

NOTICE OF FORM CHANGE NO. 04-177

DATE

06/25/2004

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 885 (6/04) - Statement of Understanding - Mother or a Presumed Father of a Child Who Is Not Detained

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 6/04	REPLACES 10/03	<input type="checkbox"/> Obsolete

REQUIRED FORM-

 No Change Permitted

REQUIRED FORM-

 Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

 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 6/04

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Form revised to remove reference to AD 4342 from form instructions at bottom of Page 1. AD 4342 is an obsolete form.

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.

STATEMENT OF UNDERSTANDING AGENCY ADOPTIONS PROGRAM

Relinquishing a child means permanently giving the child to the adoption agency so the agency can choose other parent(s) to adopt the child. You permanently give the child to the adoption agency by signing this Statement of Understanding and the Relinquishment Document. You will no longer have any rights as a parent to your child once these documents have been filed with and acknowledged by the California Department of Social Services.

If you are thought to be a presumed father of the child, you should be aware that under the law you have legal rights and responsibilities toward the child even if you deny paternity. You also have a right to look for legal counsel to obtain the right to physical custody of the child. If you want to be a parent to the child, there are services available to help you.

Giving your child to the adoption agency is a very important decision. You should know all the facts about it and weigh its advantages and disadvantages before you make your decision.

Instructions To Complete The Statement Of Understanding:

BEFORE YOU SIGN THIS STATEMENT OF UNDERSTANDING AND THE RELINQUISHMENT DOCUMENT, READ BOTH VERY CAREFULLY WITH YOUR SOCIAL WORKER. BE SURE TO ASK QUESTIONS ABOUT ANYTHING YOU DO NOT UNDERSTAND.

- 1. Complete this Statement of Understanding only after you have carefully thought about giving your child to the adoption agency and you are sure you want your child adopted and raised by prospective adoptive parent(s) selected by the adoption agency.*
- 2. Read each of the statements in this document very carefully. If you do not understand a statement, ask your social worker to explain it to you until you do understand.*
- 3. If you understand and agree with a statement, put your initials in the box next to the number of that statement.*
- 4. If you do not agree, or if you do not understand a statement after your social worker's explanation, do not initial the box. Ask for more help and time in making your decision.*
- 5. If you have initialed all the boxes, sign your name at the end. Two witnesses must be present when you sign your name and they will sign their names after yours. (Witnesses are not necessary if this form is signed outside of California.)*
- 6. You will receive a copy of this Statement of Understanding and the Relinquishment Document once it has been completed.*

This form must be used with one of the following forms:

AD 501, AD 501A, AD 504, AD 583, AD 584, or AD 4339.

STATEMENT OF UNDERSTANDING
Mother or a Presumed Father of a Child Who Is Not Detained, a Juvenile Court
Dependent in Out-of-home Care, or the Ward of a Legal Guardian

Name of Child _____ Date of Birth _____

1. I understand I have the right to look for a lawyer to help me in the relinquishment process and the adoption agency can refer me to public legal help in my community.
2. I understand the agency is to tell me about its adoption plan for my child.
3. I understand I may talk about my plan to give up my child for adoption other professional people, my family and friends.
4. I understand if I sign this Statement of Understanding and the Relinquishment Document, I shall no longer be my child's legal parent once these documents are filed with and acknowledged by the California Department of Social Services. This means:
- A. I shall no longer be responsible for the care of my child; and
- B. I shall no longer have any right to the custody, services or earnings of my child.
5. I understand if I am not sure I want to give up my child, there are other places the agency can refer me to that could help me with family, health, money and other problems.
6. I understand that by signing the relinquishment I am giving my child to the adoption agency.
- A. If I sign a relinquishment that does not name the prospective adoptive parent(s), I am giving up the right to select the prospective adoptive parent(s) and the final decision about who adopts my child will be made by the adoption agency.
- I am not naming the prospective adoptive parent(s) for my child.
- B. If I sign a relinquishment that names the prospective adoptive parent(s), I am giving my child to the adoption agency which intends to place my child with the person(s) named on the Relinquishment Document.
- I am naming the following person(s) as the prospective adoptive parent(s):
- _____ .

