

**NOTICE OF FORM CHANGE NO. 06-035**

DATE

03/13/2006

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE AD 908A (3/06) - Adoptions Information Act Statement

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 3/06	REPLACES 10/04	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> Other:	

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

## DISPOSITION OF OLD SUPPLY

Use until exhausted  Destroy

## USE NEW FORM

When supply available in DSS Warehouse  Use new form effective 3/06

## USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

**FORM IS A MASTER ONLY**

Attached is a Reproducible Copy. Print 8 1/2 x 11.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 651-8876 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).



In order to locate the correct adoption file, please assist us by completing the information below. If you do not know this information, please write "unknown".

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Adoptee's name, birth date, city and state of birth

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Full names of both adoptive parents

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Adoptive parents' current address

#### **ADOPTTEES:**

- Please check this box if you want to receive nonidentifying background information about your birth parents.
- Please check this box if you want your adoptive parents notified that you have filed this request before the name and address of your birth parent(s) is released. *(Your decision to check or not to check this box does not affect the information you will receive).*

#### **WHAT HAPPENS TO THIS FORM?**

This form may be sent directly to the adoption agency which handled the adoption, if known, or to the Department's Central Office: Adoptions Support Unit, Department of Social Services, 744 P Street, M.S. 3-31, Sacramento, CA 95814. If the adoption was an independent (*private*) adoption, the form will be acknowledged and placed in the adoption file and you will be sent any available information you requested. If the adoption was an agency adoption, the form will be returned to you with the name and address of the correct agency so you may send it directly to that agency. A copy will be kept in the Department's adoption file.

#### **ADDITIONAL INFORMATION REGARDING THIS INFORMATION ACT STATEMENT**

The CDSS or the licensed adoption agency does not provide search services to locate birth parents.

You should keep the CDSS or the licensed adoption agency informed of your current name and address.

There is no fee for services provided by the CDSS. However, licensed adoption agencies may charge a fee for their services.