

NOTICE OF FORM CHANGE NO. 03-126

DATE

9/5/2003

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 4313 (8/03) - Letter requesting Parent be Interviewed

ORDER UNIT MO	<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 8/03	REPLACES 2/95	<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: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<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 8/03

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

FORM IS NOW MASTER ONLY. UNIT OF ISSUE CHANGED TO EACH.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English form, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

TO:
ADDRESS
CITY, STATE, ZIP

RE: INTERVIEW OF _____, **THE** _____
NAME BIRTH MOTHER/PRESUMED FATHER/ALLEGED NATURAL FATHER

IN THE ADOPTION OF _____ **DATE OF BIRTH** _____
NAME OF CHILD

BY: _____
NAME OF PETITIONER(S)

COURT REPORT DUE _____

We request your assistance in interviewing the above-named person regarding the adoption of the above-named child, concerning (his/her/their) wish to consent to this adoption. Since this placement was made without the help of an adoption agency, our department is required to submit a report to the _____ Superior Court with our
(COUNTY)

recommendation concerning the suitability of the home of petitioner(s) and whether or not the child is legally free for adoption.

In order for a child to be adopted in California, the rights of the parents must be terminated. The alleged natural father has the right to be heard in court and a determination made as to his legal rights to the child unless he waives such rights, denies paternity, or consents to the adoption.

Please follow the directions on each enclosed form regarding who may witness the signing of each document. For those forms without specific direction, the form must be signed in the presence of a representative of the California Department of Social Services or a delegated county adoption agency or if the form is being signed outside the State of California the form must be notarized.

The Paragraphs Pertinent To This Request Are Checked

- The placement was made by the birth parent(s) in California in accordance with California law and the birth parent(s) subsequently moved to your State.
- The petitioner(s) report that they traveled to your State and received the child from _____
- We are informed that arrangements were made for the placement of the child in this home by:
- Birth parent Other on _____
DATE
- If other, please explain: _____
- We would like a statement by the birth parent(s) about why and how the placement was arranged and whether the birth parent(s) personally met the petitioner(s). Did the petitioner(s) pay any expenses other than the medical bills? Any additional information you can send us will be greatly appreciated.

We are informed that the birth parent(s) is/are now living alone or with _____

(PRESENT CIRCUMSTANCES)

- We understand the birth parent(s) wish(es) any correspondence be sent to (him/her/them) in an unmarked envelope. Enclosed is a copy of a letter we have written to the birth parent(s).
- As we all know, detailed information about the birth parent(s), a physical description, and medical and background information may be very important to the child in future years. This information is collected on the "Information About the Birth mother" (AD 67) and the "Information About the Birth father" (AD 67A) forms. It is important that the mother's full marital history be completed, including date(s), city(ies), and state(s) and name(s) of present and former spouse(s). Her marital history will be verified by us to determine whose consent(s) to the adoption are needed.
- We are enclosing the consent form(s) and other necessary paper(s). The above-named person(s) should read the Statement of Understanding and sign it before signing the consent. Please have three copies of the consent(s) signed in their legal names and any other name(s) by which (he/she/they) is/are known. Please obtain proper means of identification (e.g., driver's license or other official identification card, etc.) with the legal name. The above named-person(s) may retain the third copy of the consent and the Statement of Understanding. Please advise the above-named person(s) that (he/she/they) remain(s) legally responsible for the child until the court grants the adoption. For this reason, in case the adoption is not completed, we must have a permanent address where the parent(s) can be reached.
- Please ascertain if the above-named person had any psychiatric treatment or hospitalization. If so, please secure a competency statement before the consent(s) are signed. If a parent received therapy, please secure a statement from the psychiatrist (signed within the last 30 days). If a birth parent was a patient in a mental hospital, please secure a statement verifying discharge, if within the past two years and legal restoration of competency.
- Please discuss the finality of signing the consent with the birth parent(s). Once the consent is signed the birth parent has 30 days during which he/she may revoke the consent. The parent may waive the right to revoke the consent by signing the "Waiver of Right to Revoke Consent" form (AD 929).
- In view of the Indian Child Welfare Act, Public Law 95-608, please do not take the birth parent's consent if the birth parent(s) state(s) (he/she/they) is/are of American Indian descent. Instead, complete **Information on American Indian Child**, Form AD 4311, and return it to our office. The Bureau of Indian Affairs may review the form before you may again be asked to take the consent, as it may be necessary for the consent to be signed in court in the presence of a judge.

IF NATURAL FATHER IS NOT THE LEGAL FATHER:

- Please discuss with the birth mother the need to know the name of the alleged natural father and how he may be contacted. If he is in your area, we would appreciate your interviewing him about the proposed adoption of the child. If he agrees to the adoption plan, please have him sign the consent and the Statement of Understanding in the same manner as the birth mother.
- If the alleged natural father refuses to consent, confirm or deny paternity, please advise him and the birth mother that the birth mother or the petitioner(s) are then required to file a petition with the court to determine the necessity of the alleged natural father's consent to the adoption. Therefore, it will be necessary for the birth mother to complete the enclosed Declaration of Mother Form (AD 880).
- If you interview the alleged natural father and he denies paternity, please have him sign, in triplicate, the enclosed Denial of Paternity. If the alleged natural father refuses to sign a consent or a denial of paternity, please request him to sign, in triplicate, the enclosed Waiver of Right to Further Notice of Adoption Planning Form (AD 590). The alleged natural father may retain the third copy of the form.

The following information may be given to the birth parent(s), if the birth parent(s) so wish:

FIRST PETITIONER

Gender	Age	Descent	Religion	Highest Grade Completed	Occupation
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SECOND PETITIONER

Gender	Age	Descent	Religion	Highest Grade Completed	Occupation
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The couple was married on _____. They have _____ children of their own.

The age(s) of the child(ren) is/are _____.

The family's annual income is approximately \$_____.

The child is cared for by _____ while the petitioner(s) is/are at work.

OR:

Our study of the home is not yet complete, but we have seen him/her/them and our first impression of him/her/them, as adopting parent(s), is favorable. He/She/They seem to be genuinely attached to the child and say he/she is happy and in good health.

The birth mother/presumed father/alleged natural father might wish to know the additional information about the child

Thank you for your prompt attention and cooperation in helping us meet the legal deadline. Please send all signed documents and your reply to the address listed below.

Sincerely,

Name of Adoption Specialist	Date
Department or Delegated County Adoption Agency	Telephone Number ()
Address	City, State, Zip

- Enclosures:
- Consent Form _____ (form number)
 - Statement of Understanding _____ (form number)
 - Information About Birth Mother (AD 67)
 - Information About Birth Father (AD 67A)
 - Declaration of Mother (AD 880)
 - Refusal to Consent (AD 20)
 - Waiver of Right to Revoke Consent (AD 929)
 - Denial of Paternity (AD 588)
 - Waiver of Right to Further Notice of Adoption Planning (AD 590)
 - Information of American Indian Child (AD 4311)
 - Psychosocial and Medical History (AD 512)
 - Authorization for Release of Information (AD 100)
 - Other: _____