

**WAIVER OF RIGHT TO FURTHER NOTICE OF ADOPTION PLANNING
(Presumed Father In Or Out-Of-California)**

O riginal: Court Record
Copy: Parent
Copy: Case Record

INSTRUCTIONS:

1. These instructions apply to the presumed father whether signing in California or out-of-California.
2. This form may be used in both the Agency and Independent Adoption Programs.
3. The presumed father must initial each statement and sign at the bottom of the form.
4. Either Section A or B must be completed.

COUNTY
ACTION NUMBER

I, _____, have been identified as the presumed father of a child for whom an
NAME OF PRESUMED FATHER

adoption is planned. I hereby waive the right to further notice of adoption planning for (mark one of the below boxes):

_____ (Gender: M F) born
NAME OF CHILD

to _____ on _____
NAME OF MOTHER DATE OF BIRTH

an unborn child of _____, expected to be born on _____
NAME OF MOTHER DATE OF BIRTH

INITIAL I understand that this is a waiver of my right to further notice of adoption planning for this child, including notice of court hearings.

INITIAL I understand that the court may enter an order terminating my parental rights without further notice to me.

INITIAL I understand that any parental rights/responsibility I may have toward this child, including the responsibility to pay child support if so ordered by a court, will continue until the court issues an order of adoption, or an order terminating my parental rights, whichever occurs first.

INITIAL I understand that if I change my mind after signing this form, I may not revoke or rescind this waiver and that my only recourse is court action.

INITIAL I have no reason to believe this child is an Indian child.

INITIAL If it is later determined that this child falls under the Indian Child Welfare Act, this form will be void and I will have to sign a consent to adoption of an Indian child before a Judge of the Superior Court.

SIGNATURE OF PRESUMED FATHER	DATE
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SECTION A Complete when being signed in the presence of an Agency Representative	
SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE	DATE
NAME OF AGENCY REPRESENTATIVE	TITLE OF AGENCY REPRESENTATIVE
NAME OF AUTHORIZED ADOPTION AGENCY	TELEPHONE NUMBER
FULL ADDRESS	

SECTION B Complete when being signed in the presence of a Notary Public*	
<i>The Notary Public must staple the Acknowledgement document to this form and sign and date below.</i>	
SIGNATURE OF NOTARY	DATE

*If signing outside the United States this section must meet with the requirements of California Civil Code Section 1183