If my child is not placed in the home of the named person(s) or my child is removed from the home before the adoption is completed:

- (1) The agency will send me a notice by certified mail, return receipt requested, within 72 hours of the decision not to place my child for adoption or the decision to remove my child from the home. I must keep the agency informed of my address if I want to receive such a notice.
- (2) I shall have 30 days from the date the notice was mailed to me to either:
- a. Rescind the relinquishment. The agency will rescind the relinquishment if I deliver, or have delivered by mail or other means, a written request to rescind the relinquishment to the agency before the end of the 30-day period, or
- b. Take no action. If I take no action during the 30-day period, I shall lose my right to rescind the relinquishment and the agency will select adoptive parent(s) for my child, or
- c. Select another placement for my child. If, during the 30-day period, I select another person(s) with whom my child is to be placed, I shall rescind the initial relinquishment and complete a new Relinquishment Document identifying the person(s) with whom I then wish the agency to place my child.

7. I understand that the prospective adoptive parent(s) and the birth relatives, including the birth parents, may enter into an enforceable written agreement to permit continuing contact between the birth relatives, including the birth parents, and the child if the court approves.
8. I understand if I decide not to give my child to the adoption agency, I may place my child for adoption with parent(s) I find myself and agree only to an adoption of my child by this/these parent(s). This is called an Independent Adoption.
9. I understand after my child's adoption has been granted in court, all inheritance rights from any blood relatives will end unless they have made arrangements in their will or in a trust which specifically includes my child. My child will legally inherit from his/her prospective adoptive parent(s).
10. I understand if I sign this Statement of Understanding and the relinquishment document, I can take them back during any holding period referred to in Number 18 below or before it has been filed with and acknowledged by the California Department of Social Services.
- A. Under normal circumstances the adoption agency must return my child to me within three working days and in no case should it take more than seven calendar days.
 - B. The rights and responsibilities as my child's parent will continue unless taken away by other legal action.
 - C. If the adoption agency believes returning my child to me would hurt or otherwise harm my child, the agency will make an immediate referral to the county's child protective services agency. The adoption agency will let me know in writing if they do this.
11. I understand once the California Department of Social Services has filed and acknowledged my signed relinquishment it is final, and
- A. I cannot stop the relinquishment and have my child returned to me unless the adoption agency agrees or unless the prospective adoptive parent(s) is/are named on the relinquishment and my child is not placed in the named home or my child is removed from the home before the adoption is completed.
 - B. If the adoption agency does not agree, the adoption agency will inform me in writing of the reason(s) for not returning my child.
 - C. If the adoption agency agrees to return my child, the rights and responsibilities as my child's parent will continue unless taken away by other legal action.
 - D. If the adoption agency agrees to return my child, it will normally take three working days and in no case can it take more than seven calendar days
12. I understand that if the child is a juvenile court dependent or the subject of a petition for juvenile court jurisdiction, the adoption agency must provide written notification to the juvenile court, the child's lawyer, and my lawyer, if any, of the relinquishment within five court days.
13. I understand before my child is legally adopted, the adoption agency must answer my questions about his/her situation. If I ask for information at any future time, the agency must give me all known information about the status of my child's adoption, including whether my child has been placed for adoption, the approximate date the adoption was completed and, if the adoption was not completed or was vacated for any reason, whether adoptive placement of my child is again being considered.
- A. I understand I must keep the adoption agency informed of my address if I want to know when my child was placed in an adoptive home and when my child was legally adopted.

14. I understand after my child has been legally adopted, the adoption agency may not return my child to me.
15. I understand the adoption agency may release identifying information from the adoption case record only when:
- A. It has been requested by certain agencies as named in law because the information is needed to help my child,
 - B. My child, when he/she is an adult, and I have signed forms agreeing to the release of identifying information so contact may be arranged,
 - C. My child has reached 21 years of age, asks for my identity and I have agreed in writing to the release of my identity and most current address in the adoption agency's record,
 - D. My child has reached 21 years of age and has indicated in writing I can have his/her adopted name and most current address as indicated in the adoption agency's record and I have asked for this information, or
 - E. My child is under 21 years of age and the adoption agency has found the release of my identity and most current address as indicated in the agency's record is justified according to law.
16. I understand the court may, after considering a request, release identifying information from the court's adoption file.
17. I understand if I believe I was deliberately not told the truth about giving up my child for adoption, I have three years after the date the adoption was completed to ask the court to set aside the adoption of my child.
18. I understand I have the following filing choices when I sign this Statement of Understanding and Relinquishment Document:
- A. I may choose to have the adoption agency file my relinquishment form immediately, or
 - B. I may choose to have the adoption agency hold the relinquishment form for up to 30 days so I can think about my decision. I understand my child will not be placed for adoption during any holding period, or.
 - C. I may agree with the adoption agency to hold the relinquishment form for more than 30 days if my child must be freed for adoption from any other parent(s). I understand my child will not be placed for adoption during any holding period.

