

# ADOPT-315

## Request to: Enforce, Change, End Contact After Adoption Agreement

Clerk stamps below when form is filed.

Court name and street address:

**Superior Court of California, County of**

**Case Number:**

- 1 Your name(s) (adopting parent(s)):
- a. \_\_\_\_\_
- b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Your address (*skip this if you have a lawyer*):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your phone #: (\_\_\_\_\_) \_\_\_\_\_

Your lawyer (*if you have one*): (*Name, address, phone #, and State Bar #*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 2 Child's name (*if known*): \_\_\_\_\_

Child's adopted name (*if known*): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

- 3 I/We want to (*check one*):  Enforce  Change  End  
an existing Contact After Adoption Agreement.

**The judge will not look at your request unless you and the other people who signed ADOPT-310 first try to come to an agreement using mediation or some other form of dispute resolution.**

- 4 List all people who signed the original Contact After Adoption Agreement (ADOPT-310).  
*If the agreement was confidential, write "Confidential" instead of the person's name.*

Name/Relationship to child:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

### Notice to people listed in 4 who are served with this form:

- The adoption of the child named in 2 is still valid.
- The adoption can never be canceled or changed.
- If you disagree with this form, you must file ADOPT-320 within 30 days after receiving this form.



Your name(s): \_\_\_\_\_

**5** Attach to this request:

- A copy of ADOPT-310 (Contact After Adoption Agreement)
- A copy of the signed, written agreement about Contact After Adoption, if there is one
- Proof of Service showing this form was served to each person in **4**, along with a blank answer form (ADOPT-320)

**6** If any person in **4** was not served, you must explain in writing why he or she was not served. Attach a sheet of paper and write "ADOPT-315, Item 6" at the top.

Check below, if true:

- a.  I do not know the names of the other people who signed the original Contact After Adoption Agreement, so I could not serve them.
- b.  The other people who signed the original Contact After Adoption Agreement (ADOPT-310) agree with what I am asking in this request and have signed ADOPT-320.

**7** Remember: The judge will not look at your request until all people who signed ADOPT-310 have tried to come to an agreement using mediation or other form of dispute resolution.

**8** Check one of the boxes below:

**I/We ask the court to:**

- a.  Enforce ADOPT-310. Explain how the original agreement has not been followed:

---



---

*If you need more space, attach a sheet of paper and write "ADOPT-315, Item 8—Enforce 310" at the top.*

- b.  Change ADOPT-310. Describe the changes you want and how these changes will be good for the child:

---



---

*If you need more space, attach a sheet of paper and write "ADOPT-315, Item 8—Change 310" at the top.*

- c.  End ADOPT-310. Explain why you want to end the agreement and how ending the agreement will be good for the child:

---



---

*If you need more space, attach a sheet of paper and write "ADOPT-315, Item 8—End 310" at the top.*

Number of pages attached: \_\_\_\_\_

**9** I/We declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct, which means if I lie on this form, I am guilty of a crime.

Date: \_\_\_\_\_  \_\_\_\_\_  
Type or print your name Sign your name

Date: \_\_\_\_\_  \_\_\_\_\_  
Type or print your name Sign your name