

**NOTICE OF FORM CHANGE NO. 06-102**

DATE

07/21/2006

**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 90 (7/06) - Supporting Information For Issuance Of California Department of Social Services Acknowledgement And Confirmation Of Receipt Of Relinquishment Documents

ORDER UNIT <b>MASTER ONLY</b>	<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 7/06	REPLACES 1/05	<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: <b>Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788</b>		<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 7/06

## 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](http://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](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 651-8876 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

**SUPPORTING INFORMATION FOR ISSUANCE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ACKNOWLEDGEMENT AND CONFIRMATION OF RECEIPT OF CHILD FREEING DOCUMENTS**

**Instructions:** Prepare in duplicate; keep copy; send original to California Department of Social Services. If additional space is necessary, use reverse side.

**AGENCY**

**I. CHILD**

Name (Last)	(First)	(Middle)	Birthdate (Month Day Year)	Gender	Birthplace (City State)	Verified
						Yes No

AKAs:

**II. PARENT(S) - NAMES (Include all AKA.s)**

MOTHER			PRESUMED FATHER(S)			ALLEGED NATURAL FATHER (S)		
Last	First	Middle	Last	First	Middle	Last	First	Middle
Birthdate (Month Day Year)			Birthdate (Month Day Year)			Birthdate (Month Day Year)		
AKA			AKA			AKA		
AKA			Additional Father DOB			Additional Father DOB		
Mother Deceased Date of Death			Presumed Father Deceased Date of Death			Alleged Natural Father Deceased Date of Death		
Verified <input type="checkbox"/> YES <input type="checkbox"/> NO			Verified <input type="checkbox"/> YES <input type="checkbox"/> NO			Verified <input type="checkbox"/> YES <input type="checkbox"/> NO		

**III. MARITAL HISTORY OF MOTHER**

MOTHER NEVER MARRIED

Terminations - Month, Day, Year

Name of Spouse(s) Continue on Reverse Side if Necessary	Marriage		Verified		Final Dissolution	Annulment	Death-Husband	Verified	
	Mo.	Day	Yr.	Yes				No	Yes

**IV. Check if applicable:**

- Mother is cohabiting with her husband who is not impotent or sterile and who is conclusively presumed to be this child's father pursuant to Family Code Section 7540. Therefore, no action was taken on any alleged natural father.
- Father is rebuttably presumed to be this child's natural father because he meets the conditions of Family Code Section 7611(a), (b), (c), (d) or (e).
- Father is rebuttably presumed to be this child's father because he meets the conditions of Family Code Sections 7573 and 7574 by the completion and filing of a voluntary declaration of paternity on or after January 1, 1997, and is identified on the child's birth certificate.
- Father is conclusively presumed to be this child's father because he meets the conditions of Family Code Section 7576 by the completion of a voluntary declaration of paternity on or before December 31, 1996, and is identified on the child's birth certificate.
- Man is alleged to be this child's natural father.

<b>Approved By:</b>	SIGNATURE AND TITLE	DATE
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V. Check applicable box for parent relinquishing, waiving notice or denying paternity:

A. Parent competent to sign.	<input type="checkbox"/> Mother	Presumed Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving	Alleged Natural Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving <input type="checkbox"/> denying
B. Parent is under psychiatric care. (In-patient or out-patient)	<input type="checkbox"/> Mother	Presumed Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving	Alleged Natural Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving <input type="checkbox"/> denying
Treating or supervising physician's statement attached. Show date of examination on which statement is based.	<input type="checkbox"/> Mother	Presumed Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving	Alleged Natural Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving <input type="checkbox"/> denying
	_____ Date	_____ Date	_____ Date
C. Parent is discharged from hospital or psychiatric care. Show date of verification of discharge or termination.	<input type="checkbox"/> Mother	Presumed Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving	Alleged Natural Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving <input type="checkbox"/> denying
	_____ Date	_____ Date	_____ Date

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VI. Does child have American Indian ancestry?  Yes  No If Yes, fill in A, B, C below, as applicable.

A. Bureau of Indian Affairs (BIA) or tribes determined  child is  is not subject to provisions of Indian Child Welfare Act (ICWA).

B. Reply to JV-135/ADOPT-226, from BIA or tribes received on \_\_\_\_\_ (attach copy)  
Date

**OR**

C. Previous communication from BIA received \_\_\_\_\_ (attach copy)  
Date

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