

NOTIFICATION OF PROCEDURE IN LIEU OF SIGNING RELINQUISHMENT, WAIVER OR DENIAL

(To be used for California Court Actions, Out-of-State Actions, and Foreign Born Children)

NAME OF CHILD	BIRTHDATE	BIRTHPLACE
NAME OF MOTHER	NAME OF BIOLOGICAL/PRESUMED FATHER(S)	
NAME OF ALLEGED FATHER(S)		

INSTRUCTIONS: PART I. For items A through E, attach a copy of court order(s). For item F, attach (1) copy of notice to alleged natural father, (2) copy of proof of service (affidavit or signed, certified mail receipt) and (3) agency statement regarding response from alleged natural father and any action taken by him.

PART II. Attach copies of relinquishment document(s) and/or court order(s).

I. COURT ACTION TAKEN IN CALIFORNIA _____ COUNTY	DATE	COURT ACTION NUMBER
A. <input type="checkbox"/> Child a foundling and referred to Agency (W&IC 366.26)		
B. <input type="checkbox"/> Child an orphan and referred to Agency (FC 8705)		
C. <input type="checkbox"/> Child declared free from parental custody and control and referred to agency <input type="checkbox"/> FC 7802 <input type="checkbox"/> W&IC 366.26 <input type="checkbox"/> Mother <input type="checkbox"/> Biological/Presumed Father(s) <input type="checkbox"/> Alleged Natural Father(s)		
D. <input type="checkbox"/> Only Mother's consent determined necessary (FC 7630)		
E. <input type="checkbox"/> Alleged Natural Father's rights terminated by court action (FC 7660)		
F. <input type="checkbox"/> Alleged Natural Father failed to bring action pursuant to FC 7630 in response to notice of adoption planning (FC 7666)	Date 30 Days Expired	

II. ACTION TAKEN IN ANOTHER STATE

Note: Please attach a statement from the out-of-state adoption agency that the relinquishment taken meets the laws of that state and transfers total legal care, custody and control of the child from the birth parent to the agency.

A. CHILD RELINQUISHED TO AUTHORIZED AGENCY IN ANOTHER STATE IN ACCORDANCE WITH THE LAW OF THAT JURISDICTION.		
<input type="checkbox"/> Mother	Date	<input type="checkbox"/> Biological/Presumed Father(s) Date
<input type="checkbox"/> Alleged Natural Father(s)	Date	NAME OF OUT-OF-STATE AGENCY REPORTING ACTION
B. PARENTAL RIGHTS TERMINATED BY COURT ACTION IN ANOTHER STATE IN ACCORDANCE WITH THE LAW OF THAT JURISDICTION.		
<input type="checkbox"/> Mother	DATE	ACTION NUMBER
<input type="checkbox"/> Biological/Presumed Father(s)		
<input type="checkbox"/> Alleged Natural Father(s)		
COUNTY	STATE	NAME OF OUT-OF-STATE AGENCY REPORTING ACTION
C. CHILD RELINQUISHED IN A COURT PROCEEDING IN ANOTHER STATE ACCORDING TO THE LAW OF THAT JURISDICTION.		
<input type="checkbox"/> Mother	DATE	ACTION/FILE NUMBER
<input type="checkbox"/> Biological/Presumed Father(s)		
<input type="checkbox"/> Alleged Natural Father(s)		
COUNTY	STATE	NAME OF OUT-OF-STATE AGENCY (IF APPLICABLE)

III. ACTION TAKEN IN ANOTHER COUNTRY FOR FOREIGN BORN CHILDREN

CHILD'S NATIVE COUNTRY	DATE OF RELEASE
NAME OF PERSON WHO IRREVOCABLY RELEASED CHILD FOR EMIGRATION AND SUBSEQUENT ADOPTION IN U.S.	RELATIONSHIP TO CHILD (NATURAL PARENT/LEGAL GUARDIAN OR COURT ACTION)
LIAISON AGENCY TO WHOM CHILD WAS RELEASED FOR EMIGRATION AND ADOPTION	COURT ACTION NUMBER AND PLACE OF ACTION (IF APPLICABLE)
RELEASE DOCUMENTS SPECIFY:	
<input type="checkbox"/> 1) Child may be adopted by family selected U.S. Adoption Agency	<input type="checkbox"/> 2) Child may be adopted only by persons named on release documents
SIGNATURE OF AGENCY REPRESENTATIVE	NAME OF AGENCY
	DATE