A	DOPT-215 Adoption Order	Clerk stamps date here when form is filed.				
1	Your name (adopting parent(s)):					
	a					
	b					
	Relationship to child:					
	Street address:					
	City: State: Zip:					
	Daytime telephone number:					
	Lawyer (if any): (Name, address, telephone number, e-mail address,	Fill in court name and street address:				
	and State Bar number):	Superior Court of California, County of				
		caponer counter camernia, county or				
	Child's manus often adoption.					
(2)	Child's name after adoption:					
	First name:					
	Middle name:	Court fills in case number when form is filed.				
	Last name:	Case Number:				
	Date of birth: Age:					
	Place of birth (if known): City: State: Country:					
	City: State:Country:					
Name of adoption agency (if any):						
4	Hearing details					
	Hearing date: Dept.: Div.:	Rm.:				
	Judicial Officer: Clerk's office telep					
	People present at the hearing:					
	☐ Adopting parent(s) ☐ Lawyer for adopting parent(s)					
Child Child's lawyer						
	Parent keeping parental rights:					
 Other people present (list each name and relationship to child): a. 						
	If there are more names, attach a sheet of paper, write "ADOPT-215, Item 4" at the top, and list the					
	additional names and each person's relationship to child.					
	☐ The hearing is waived pursuant to Family Code section 9000.5 (Chec confirming parentage of a stepparent who was married or in a state-parent who gave birth at the time the child was born.)					
	Judge will fill out section be	elow.				
5	The judge finds that the child (check all that apply):					
9						
	a. Is 12 or older and agrees to the adoption					
	b. Is under 12					
	c. Is not required to consent because this is a tribal customary adoption	ion.				

You	ır name:						
6	The judge has reviewed the report an a. Is at least 10 years older than the meets the criteria in Fam. Code, §	child or		Will support and	1 01		
	b. Will treat the child as his or her o		e.	Agrees to adopt the			
7	☐ This case is an adoption by a rela	•					
		The child, who is order. (Fam. Code	12 c	or older, has requ	uested that the child's name Last name:		
8	will fill out (13) below.	there is good caus	se to	give preference to	these adopting parents. The clerk		
9	The judge approves the Contact After Adoption Agreement (ADOPT-310) ☐ As submitted ☐ As amended on ADOPT-310						
(10)	This is a tribal customary adoption. The tribal customary adoption order of the tribe dated containing pages and attached hereto is fully incorporated into this order of adoption						
11)	This is an adoption under the Hague Adoption Convention. <i>Verification of Compliance with Hague Adoption Convention Attachment</i> (form ADOPT-216) is attached and fully incorporated into this order.						
12	☐ This is an independent adoption i agreed to this adoption and will main parental rights, signed by both the ex	tain their existing	par	ental rights. A			
13)	The judge believes the adoption is in the child's best interest and orders this adoption. The child's name after adoption will be:						
	First name:	Middle name:			Last name:		
	The adopting parent or parents and the child are now parent and child under the law, with all the rights and duties of the parent-child relationship or, in the case of a tribal customary adoption, all the rights and duties set out in the tribal customary adoption order and Welfare and Institutions Code section 366.24. The judge believes it will serve public policy and the best interest of the child to grant the request of the adopting parent or parents for the court to make this order effective as of (date): Date:						
	(Date of Signature)			Judge (or Judic	ial Officer)		
		lerk will fill ou	t se	ection below.			
14)	Clerk's Certificate of Mailing						
For the adoption of an Indian child, the Clerk certifies:							
	I am not a party to this adoption. I placed a filed copy of:						
	☐ Adoption Request (ADOPT-200) ☐ Adoption of Indian Child (ADOPT-220)						
	☐ Adoption Order (ADOPT-215) ☐ Contact After Adoption Agreement (ADOPT-310) in a sealed envelope, marked "Confidential" and addressed to: Chief, Division of Social Services						
	Bureau of Indian Affairs						
	1849 C Street, NW						
	Mail Stop 310-SIB						
	Washington, DC 20240	.11141 (- 11		C			
	The envelope was mailed by U.S. mail, with full postage, from: Place: on (date):, Deputy						
	Place:	vels by			on (date):		
	Date	ak, by:			, Deputy		

Case Number: