

NOTICE OF FORM CHANGE NO. 06-081

DATE

06/12/2006

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 594 ENG/SP (3/06) - Consent For Alleged Father In/Outside California

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 9/02	<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 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.

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA

IN AND FOR THE COUNTY OF _____

In the Matter of the Petition of

ALLEGED NATURAL FATHER'S
CONSENT TO ADOPTION
(In or Out of California)

PETITIONER(S)

I, _____, having been alleged to be the father of _____

Name

Name of Child

(Gender: M F), born to _____

Name of Mother

on _____ in _____

Date of Birth

Place of Birth

give my full and free consent to the adoption of said child by _____

Name of Petitioner(s)

I understand that I may revoke this consent only during the thirty (30) day period beginning on the date I sign this consent and only if I have not waived my right to revoke the consent. I further understand that with the signing of the order of adoption by the court I shall give up all my rights of custody, services, and earnings of said child and I may not reclaim said child.

Signed in the presence of:

SIGNATURE OF REPRESENTATIVE: CDSS or Delegated County Adoption Agency
CDSS DISTRICT OFFICE OR COUNTY OFFICE
ADDRESS
TELEPHONE NUMBER

DATE
SIGNATURE OF ALLEGED NATURAL FATHER
FULL ADDRESS

--- OR ---

State of _____)

County of _____)

On _____ before me, _____, a Notary Public,

personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his 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.

Signature (Seal)

*(NOTARIZE ONLY WHEN SIGNED OUTSIDE STATE OF CALIFORNIA.)

EN LA CORTE SUPERIOR DEL ESTADO DE CALIFORNIA
EN Y PARA EL CONDADO DE _____

En el asunto de la petición de

PETICIONARIO(S)

CONSENTIMIENTO DE LA PERSONA QUE SE ALEGA
QUE ES EL PADRE BIOLÓGICO PARA ADOPCIÓN
(Dentro o fuera de California)

Yo, _____, a quien se alega que soy el padre de _____
Nombre Nombre del niño(a)
(sexo: M F), hijo(a) de _____,
Nombre de la madre
nacido en _____ en _____,
Fecha de nacimiento Lugar de nacimiento
doy mi consentimiento libre y completo para la adopción de dicho niño por _____
Nombre del peticionario(s)

Entiendo que puedo revocar este consentimiento solamente durante el período de treinta (30) días que empieza en la fecha
en que firme dicho consentimiento y solamente si no he renunciado a mi derecho a revocar el consentimiento. Además,
entiendo que una vez que se firme la orden de adopción en la corte, renunciaré a todos mis derechos en relación a la patria
potestad (custodia), servicios e ingresos ganados de dicho niño y que no podré recuperar a dicho niño.

Firmado en la presencia de:

Form with fields: FIRMA DEL REPRESENTANTE: Departamento de Servicios Sociales de California (CDSS) u oficina/agencia de adopciones del condado delegada, OFICINA DE DISTRITO DEL CDSS U OFICINA DEL CONDADO, DIRECCION, NUMERO DE TELEFONO

Form with fields: FECHA, FIRMA DE LA PERSONA QUE SE ALEGA QUE ES EL PADRE BIOLÓGICO, DIRECCION COMPLETA

--- O* ---

Estado de _____)
)
Condado de _____)

En _____, ante mí, _____, un notario público,
compareció en persona _____, a quien conozco personalmente como la
Nombre de la persona que se alega que es el padre biológico
persona cuya firma aparece en este documento (o quien me comprobó su identidad con pruebas satisfactorias), y reconoció que él firmó
el documento en su capacidad autorizada, y que por medio de su firma, la persona, o la entidad a nombre de la cual la persona actuó,
formalizó el documento.

EN TESTIMONIO DE ELLO, he puesto mi firma y sello oficial.

_____ (Sello)
Firma

*(CERTIFIQUESE CON UN NOTARIO SOLAMENTE CUANDO SE FIRMA FUERA DEL ESTADO DE CALIFORNIA.)