

**NOTICE OF FORM CHANGE NO. 03-140**

DATE

9/16/2003

**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 20B ENG/SP (7/03) - Refusal to Consent - Alleged Father

ORDER UNIT <b>MASTER ONLY</b>	<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 7/03	REPLACES 4/92	<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: <b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>		<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 7/03

## USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print 8 1/2 x 11, 2-sided

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

**REFUSAL TO GIVE CONSENT TO ADOPTION -  
Alleged Natural Father**

Original: Court Record  
Copy: Parent  
Copy: Case Record

**INSTRUCTIONS:**

This form is to be completed by the alleged natural father who refuses to consent to the adoption of his child. If the form is signed in California, Section A should be completed and witnessed by a representative of the California Department of Social Services (CDSS) or a California county adoption agency licensed by CDSS that investigates independent adoptions. If the form is signed outside of California, Section B should be completed and notarized by a Notary Public .

COUNTY
ACTION NUMBER

I, \_\_\_\_\_, having been alleged to be the father of \_\_\_\_\_ born  
(ALLEGED NATURAL FATHER) (NAME OF CHILD)  
on \_\_\_\_\_ refuse to give my consent to the adoption of said child by \_\_\_\_\_.  
(CHILD'S BIRTH DATE) (NAME OF PETITIONER(S))

I understand that by signing this form it does not stop the adoption. I understand that if I want to stop the adoption I must take legal action as soon as possible.

I understand that if I want to be a father to this child, I must get a court order that says I am this child's father and that the order gives me physical custody of my child. I have the right to retain a lawyer to help me do this.

I understand that the petitioner(s) can go to court and ask the court to end my rights as this child's parent. I have the right to retain a lawyer to help me argue against this.

**SECTION A (SIGNED IN CALIFORNIA)**

\_\_\_\_\_  
SIGNATURE OF ALLEGED NATURAL FATHER

COUNTY WHERE SIGNED \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

CDSS DISTRICT OFFICE OR COUNTY ADOPTION AGENCY; \_\_\_\_\_  
SIGNATURE OF CDSS OR AGENCY REPRESENTATIVE

**SECTION B (SIGNED OUTSIDE OF CALIFORNIA)**

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss.

Before me, \_\_\_\_\_, a Notary Public in and for said County and State, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

(AFFIX NOTARIAL SEAL)

▶ \_\_\_\_\_  
NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

**NEGATIVA A DAR CONSENTIMIENTO PARA ADOPCION -  
La persona que se alega que es el padre biológico**

Original: Court Record  
Copy: Parent  
Copy: Case Record

**INSTRUCCIONES:**

Este formulario debe ser completado por la persona que se alega que es el padre biológico y que se rehúsa a dar su consentimiento para la adopción de su hijo(a). Para el propósito de dar testimonio de su firma, si el formulario se firma en California, la sección A debe ser completada y firmada por un representante del Departamento de Servicios Sociales de California (CDSS) o de una oficina de adopciones del condado certificada por el CDSS que investiga adopciones independientes. Si el formulario se firma fuera de California, un notario público debe completar la sección B y certificar este documento.

CONDADO
NUMERO DE LA ACCION

Yo, \_\_\_\_\_, la persona que se alega que es el padre biológico de \_\_\_\_\_, nacido en \_\_\_\_\_, me rehúso a dar mi consentimiento para la adopción de dicho niño por \_\_\_\_\_.

(PERSONA QUE SE ALEGA QUE ES EL PADRE BIOLOGICO)  
(NOMBRE DEL NIÑO)  
(FECHA DE NACIMIENTO DEL NIÑO)  
(NOMBRE DEL PETICIONARIO(S))

Entiendo que el firmar este formulario no detiene la adopción. Entiendo que si quiero detener la adopción, tengo que tomar una acción legal lo más pronto posible.

Entiendo que si quiero ser un padre para este niño, tengo que obtener una orden de la corte que indique que soy el padre de este niño y que me dé custodia física de mi hijo. Tengo el derecho de contratar a un abogado para que me ayude a hacerlo.

Entiendo que el peticionario(s) puede comparecer ante la corte y pedirle que termine mis derechos como padre de este niño. Tengo el derecho de contratar a un abogado para que me ayude a argumentar en contra de esto.

<b>SECCION A (FIRMADO EN CALIFORNIA)</b>		FIRMA DE LA PERSONA QUE SE ALEGA QUE ES EL PADRE BIOLOGICO	
CONDADO EN QUE SE FIRMO		FECHA EN QUE SE FIRMO	
OFICINA DEL CDSS A NIVEL DEL DISTRITO U OFICINA DE ADOPCIONES DEL CONDADO		FIRMA DEL REPRESENTANTE DEL CDSS O DE LA OFICINA DEL CONDADO	

**SECCION B (FIRMADO FUERA DE CALIFORNIA)**

ESTADO DE \_\_\_\_\_ }  
CONDADO DE \_\_\_\_\_ } ss.

Ante mí, \_\_\_\_\_, un notario público en y para dicho Condado y Estado, compareció personalmente \_\_\_\_\_, a quien conozco como la persona cuyo nombre aparece en este instrumento y quien reconoció que firmó el mismo.

COMO TESTIMONIO DE ELLO, he puesto mi firma y sello oficial en el mismo, en este día \_\_\_\_\_ de \_\_\_\_\_ de 20\_\_\_\_\_.

*(PONGA EL SELLO NOTARIAL)*



NOTARIO PUBLICO EN Y PARA DICHO CONDADO Y ESTADO