NOTICE OF FORM CHANGE NO. 10-030		DATE
		07/20/2010
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other		agement Unit
Listed below is information regarding a form change.	Only applicable information is show	n.
This notice updates your California Department of So	ocial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE AD 590 (6/10) - Waive Father In Or Out-Of-Ca	er Of Right To Further Notice Of Add	option Planning (Alleged Natural
ORDER UNIT MASTER ONLY Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No
New ⊠ Revised 7/10	REPLACES 3/08	☐ Yes ☐ No☐ Obsolete
REQUIRED FORM-	in a lawin Brian Book Annual	
No Change Permitted ☐ Substitute Perm UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:	nitted With Prior DSS Approval	☐ Recommended Form
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788	☐ INTERNET:	
FORMS DISPOSIT	 TION AND SPECIAL INSTRUCTIO	 NS
DISPOSITION OF OLD SUPPLY Use until exhausted	□ Destroy	
USE NEW FORM When supply available in DSS Warehouse	☐ Use new form effective	6/10
use Form IN ACCORDANCE WITH All County Letter No. Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
The web-link below is for the online form to be used for	or reproduction.	
http://www.cdss.ca.gov/cdssweb/entres/forms/English	n/AD590.PDF	

Camera-ready copies are currently available on the CDSS 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.