

INDEPENDENT ADOPTION PLACEMENT AGREEMENT (INDIAN CHILD)

*This form **MUST** be signed after the Statement of Understanding (SOU) AD 927 AND Declaration of Mother (AD 880) forms have been completed and signed. This Independent Adoption Placement Agreement **WILL NOT** be valid if it is signed prior to the SOU AD 927 and AD 880.*

PLACING PARENT SECTION

Note to placing parent: *This form is a consent to adoption. Do not sign this form unless you want the prospective adoptive parent(s) named below to adopt your child.*

I/We, _____, being the parent(s)
NAME OF PARENT(S)
of _____, (Gender: M F) born on _____
NAME OF CHILD DATE OF BIRTH
in _____, place him/her with _____
CITY AND STATE OF BIRTH FULL NAME(S) OF PROSPECTIVE ADOPTIVE PARENT(S)
for the purpose of an independent adoption.

I/We understand that with the signing of this document, I/we will give up all my/our rights of custody, services and earnings of this child.

I/We understand that this child is or may be covered under the Indian Child Welfare Act (ICWA).

If known, name of child's tribe: _____

If known, tribal membership or enrollment number: _____

I/We understand that unless this child is confirmed as covered under ICWA, my/our right to revoke this consent is **ONLY DURING THE THIRTY (30) DAY PERIOD** beginning on the date I/we sign this consent.

I/We understand that if this child is confirmed as covered under ICWA, I/we have the right to withdraw this Independent Adoption Placement Agreement, at any time **BEFORE THE FINAL DECREE** of adoption has been entered in court.

I/We understand that if this child is later confirmed as covered under ICWA then the agency will notify me. I understand I must keep the agency informed of my current address.

I/We have chosen the person(s) named above to be the parent(s) of my/our child based on my/our personal knowledge about him/her/them.

I/We have been informed of the basic health and social history of the person(s) named above.

I/We understand that this child will not be considered to have been placed for adoption until the birth parent(s) placing the child, prospective adoptive parent(s) and the Adoption Service Provider (ASP) have signed this Independent Adoption Placement Agreement.

The person(s) named above have my/our permission to care for this child in his/her/their home.

The person(s) named above have my/our permission to make any provisions for medical and surgical care for this child, including anesthesia, which may be deemed necessary or advisable by any licensed physician, **for a period not to exceed one year from the date this agreement is signed.**

I/We was/were advised of my/our rights in the independent adoption process on _____. These rights are summarized on the attached SOU (AD 927) which I/we have read and signed. DATE

I/We have decided to place my/our child for adoption with the person(s) named above, and I/we am/are signing this freely and willingly.

SIGNATURE OF PARENT	DATE SIGNED
SIGNATURE OF PARENT	DATE SIGNED

PROSPECTIVE ADOPTIVE PARENT(S) SECTION

I/We, the prospective adoptive parent(s) listed on page one, accept the placement of _____
NAME OF CHILD
by _____
PLACING PARENT(S)
into my/our home with the intent of adoption.

I/We agree to file a petition to adopt this child within ten (10) working days after signing this placement agreement with the Superior Court in _____
NAME OF COUNTY
County, the county where:

- I/We reside.
- The child was born or resides at the time of filing.
- The placing birth parent(s) resided when the Independent Adoption Placement Agreement was signed.
- The placing birth parent(s) resided when the petition was filed.

I/We agree that if, during the time period specified on the first page of this agreement, the placing parent(s) sign(s) and delivers to the investigating adoption agency a statement revoking this placement agreement and requesting that the child be returned, I/we must immediately return the child to the custody of the placing parent(s).

I/We agree that until the adoption is granted by the court:

- A. I/We must place the child under the care of a licensed physician and follow his/her recommendations for health care for the child, including immunization.
- B. I/We must not take the child from the county named above for a period of more than thirty (30) days without the approval of the court. I/We understand that the court may issue an order which prevents me/us from taking the child out of the county at all.
- C. I/We must not conceal the child from the placing parent(s), the investigating adoption agency, or the court.
- D. I/We must inform the investigating agency of any changes in my/our family or place of residence.
- E. I/We must assume responsibility for board, lodging, maintenance, medical care, and any other care for this child, and for any damages resulting therefrom.

I/We have been informed of the basic health and social history of the placing parent(s).

SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT	DATE SIGNED
SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT	DATE SIGNED

**ADOPTION SERVICE PROVIDER SECTION
(witnessing prospective adoptive parent(s) signature)**

I, _____
NAME OF INDIVIDUAL SERVING AS AN ASP

Placement Agreement by _____
PROSPECTIVE ADOPTIVE PARENT(S)
on _____
DATE

in _____
CITY AND STATE WHERE SIGNED

- I am:
- A representative of _____
NAME OF AGENCY, a California licensed private adoption agency.
 - An individual California ASP.
 - A representative of _____
NAME OF AGENCY, an adoption agency licensed or otherwise approved under the laws of the state of _____
NAME OF STATE, the state where the Independent Adoption Placement Agreement is being signed.
 - An individual licensed or otherwise certified as a Clinical Social Worker under the laws of _____
NAME OF STATE the state where the Independent Adoption Placement Agreement is being signed.
 - Independent counsel for the placing parent(s) serving as an ASP, pursuant to Family Code Section 8502(b) and

SIGNATURE OF INDIVIDUAL SERVING AS AN ASP	DATE
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