

NOTICE OF FORM CHANGE NO. 06-032

DATE

03/13/2006

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 887A (3/06) - Statement of Understanding - Parent Who Did Not Give Physical Custody of Child to the Petitioner(s)

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 3/06	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 3/06

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

FORM IS A MASTER ONLY.

Attached is a Reproducible Copy. Print 8 1/2 x 11.

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) 651-8876 or by electronic mail at LTS@dss.ca.gov.

STATEMENT OF UNDERSTANDING INDEPENDENT ADOPTIONS PROGRAM

You will be consenting to the adoption of your child by signing the consent to adoption. Consenting means you intend to give your child permanently to the petitioner(s) to raise as his/her/their own. When the adoption petition is granted, you will no longer have any rights as a parent to the child.

Before you sign this form and the consent to adoption, read the attached statements in consultation with the agency or California Department of Social Services representative.

Be sure to ask questions about any statement you do not understand. Consenting to the adoption of your child is an extremely important decision. You should know all the facts before making your decision.

Instructions To Complete The Statement Of Understanding:

BEFORE YOU SIGN THIS STATEMENT OF UNDERSTANDING AND THE CONSENT TO ADOPTION, READ BOTH VERY CAREFULLY WITH THE AGENCY REPRESENTATIVE. 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 up your child and you are sure that you want your child adopted by the petitioner(s) and raised by him/her/them.*
- 2. Read each of the statements in this document very carefully. If you do not understand a statement, ask the agency representative 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 the agency representative'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.*
- 6. You will receive a copy of this Statement of Understanding and the consent to adoption when it has been completed.*

**THIS FORM MUST BE USED WITH ONE OF THE FOLLOWING FORMS:
AD 1A, AD 1C, AD 1F, AD 165, AD 166 OR AD 4336**

STATEMENT OF UNDERSTANDING
Parent Who Did Not Give Physical Custody of the
Child to the Petitioner(s)

1. I have carefully considered the reasons for consenting to the adoption of _____
(NAME OF CHILD)
by _____
(NAME(S) OF THE PETITIONER(S))
2. I understand I have the right to look for a lawyer to help me in the Independent Adoption process and that the petitioner(s) may be required to pay the cost, up to \$500 unless the petitioner(s) and I agree to a higher amount, of such legal counsel.
3. I understand I may talk about my plan to give up my child for adoption with other professional people, my family and friends.
4. I understand if I am not sure I want to give up my child for adoption, there are other places the agency can refer me to that could help me with family, health, money and other problems.
5. I understand if I do not consent to the adoption I may sign a Refusal to Give Consent to Adoption form (AD 20) or write a letter to the adoption agency and the adoption agency will report to the court that I do not want my child to be adopted by the petitioner(s).
6. I understand if I do not sign the consent to adoption, I may request the right to physical custody of the child in court. I probably will need a lawyer to help me do this.
7. I understand the consent to adoption will automatically become an irrevocable consent to adoption either when the 30-day period has ended or when I sign a Waiver of Right to Revoke Consent (AD 929), whichever occurs first. The first day of the 30-day period is the day the consent to adoption is signed.
8. I understand if I change my mind after I sign the consent to adoption, I must sign and deliver to the California Department of Social Services or to the delegated county adoption agency, whichever is investigating the proposed adoption, a written statement revoking the consent to adoption and requesting that the child be returned to me. I may not revoke the consent to adoption after the 30-day period has ended or after I sign a Waiver of Right to Revoke Consent (AD 929), whichever occurs first. The first day of the 30-day period is the day the consent to adoption is signed.
9. I understand after the consent to adoption becomes irrevocable, I may regain custody of the child only if the petitioner(s) agree(s) to withdraw his/her/their petition for adoption or if the court denies the adoption petition.
10. I understand I shall remain legally responsible for my child until the adoption is granted by the court. If the child is not adopted, the agency will notify me and request that I make other plans for the child. I understand I must keep the agency informed of my address.
11. I have received enough information about the petitioner(s) and about my child's adjustment in the petitioner(s) family, and I wish to proceed with signing the consent to adoption.

12. I understand I shall no longer be my child's legal parent once the adoption is granted in court. This means that:
- A. I shall no longer be responsible for the care of my child;
 - B. The petitioner(s) will be the parent(s) and will be legally responsible for caring for my child; and
 - C. I shall no longer have any right to the custody, services or earnings of my child.
13. I understand if I ask the agency which investigates the proposed adoption for information at any future time, the agency must give me all known information about the status of my child's adoption, including 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.
14. 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 adoptive parent(s).
15. I understand after my child has been legally adopted, I cannot reclaim my child.
16. 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 can 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 that I may have his/her adopted name and most current address as indicated in the adoption agency's records 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.
17. I understand I shall be able at any time, to add information about myself to the record of the agency that investigates the Independent Adoption.
18. I understand the court may, after considering a request, release identifying information from the court's adoption file.
19. I understand if I think 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.

20. I have carefully thought about the reasons for keeping or giving up my child for adoption. I have decided that giving up my child to the petitioner(s) for adoption is in the best interest of my child. I have read and understand this Statement of Understanding and the consent to adoption. I do not need any more help or time to make my decision. I have decided to consent to the adoption of my child by the petitioner(s), and I am signing this freely and willingly.

I, _____, mother/father of _____,
(NAME OF CONSENTING PARENT) (NAME OF CHILD)
 understand and agree to statements I have initialed above.

(DATE) (SIGNATURE OF CONSENTING PARENT)

**Complete SECTION A if signed in California
 SECTION A:**

I, _____, an authorized official of
(NAME AND TITLE)

_____, have witnessed the signing of this Statement
(NAME OF AGENCY)

of Understanding by _____ on _____
(NAME OF CONSENTING PARENT) (DATE)

(SIGNATURE OF AUTHORIZED OFFICIAL)

**Complete SECTION B if signed out of California
 SECTION B:**

STATE OF _____)
 _____)
COUNTY OF _____)

On _____ before me, _____, a Notary Public,
 personally appeared _____ personally known to me (or proved to me on the basis of
(NAME OF CONSENTING PARENT)

satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

_____ (Seal)
 Signature