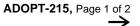
ADOPT-215 Adoptio	Clerk sta	Clerk stamps date here when form is filed.					
1) Adopting parent(s)							
a. Name:							
Relationship to child:							
Street address:							
City:	State: Zip:						
Daytime telephone number:							
Lawyer (if any) (name, address,		, ——	ourt name and street address:				
and State Bar number):	•	7 111 111 00	ior Court of California, County of				
		Cups.	ioi ocuit or cumornia, ocuity or				
2 Information about the child							
Child's name after adoption:							
First name:			ls in case number when form is filed.				
Middle name:			Number:				
Last name:							
Date of birth:							
Place of birth (if known):							
City:	State:	Cour	ntry:				
3 Name of adoption agency (if any							
4 Hearing details							
_	Dept.:	Div.:	Rm.:				
	Hearing date: Dept.: Div.: Rm.: Judicial officer: Clerk's office telephone number:						
People present at the hearing:							
☐ Adopting parent(s) ☐ La	☐ Adopting parent(s) ☐ Lawyer for adopting parent(s)						
☐ Child ☐ C	hild's lawyer						
Parent keeping parental right	ts:						
Other people present (list each	ch name and relationship to	hild):					
a							
b							
<u> </u>	ore names. Attach a sheet of each person's relationship t	•	T-215, Item 4" at the top, and list form MC-025, Attachment.				
☐ The hearing is waived pursua	ant to Family Code section 9	000.5 (Check this box o	only if this is an adoption confirming				
parentage of a parent who was partnership or civil union from			p, including a registered domestic he child was born.)				
1 1	Judge will fill out		,				
5 The judge finds that the child (a	The judge finds that the child (check all that apply):						
a. Is 12 or older and agrees	to the adoption						
b. Is under 12	-						
	t because this is a tribal custo	mary adoption					



You	ır name:						
<u>6</u>	The judge has reviewed the report and other docume	ents a	nd evidence and fir	nds that each adopting parent:			
	a. Is at least 10 years older than the child or meets	c.		care for the child;			
	the criteria in Family Code section 8601(b);	d.	* *	me for the child; and			
	b. Will treat the child as their own;	e.	Agrees to adopt t	•			
(7)	Child's name before adoption		1181000 to moopt t				
	Complete for nonrelative agency, independent, intercount	tm. or	estannarant adantion				
	If this is an adoption of a dependent child by a relative fil	-					
	the adopting relative or by the child being adopted, if 12		-	ion 6/14.5, complete only if requested by			
	First name: Middle name:		of age or oracr.	Last name:			
	☐ The child is an Indian child. The judge finds that		adontion meets the	-			
(8)	Indian Child Welfare Act or that there is good cause to give preference to these adopting parents. The clerk will fill out (13) below.						
9	The judge approves the <i>Contact After Adoption Agreement</i> (form <u>ADOPT-310</u>) As submitted As amended on form ADOPT-310						
(10)							
	tribe dated containing pages and	l attac	ched hereto is fully	incorporated into this order of adoption.			
11)	This is an adoption under the Hague Adoption Convention. <i>Verification of Compliance with Hague Adoption Convention Attachment</i> (form ADOPT-216) is attached and fully incorporated into this order.						
(12)	☐ This is an adoption involving an additional parer	nt or 1	parents.	l persons with existing parental rights			
•••	agreed to this adoption and will maintain their existi	-					
	parental rights, signed by both the existing parent(s)		_				
(13)	The judge believes the adoption is in the child's best		1 0 1				
(13)	The child's name after adoption will be:	ı mici	est and orders tins	adoption.			
	-			Lost name			
	First name: Middle nam			Last name:			
	The adopting parent or parents and the child are now	_		——————————————————————————————————————			
	of the parent-child relationship or, in the case of a tr						
	tribal customary adoption order and Welfare and Ins						
	☐ The judge believes it will serve public policy and			-			
	adopting parent or parents for the court to make	this o	rder effective as of	(date):			
	Date:						
	(Date of Signature)		Judge (or Judio	cial Officer)			
	Clerk will fill o	out s	section below.				
	Clerk's Certificate of Mailing						
(14)	For the adoption of an Indian child, the clerk certifie						
	•						
	I am not a party to this adoption. I placed a filed cop	•		A D O DET (200)			
	☐ Adoption Request (form ADOPT-200) ☐ Adop						
	☐ Adoption Order (form ADOPT-215) ☐ Cont	act Ą	fter Adoption Agre	ement (form ADOPT-310)			
	in a sealed envelope, marked "Confidential" and add	iresse	ed to:				
	Chief, Division of Social Services						
	Bureau of Indian Affairs						
	1849 C Street, NW						
	Mail Stop 310-SIB						
	Washington, DC 20240	,	C				
	The envelope was mailed by U.S. mail, with full pos	_					
	Place: Clerk, by:			on (<i>date</i>):			
	Date: Clerk, by:			, Deputy			

Case Number: