take back his/her consent to adoption and of any court proceedings because he/she is asking to take back the consent to adoption. I understand I must keep the adoption agency informed of my current address if I want to receive this notice.
- \_\_\_\_\_ d. The child's Indian tribe has a right to be noticed and participate in the adoption proceedings.
- \_\_\_\_\_ e. If any agency or person goes to court to take away the parental rights of my child's other parent, my child's tribe will be noticed and may participate in the proceedings.
- \_\_\_\_\_ f. The adoption agency has to tell me if the adoption is set-aside or the adoptive parent(s) agree(s) to the ending of his/her/their rights as a parent(s) to my child. I know that the notice will be given to me in writing. I understand I must keep the adoption agency informed of my current address if I want to receive this notice.
- \_\_\_\_\_ g. If my child's tribe has a tribal court, as defined by the ICWA, or other administrative body that is able to hear child proceedings, I, my child's other parent, or the tribe may ask the court to have all court proceedings about my child moved to the tribal court. This will not take place if I or the other parent does not want it to, if the tribe does not want it to, or the court finds good reason not to move the proceedings.
- \_\_\_\_\_ h. Information about the adoption may be released when:
  - (1) My child reaches 18 years of age and asks the court that granted the adoption for information about my tribal affiliation and any other information needed to protect any tribal rights including entitlement to enrollment that he/she may have.
  - (2) The Secretary of the Interior has asked for the information.
    - (a) I understand if I want to stay unknown I must file a paper with the court asking that information about me not be released.
    - (b) I understand even though the ICWA requires the Secretary of the Interior to make sure the information on the adoption of my child stays confidential, tribes do not always keep this information confidential if they find out about the adoption.
    - (c) My child is over 18 years of age, his/her adoptive parent(s) or tribe asks the Secretary of the Interior to release information to enroll my child in the tribe or to decide if my child has any rights or benefits from the tribe.
    - (d) I understand if I have filed a paper with the court asking that information about me not be released, the Secretary of the Interior will certify that my child may be enrolled in the tribe instead of releasing the information.
- \_\_\_\_\_ i. The adoption agency will take the necessary steps to obtain a Certificate of Degree of Indian Blood for my child and may enroll my child in his/her tribe or register him/her for any Bureau of Indian Affairs' benefits that he/she may be able to get.
- \_\_\_\_\_ j. The clerk of the Superior Court must provide a copy of the final decree of adoption, along with information about myself, tribal information, biological parent, adoptive parent and the adoption agency to the Secretary of Interior.

- \_\_\_\_\_ k. I may ask the court to stop any action ending my rights as a parent if the action did not follow the ICWA.
- \_\_\_\_\_ l. I must sign the Independent Adoption Placement Agreement — Indian Child (AD 925) form before a Judge of the Superior Court in California, or if signed outside the State of California, a Judge of an equivalent state court.

**TO BE COMPLETED BY THE BIRTH PARENT WHOSE CHILD HAS NOT BEEN CONFIRMED  
AS COVERED UNDER THE ICWA**

- \_\_\_\_\_ 5. **BIRTH PARENT WILL ONLY INITIAL THE BELOW STATEMENTS IF** the child has not been confirmed as covered under the ICWA.
- \_\_\_\_\_ a. I understand that if my child is later determined NOT to be subject to the ICWA, the below rights described in (1) — (3) will apply to my child and the above rights described in numbers 3 and 4 will not apply to my child.
- \_\_\_\_\_ (1) I understand the Independent Adoption Placement Agreement-Indian Child (AD 925) will automatically become an irrevocable consent to adoption 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 Indian Child (AD 925) is signed.
- \_\_\_\_\_ (2) If I change my mind after I sign the Independent Adoption Placement Agreement — Indian Child (AD 925), 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 adoption placement agreement and requesting that the child be returned to me. I may not revoke the adoption placement agreement 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 adoption placement agreement is signed.
- \_\_\_\_\_ (3) After the adoption placement agreement 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.
- \_\_\_\_\_ b. I understand that if this child is later confirmed as covered under the ICWA, then the investigating agency will notify me and the rights described in number 3 and 4, including the right to withdraw the consent before the adoption is granted by the court, will apply. I understand I must keep the agency informed of my current address.

**RIGHTS IN EVERY CASE**

- \_\_\_\_\_ 6. I understand if I do not wish to place my child for adoption with the prospective adoptive parent(s), I should not sign the Independent Adoption Placement Agreement — Indian Child (AD 925).
- \_\_\_\_\_ 7. 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.

- \_\_\_\_\_ 8. 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.
- \_\_\_\_\_ 9. I understand I may talk about my plan to place my child for adoption with other professional people, my family, and friends.
- \_\_\_\_\_ 10. 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).
- \_\_\_\_\_ 11. I understand I will remain legally responsible for my child until the adoption is granted by the court. If the adoption petition 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 that 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, and 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). However, my child may still be able to get benefits from his/her tribe or Bureau of Indian Affairs' services if he/she is an Indian.
- \_\_\_\_\_ 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 file 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 the request, release identifying information from the court 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.

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

I, _____, have witnessed the signing of this <div style="text-align: center; font-size: small;">NAME OF WITNESS</div>	
Statement of Understanding by _____ on _____, I am : <div style="display: flex; justify-content: space-between; font-size: small;"> <span>NAME OF PLACING PARENT</span> <span>DATE</span> </div>	
<input type="checkbox"/>	A representative of _____, a California licensed <div style="text-align: center; font-size: small;">AGENCY NAME</div> private adoption agency.
<input type="checkbox"/>	An individual California Adoption Service Provider (ASP).
<input type="checkbox"/>	A representative of _____, an adoption agency licensed <div style="text-align: center; font-size: small;">AGENCY NAME</div> or otherwise approved under the laws of the state of _____ the state <div style="text-align: center; font-size: small;">NAME OF STATE</div> where the Independent Adoption Placement Agreement-Indian Child (AD 925) is being signed.
<input type="checkbox"/>	An individual licensed or otherwise certified as a clinical social worker under the laws of _____, the state where the Independent Adoption Placement <div style="text-align: center; font-size: small;">NAME OF STATE</div> Agreement — Indian Child (AD 925) is being signed.
<input type="checkbox"/>	Independent counsel for the placing parent(s) serving as an ASP, pursuant to Family Code Section 8502(b) and 8801.5(e).
<div style="display: flex; justify-content: space-between; font-size: small;"> <span>SIGNATURE OF WITNESS</span> <span>DATE</span> </div>	

**SECTION B — Certificate of the Court**  
**Complete if signed in or out of California**

The parent of this child to whom the ICWA does apply or may apply, and the Adoption Service Provider, whose signatures are affixed above, appeared in my presence on \_\_\_\_\_. This Statement of Understanding has been given at least ten (10) days after the birth of the child. The terms and consequences of the voluntary signing of the Adoption Placement Agreement and this Statement of Understanding have been fully explained in English, or translated in a language understood by the parent, including the right to withdraw the adoption placement agreement prior to the final decree of adoption if the child is confirmed to be covered under the ICWA.

SIGNATURE OF SUPERIOR COURT JUDGE

DATE

NAME OF SUPERIOR COURT JUDGE

NAME OF COURT JURISDICTION