

NOTICE OF FORM CHANGE NO. 03-204

DATE

12/02/2003

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 20 ENG/SP (8/03) - Refusal To Give Consent To Adoption

ORDER UNIT MASTER ONLY	<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 7/00	<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

Form is now a Master Only.

Check on the internet to see if forms are available at 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. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

Original: Court Record
Copy: Parent
Copy: Case Record

REFUSAL TO GIVE CONSENT TO ADOPTION

INSTRUCTIONS:

This form is to be completed by the mother or presumed father who refuses to consent to the adoption of his or her 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, _____, the mother or presumed father _____
(NAME OF CHILD)

born on _____ refuse to give my consent to the adoption of said child
(CHILD'S BIRTHDATE)

by _____
(NAME OF PETITIONER(S))

SECTION A

SIGNED IN CALIFORNIA

SIGNATURE OF PARENT

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

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 instruments, and acknowledged that he/she 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 STATE AND COUNTY

MY COMMISSION EXPIRES:

Original: Expediente de la corte
Copia: Padre/Madre
Copia: Expediente del caso

NEGATIVA A DAR CONSENTIMIENTO PARA ADOPCION

INSTRUCCIONES:

Este formulario será completado por la madre o el presunto padre quien se rehusa a dar su consentimiento a la adopción de su hijo(a). Si el formulario se firma en California, la SECCION A será completada y atestiguada por un representante del Departamento de Servicios Sociales de California (CDSS) o de una oficina de adopciones del condado certificada en California que investiga adopciones independientes. Si el formulario se firma fuera de California, la SECCION B será completada y notarizada por un notario público.

CONDADO:

NUMERO DE LA ACCION:

Yo, _____, la madre o el presunto padre de _____,

(NOMBRE DEL NIÑO)

nacido _____, me rehuso a dar mi consentimiento a la adopción de dicho niño(a)

(FECHA DE NACIMIENTO DEL NIÑO)

por _____.

(NOMBRE DEL PETICIONARIO [O PETICIONARIOS])

SECCION A

FIRMADA EN CALIFORNIA

FIRMA DEL PADRE/MADRE

CONDADO EN QUE SE FIRMO

FECHA EN QUE SE FIRMO

OFICINA DEL CDSS AL NIVEL DEL DISTRITO U OFICINA DE ADOPCIONES DEL CONDADO

FIRMA DEL REPRESENTANTE DEL CDSS O DE LA OFICINA DEL CONDADO

SECCION B

FIRMADA FUERA DE CALIFORNIA

ESTADO DE

CONDADO DE

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 estos documentos, y quien reconoció haber firmado los mismos.

COMO TESTIGO DEL PRESENTE DOCUMENTO, 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

MI COMISION SE VENCE