NOTICE OF FORM CHANGE NO. 08-082		DATE
		06-19-2008
		00-19-2008
TO:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other	(916) 657-	nagement Unit 1907
Listed below is information regarding a form change.	Only applicable information is show	n.
This notice updates your California Department of So	ocial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE AD 2B (3/08) English a Stepparent Adoption	and Spanish	
MASTER ONLY    Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT  ☐ Yes ☐ No
☐ New ☐ Revised ☐ 3/08	REPLACES 3/06	☐ Obsolete
REQUIRED FORM-  No Change Permitted  REQUIRED FORM-  Substitute Permi	itted 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:  ☑ INTERNET:  ☐ INTRANET:	
	TION AND SPECIAL INSTRUCTIO	NS
Use until exhausted	Destroy	
USE NEW FORM  ☐ When supply available in DSS Warehouse		3/08
USE FORM IN ACCORDANCE WITH  All County Letter No.  Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.dss.cahwnet.gov/cdssweb/entres/forms/E	inglish/AD2B.PDF	
Print Form; 8 1/2 x 11		

Camera-ready copies are currently available on the CDSS Internet. Go to www.dss.cahwnet.gov/cdssweb/FormsandPu\_271.htm.

Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.