

NOTICE OF FORM CHANGE NO. 05-013

DATE

01/18/2005

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 924 (7/02) - Independent Adoption Placement Agreement

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 type="checkbox"/> Revised	DATE OF FORM 7/02	REPLACES	<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 _____

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form is now a Master Only

Attached is a Reproducible Copy

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.

INDEPENDENT ADOPTION PLACEMENT AGREEMENT

Note to placing parent: This form will become a permanent and irrevocable consent to adoption. Do not sign this form unless you want the prospective adoptive parents named below to adopt your child.

PLACING PARENT SECTION:

I/we, the undersigned, being the parent(s) of _____, (Gender: M F) born
NAME OF CHILD
 on _____ in _____, place said child
DATE OF BIRTH CITY AND STATE OF BIRTH
 with _____ for the purpose of independent adoption. I/we
FULL NAME(S) OF PROSPECTIVE ADOPTIVE PARENT(S)

understand that I/we may revoke this Independent Adoption Placement Agreement only during the thirty (30) day period beginning on the date I/we sign this agreement and only if I/we have not waived my/our right to revoke the agreement. If I/we take no further action, this agreement shall become a permanent and irrevocable consent to the adoption on the 31st day after I/we sign it. I/we further understand that with the signing of the order of adoption by the court I/we shall give up all my/our rights of custody, services, and earnings of said child and I/we may not reclaim said child.

I/we was/were advised of my/our rights in the independent adoption process on _____. These rights are
DATE
 summarized on the attached Statement of Understanding which I/we have read and signed.

The person or persons named above have my/our permission to care for this child in his/her/their home.

The person or persons named above have my/our permission to make any provisions for medical and surgical care for this child, including anesthesia, which may be deemed necessary or advisable by any licensed physician, for a period not to exceed one year from the date this agreement is signed.

I/we understand that if this child is found to be subject to the Indian Child Welfare Act, this placement agreement will not be valid.

I/we have decided to place my/our child for adoption with the person or persons named above, and I/we am/are signing this freely and willingly.

SIGNATURE OF MOTHER	DATE SIGNED	SIGNATURE OF FATHER	DATE SIGNED
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PROSPECTIVE ADOPTIVE PARENT SECTION:

I/we, the above prospective adoptive parent(s), accept the placement of _____
NAME OF CHILD
 by _____ into my/our home with the intent of adoption.
PLACING PARENT(S)

I/we agree to file a petition to adopt this child with the superior court in _____ County, the county where I/we
COUNTY
 reside, within ten (10) working days after signing this agreement.

I/we agree that if, during the time period specified above, the placing parent(s) sign(s) and delivers to the investigating adoption agency a statement revoking the consent and requesting that the child be returned, I/we shall immediately return the child to the custody of the placing parent(s).

I/we agree that until the adoption is granted by the court:

- A. I/we shall place the child under the care of a licensed physician and follow his or her recommendations for health care for the child, including immunization.
- B. I/we shall not take the child from the county named above for a period of more than thirty (30) days without the approval of the court. I/we understand that the court may issue an order which prevents me/us from taking the child out of the county at all.
- C. I/we shall not conceal the child from the placing parent(s), the investigating adoption agency, or the court.
- D. I/we shall inform the agency of changes in my/our family or place of residence.
- E. I/we shall assume responsibility for board, lodging, maintenance, medical care, and any other care for the child, and for any damages resulting therefrom.

I/we understand that if this child is found to be subject to the Indian Child Welfare Act, this placement agreement will not be valid.

I/we have been informed of the basic health and social history of the placing parent(s).

SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT	DATE SIGNED	SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT	DATE SIGNED
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ADOPTION SERVICE PROVIDER SECTION:

I have advised the placing parent(s) as required by Family Code Section 8801.5.

- The advisement occurred at least ten (10) days before the signing of this agreement. **or**
- Due to the following exigent circumstances, the advisement occurred fewer than ten (10) days before the signing of this agreement:

Based on the residence of the prospective adoptive parent(s), the name, address, and telephone number of the adoption agency which will investigate this proposed independent adoption is:

I, _____, have witnessed the signing of this Independent Adoption Placement Agreement
 by _____ on _____ in _____,
PLACING PARENT(S) DATE CITY AND STATE WHERE SIGNED

and _____ on _____ in _____
PROSPECTIVE ADOPTIVE PARENT(S) DATE

_____,
CITY AND STATE WHERE SIGNED

- I am:
- A representative of _____, a California licensed private adoption agency.
 - An individual California adoption service provider.
 - A representative of _____, an adoption agency licensed or otherwise approved under the laws of the state of _____, the state where the adoption placement agreement is being signed.
 - An individual licensed or otherwise certified as a clinical social worker under the laws of _____ the state where the adoption placement agreement is being signed.
 - Independent counsel for the placing parent.

On this _____ day of _____, _____ before me, _____, a Notary Public or person
(MONTH) (YEAR)

authorized to perform notarial acts for the State of _____, County of _____, personally appeared
 _____ known to me to be the person(s) whose name(s)
PLACING PARENT(S)

is/are subscribed to the within instrument, and acknowledged that he/she/they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this _____ day of _____,
(MONTH) (YEAR)

(Affix Notarial Seal)

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

My commission expires _____

*(NOTARIZE ONLY WHEN SIGNED OUTSIDE STATE OF CALIFORNIA)

SIGNATURE OF AGENCY REPRESENTATIVE OR INDIVIDUAL ADOPTION SERVICE PROVIDER	DATE
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