

REVOCATION OF CONSENT INDEPENDENT ADOPTION PROGRAM

Original: Court Record
Copy: Birth Parent
Copy: Case Record

INSTRUCTIONS:

*This form is to be signed by the birth parent who wishes to revoke his or her consent, including an Independent Adoption Placement Agreement, to the independent adoption of his or her child. The completed and signed revocation form is valid only if it is delivered to the California Department of Social Services (CDSS) or the delegated county adoption agency, whichever is investigating the proposed independent adoption, **before** the 30-day period has ended. The first day of the 30-day period is the day the consent is signed. It is not valid if the parent has signed a Waiver of Right to Revoke Consent-Independent Adoption Program form (AD 929). The agency representative who receives the form shall complete Section B and give a copy of the form to the parent who signed the form.*

Section A:

I, _____, the mother/father of _____
BIRTH PARENT'S NAME NAME OF CHILD
 born on _____, revoke my consent to adoption by, or the Independent Adoption Placement
DATE OF BIRTH
 Agreement entered into with, _____ signed
NAMES OF PETITIONERS/PROSPECTIVE ADOPTIVE PARENTS
 on _____.
DATE

I request that the child be returned to me his or her birth parent.

SIGNATURE OF PARENT

DATE SIGNED

Section B:

To be completed by the representative of the California Department of Social Services or Delegated County Adoption Agency receiving the form:

PERSON RECEIVING FORM:

DATE RECEIVED:

AGENCY NAME:

ADDRESS: