

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

Original: Court Record
 Copy: Parent
 Copy: Case Record

INSTRUCTIONS:

1. These instructions apply to the alleged 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 alleged 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, _____, acknowledge that I have received notice that I have been named as a possible father of a child for whom an 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 to _____ on _____.

an unborn child of _____, expected to be born on _____.

_____ 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 if I decide to establish my paternity of this child I must file an action under Family Code Section 7630(c). I understand I must file this action within 30 days of being served with written notice of the alleged paternity and the proposed adoption or within 30 days of the birth of the child, whichever is later.

_____ 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/responsibilities 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.

SIGNATURE OF ALLEGED 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	COUNTY WHERE SIGNED
FULL ADDRESS	TELEPHONE NUMBER

**SECTION B
Complete when being signed in the presence of a Notary Public***

The Notary Public must staple the Acknowledgement document to this form and sign and date below.

SIGNATURE OF NOTARY	DATE
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*If signing outside the United States this section must meet with the requirements of California Civil Code Section 1183
 AD 590 (4/15)