

### NOTICE OF REMOVAL OF CHILD FROM ADOPTIVE HOME

**TO: California Department of Social Services  
Adoptions Services Bureau  
744 P Street, M.S. 8-12-31  
Sacramento, California 95814**

State Case Number

\_\_\_\_\_ born \_\_\_\_\_ was  
NAME OF CHILD BIRTHDATE

removed from the home of \_\_\_\_\_ and  
NAME OF APPLICANT

\_\_\_\_\_ at \_\_\_\_\_  
NAME OF APPLICANT ADDRESS

on \_\_\_\_\_  
DATE

Date of Placement \_\_\_\_\_

AAP Placement:  Yes  No

TCA Placement:  Yes  No

**REASON FOR REMOVAL:** *(Check the most significant reason)*

- 1.  Child behavior problem
- 2.  Marital problems
- 3.  Financial problems
- 4.  Parenting problems  
(Child removed by agency)
- 5.  Parenting problems  
(Child removed at request of parent(s))
- 6.  Return to permanent foster care
- 7.  Death of parent(s)
- 8.  Death of child
- 9.  Other (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(NAME OF AGENCY)

By \_\_\_\_\_

Date \_\_\_\_\_