NOTICE OF FORM CHA	DATE		
			03/07/2014
District Attorney		FROM: Forms Management Unit	
Listed below is information re	egarding a form change. O	nly applicable information is show	n.
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) County Form	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	AD 842 (10/13) - Conse California In Armed Ford	nt To Adoptive Placement By Alleces)	eged Natural Father (Outside
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free □ Sold		☐ Yes No
☐ New ☐ Revised	DATE OF FORM 10/13	REPLACES 09/08	Obsolete
REQUIRED FORM-	REQUIRED FORM-		
⊠ No Change Permitted	Substitute Permit	ted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		☐ OTHER:	
Department of Social Services Warehouse P.O. Box 980788		☑ INTERNET:	
West Sacramento, CA 95798-0788		☐ INTRANET:	
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTIO	NS
Use until exhausted		□ Destroy	
USE NEW FORM When supply available in DSS Warehouse		$oxed{\boxtimes}$ Use new form effective	10/13
USE FORM IN ACCORDANCE WITH			
\square All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.cdss.ca.gov/cdss	web/entres/forms/English//	AD842.PDF	

Camera-ready copies are currently available on the CDSS Internet. Go to http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.