

INDEPENDENT ADOPTION PLACEMENT AGREEMENT

This form **MUST** be signed after the Statement of Understanding (SOU AD 926) AND Declaration of Mother (AD 880) forms have been completed and signed. This Independent Adoption Placement Agreement WILL NOT be valid if it is signed prior to the SOU AD 926 and AD 880.

PLACING PARENT SECTION

Note to placing parent: This form will become a permanent and irrevocable consent to adoption. Do not sign this form unless you want the prospective adoptive parent(s) named below to adopt your child.

I/We, _____, being the parent(s) of _____ ,

NAME OF PARENT(S)
NAME OF CHILD

(Gender: M F) born on _____ in _____ ,

DATE OF BIRTH
CITY AND STATE OF BIRTH

place him/her with _____ for the purpose of an

FULL NAME(S) OF PROSPECTIVE ADOPTIVE PARENT(S)

 independent adoption.

I/We understand that I/we may revoke this Independent Adoption Placement Agreement **ONLY DURING THE THIRTY (30) DAY PERIOD** beginning on the date I/we sign this agreement AND **ONLY IF I/WE HAVE NOT WAIVED MY/OUR RIGHT TO REVOKE THE AGREEMENT.**

If I/we take no further action, this placement agreement will become a permanent and irrevocable consent to the adoption on the 31st day after I/we sign it.

I/We further understand that with the signing of the order of adoption by the court, I/we shall give up all my/our rights of custody, services, and earnings of this child and I/we may not reclaim this child.

The person(s) named above have my/our permission to care for this child in his/her/their home.

I/We have chosen the person(s) named above to be the parent(s) of my/our child based on my/our personal knowledge about him/her/them.

I/We have been informed of the basic health and social history of the person(s) named above.

I/We understand that this child will not be considered to have been placed for adoption until the prospective adoptive parent(s), the Adoption Service Provider (ASP) and I/we have signed this placement agreement.

The person(s) named above have my/our permission to make any provisions for medical and surgical care for this child, including anesthesia, which may be deemed necessary or advisable by any licensed physician, **for a period not to exceed one year from the date this agreement is signed.**

I/We understand that if this child is found to be subject to the Indian Child Welfare Act (ICWA), this placement agreement WILL NOT be valid.

I/We was/were advised of my/our rights in this independent adoption process on _____. These rights are summarized on the attached SOU (AD 926) which I/we have read and signed. DATE

I/We have decided to place my/our child for adoption with the person(s) named above, and I/we am/are signing this freely and willingly.

SIGNATURE OF PARENT	DATE SIGNED
SIGNATURE OF PARENT	DATE SIGNED

**ADOPTION SERVICE PROVIDER SECTION
(advising and witnessing signature of birth parent(s))**

I have advised the placing parent(s) as required by Family Code Section 8801.5.

- The advisement occurred at least ten (10) days before the signing of this placement agreement, **or**
- Due to the attached exigent circumstances, the advisement occurred fewer than ten (10) days before the signing of this placement agreement:

I, _____, have witnessed the signing of this Independent Adoption

NAME OF INDIVIDUAL SERVING AS AN ASP

Placement Agreement by _____

PLACING PARENT(S)

on _____ in _____.

DATE

CITY AND STATE WHERE SIGNED

I am:

- A representative of _____, a California licensed private adoption agency.

NAME OF AGENCY

An individual California ASP.

A representative of _____, an adoption agency licensed or otherwise approved under the laws of the state of _____, the state where the Independent Adoption Placement Agreement is being signed.

NAME OF AGENCY

NAME OF STATE

An individual licensed or otherwise certified as a clinical social worker under the laws of _____, the state where the Independent Adoption Placement Agreement is being signed.

NAME OF STATE

Independent counsel for the placing parent(s) serving as an ASP, pursuant to Family Code Section 8502(b) and 8801.5(e).

<small>SIGNATURE OF INDIVIDUAL SERVING AS AN ASP</small>	<small>DATE</small>
--	---------------------

WHEN SIGNED OUT OF CALIFORNIA and the identification of the birth parent(s) is being questioned, then this form must also be signed in front of a Notary.

The Notary Public must staple the Acknowledgement document to this form and sign and date below.

<small>SIGNATURE OF NOTARY</small>	<small>DATE</small>
------------------------------------	---------------------

**ADOPTION AGENCY INVESTIGATING THIS ADOPTION
(to be completed by representative or ASP)**

The adoption agency which will investigate this proposed independent adoption is:

<small>NAME OF CDSS ADOPTION OFFICE/DELEGATED COUNTY ADOPTION AGENCY</small>	
<small>ADDRESS</small>	<small>TELEPHONE NUMBER</small>

PROSPECTIVE ADOPTIVE PARENT(S) SECTION

I/We, the prospective adoptive parent(s) listed on page one, accept the placement of

_____ by _____
NAME OF CHILD PLACING PARENT(S)

into my/our home with the intent of adoption.

I/We agree to file a petition to adopt this child within ten (10) working days after signing this placement agreement with the Superior Court in _____ County, the county where:
NAME OF COUNTY

- I/we reside.
- The child was born or resides at the time of filing.
- The placing birth parent(s) resided when the Independent Adoption Placement Agreement was signed.
- The placing birth parent(s) resided when the petition was filed.

I/We agree that if, during the time period specified on the first page of this agreement, the placing parent(s) sign(s) and delivers to the investigating adoption agency a statement revoking this placement agreement and requesting that the child be returned, I/we must immediately return the child to the custody of the placing parent(s).

I/We agree that until the adoption is granted by the court:

- A. I/We must place the child under the care of a licensed physician and follow his/her recommendations for health care for the child, including immunization.
- B. I/We must not take the child from the county named above for a period of more than thirty (30) days without the approval of the court. I/We understand that the court may issue an order which prevents me/us from taking the child out of the county at all.
- C. I/We must not conceal the child from the placing parent(s), the investigating adoption agency, or the court.
- D. I/We must inform the investigating agency of any changes in my/our family or place of residence.
- E. I/We must assume responsibility for board, lodging, maintenance, medical care, and any other care for this child, and for any damages resulting therefrom.

I/We understand that if this child is found to be subject to the ICWA, this placement agreement will not be valid.

I/We have been informed of the basic health and social history of the placing parent(s).

SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT	DATE SIGNED
SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT	DATE SIGNED

ADOPTION SERVICE PROVIDER SECTION
(witnessing prospective adoptive parent(s) signature)

I, _____, have witnessed the signing of this Independent
NAME OF INDIVIDUAL SERVING AS AN ASP
Adoption Placement Agreement by _____
PROSPECTIVE ADOPTIVE PARENT(S)
on _____ in _____.
DATE CITY AND STATE WHERE SIGNED

I am:

- A representative of _____, a California licensed
NAME OF AGENCY
private adoption agency.
- An individual California ASP.
- A representative of _____, an adoption
NAME OF AGENCY
agency licensed or otherwise approved under the laws of the state of _____, the
NAME OF STATE
state where the Independent Adoption Placement Agreement is being signed.
- An individual licensed or otherwise certified as a Clinical Social Worker under the laws of _____,
NAME OF STATE
the state where the Independent Adoption Placement Agreement is being signed.
- Independent counsel for the placing parent(s) serving as an ASP, pursuant to Family Code Section 8502(b) and 8801.5(e).

<small>SIGNATURE OF INDIVIDUAL SERVING AS AN ASP</small>	<small>DATE</small>
--	---------------------