NOTICE OF FORM CH	ANGE NO. 13-118		
District Attorney			gement Unit
Other	Adoption Agencies		
Listed below is information re	egarding a form change. C	Only applicable information is shown	
This notice updates your Ca	lifornia Department of Soc	cial Services (CDSS) County Forms	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	AD 508 (7/13) - Resciss	sion Request/Rescission Of Relinqu	iishment
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	🛛 Free 🛛 Sold		🗌 Yes 🛛 No
□ New ⊠ Revised	DATE OF FORM 7/13	REPLACES 4/13	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-		
oxtimes No Change Permitted	Substitute Permi	tted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	
Department of Social Services Warehouse		$\boxtimes$ INTERNET:	
P.O. Box 980788 West Sacramento, CA 95798-0788			
	FORMS DISPOSIT	ION AND SPECIAL INSTRUCTION	S
DISPOSITION OF OLD SUPPLY		Destroy	
JSE NEW FORM		$oxed{\boxtimes}$ Use new form effective	7/13
All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.adaa.aa.gov/adaa	web/entree/forme/English		
http://www.cdss.ca.gov/cdss	web/entres/101115/English/		
FORMS IS A MASTER ONL	Y		
Camera - ready copies are c	urrently available on the C	CDSS Internet	
Contact Language Services	for other languages at (91	6) 651-8876 or by e-mail at: LTS@0	dss.ca.gov
		,	
Camera-ready copies are cu	rrently available on the CI	DSS Internet. Go to	

http://www.dss.cahwnet.gov/cdssweb/FormsandPu\_271.htm.

Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.

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