Put a check mark in front of the one statement that says what filing choice you want:

- I want the relinquishment form filed immediately.
- I want the relinquishment form held for _____ days until _____
- I agree to have the relinquishment form held until my child has been freed for adoption from any other parent(s).

19. Mark the boxes of the statements that apply to you.

- A. I reside in California;
- I am in California but reside in _____ (Approved ICPC 100A is attached); or
(NAME OF STATE)
- I reside outside of California and I am relinquishing the above-named child under California Family Code Section 8700(d), which applies because I have physical custody of my child.

I have had at least two face-to-face interviews with a social worker from the adoption agency on two different days. At the first interview, the adoption agency gave me sample copies of this Statement of Understanding and the Relinquishment Document. The agency may accept my relinquishment at the second or later interview.

The date of my first interview was: _____

The date of my most recent interview was: _____

- B. I reside outside of California and I do not have physical custody of the above-named child. I am relinquishing the above named child under California Family Code Section 8700(c).

(If the non-custodial parent is relinquishing the child under California Family Code Section 8700(c) and resides outside of California, the agency is only required to attempt to provide services per California Code of Regulations, Title 22 Section 35129(b).)

- I have received services from the adoption agency (example - telephone interview). The date my services were provided: _____
- I have not received services from the adoption agency.

20. I have carefully thought about the reasons for keeping or giving up my child for adoption. I have discussed the adoption plan of my child with the adoption agency, and I have decided giving my child to the agency for adoption is in the best interest of my child. I have read and understand the Statement of Understanding and the Relinquishment Document. I do not need any more help or time to make my decision. I have decided to relinquish my child permanently to _____ for adoption.
(NAME OF AGENCY)

I have named the prospective adoptive parent(s).

I have not named the prospective adoptive parent(s).

I, _____ mother/father of _____ ,
(NAME OF PARENT) (NAME OF CHILD)

understand and agree to the statements I have initialed above and I am signing this freely and willingly.

(DATE)

(SIGNATURE OF PARENT)

Complete SECTION A if signed in California
SECTION A:

I, _____, an authorized official of
(NAME AND TITLE)
_____, accept this Statement of
(NAME OF AGENCY)
Understanding of _____
(RELINQUISHING PARENT'S NAME)

(DATE) (SIGNATURE OF AUTHORIZED OFFICIAL)

The foregoing Statement of Understanding was signed on:

_____ by _____
(DATE) (RELINQUISHING PARENT'S NAME)

in the presence of:

_____ (DATE) _____ (WITNESS NAME) _____ (WITNESS SIGNATURE)

_____ (DATE) _____ (WITNESS NAME) _____ (WITNESS SIGNATURE)

Complete SECTION B if signed out of California (under California Family Code Section 8700(d))
SECTION B:

STATE OF _____ }
COUNTY OF _____ } ss.

On this _____ day of _____, 20_____, before me, _____
(NAME OF AUTHORIZED OFFICIAL)
an authorized official of the _____ an organization
(NAME OF AGENCY)
licensed or otherwise approved to provide adoption services under the laws of _____, personally
(NAME OF STATE)
appeared _____ known to me to be the person whose name is subscribed to the
(RELINQUISHING PARENT'S NAME)
within instrument and acknowledged to me that he/she executed the same.

_____ (TITLE) _____ (AUTHORIZED AGENCY OFFICIAL)

Complete SECTION C if signed out of California (under California Family Code Section 8700(c))
SECTION C:

STATE OF _____ }
COUNTY _____ } ss.

On this _____ day of _____, 20_____, before me, _____
a Notary Public in and for said county and state, personally appeared _____ known to
(RELINQUISHING PARENT'S NAME)
me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the
same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal.

(Affix Notarial Seal)

_____ (NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE)

My commission expires _____