

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): _____ TELEPHONE NO.: _____ EMAIL ADDRESS (Optional) ATTORNEY FOR (NAME): _____	FOR COURT USE ONLY						
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA <input type="checkbox"/> Santa Barbara–Anacapa <input type="checkbox"/> Santa Maria-Cook <input type="checkbox"/> Lompoc Division 1100 Anacapa Street 312-C East Cook Street 115 Civic Center Plaza Santa Barbara, CA 93101 Santa Maria, CA 93454 Lompoc, CA 93436							
MATTER OF: _____							
PETITION FOR FREEDOM FROM PARENTAL CUSTODY AND CONTROL	CASE NUMBER: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">HEARING DATE</td> <td style="width: 33%; padding: 2px;">TIME:</td> <td style="width: 33%; padding: 2px;">DEPT:</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </table>	HEARING DATE	TIME:	DEPT:			
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1. Petitioner(s) Name(s):

- a. _____
- b. _____

Relationship to child named below: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____ Email address: _____

2. Information about the child

- a. Birth name of Child _____
- b. Birth Date: _____
- c. Place of Birth: _____
 City: _____ State: _____

3. Name of child's birth parents:

Parent: _____

Parent: _____

Attachment 3

4. I filed this request in this county because (Check all that apply):

- the child resides here.
- an Adoption Request has been filed here and was assigned the following case number: _____.

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5. Petitioner(s) is the child's court-appointed guardian. (Attach the Letters of Guardianship as Attachment 5.)
- a. County in which the guardian was appointed: _____.
 - b. Case Number of guardianship proceeding: _____.
 - c. One or both parents do not have the legal custody of the child.
 - d. The child has been in the physical custody of the guardian for a period of not less than two years.
 - e. The child would benefit from being adopted by the guardian. (Must complete Attachment 5e.)

(Skip to paragraph 10.)

6. Petitioner(s) request(s) an order declaring the child free from the custody and control of _____ (name of parent(s)) for the following reason(s) (check all that apply):

- a. Abandonment (check at least one box below):
- The child has been left without provision for the child's identification by the child's parent(s).
 - The child has been left by the parent(s) named above in the care and custody of a non-parent for a period of six months:
 - without any provision for the child's support, or
 - without communication from the parent(s), with the intent on the part of the parent(s) to abandon the child.

(Use Attachment 6a to tell the court about the nature of the communication between the child and abandoning parent and whether any child support has been paid.)

- The parent named above has left the child in the care and custody of the other parent for a period of one year:
 - without any provision for the child's support, or
 - without communication from the parent, with the intent on the part of the parent to abandon the child.

(Use Attachment 6a to tell the court about the nature of the communication between the child and abandoning parent and whether any child support has been paid.)

- b. The child has been a dependent of the juvenile court, AND the parent(s) have been deprived of the child's custody for one year before the filing of this petition AND (Check at least one):
- The child has been neglected or cruelly treated by the parent(s) named above.
 - The parent(s) named above suffer a disability because of the habitual use of alcohol or drugs.
- Juvenile Court Case Number: _____.

- c. The parent(s) named above are convicted of a felony, the facts of which are of such a nature so as to prove the unfitness of the parent(s) to have the future custody and control of the child.
- (Use Attachment 6c to specify the felony and facts connecting the felony to parental unfitness.)

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- d. The parent(s) named above have been declared by a court of competent jurisdiction to be developmentally disabled or mentally ill and have been certified to be incapable of supporting or controlling the child in a proper manner.
 - A copy of the court order is attached as Attachment 6d (*required*).
- e. The parent(s) named above is/are mentally disabled and is/are likely to remain so in the foreseeable future.
 - The evidence of two qualified experts (as defined by Fam. Code, § 7827, subd. (c)) is attached at Attachment 6e (*required*).

7. Child may have Indian ancestry: Yes No

- a. Whether you answered “Yes” or “No,” you must fill out and attach as Attachment 7 *Indian Child Inquiry Attachment* (Judicial Council Form ICWA-010(A)) and *Parental Notification of Indian Status* (Judicial Council form ICWA-020) or other proof that ICWA inquiry has been completed in accordance with rule 5.481(a).
- b. If you answered “Yes,” you must also fill out and attach as Attachment 7 *Adoption of Indian Child* (Judicial Council form ADOPT-220) if, after notice, it is determined that ICWA does apply to the child.

8. The parent retaining custody (if any) has completed a consent to the relief requested in this petition and the consent is attached as Attachment 8. (*Use Attachment 8 only if the parent retaining custody is not a petitioner.*)

9. It is in the best interests that the child be declared free from the custody and control of the parent(s) named in paragraph 3 because:

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10. I/We ask the court for an order and judgment from the court declaring
 _____ (child's name) free from the custody and control of
 _____ (name of parent(s)) and for such other relief as the
 court may deem proper.

11. If a lawyer is representing you in this case, he or she must sign here:

Date: _____
 _____ (Type or print attorney name) _____ (Signature of Attorney for Petitioner)

12. I declare under penalty of perjury under the laws of the State of California that the information on this form and all the attachments is true and correct to my knowledge. That means that if I lie on this form, I am guilty of a crime.

Date: _____
 _____ (Signature of Petitioner)

Date: _____
 _____ (Signature of Petitioner)

<i>Matter of:</i>	<i>Case Number:</i>
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ATTACHMENT 5e

Tell the court about the nature and extent of the relationship between (1) the child and the birth parent; (2) the child and the guardian, including family members of the guardian; and (3) the child and any siblings or half-siblings.

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ATTACHMENT 6a

Tell the court about the nature of the communication between the child(ren) and abandoning parent and whether the abandoning parent has paid any child support. *(Do not attach this sheet if you did not check the corresponding box on the petition.)*

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ATTACHMENT 6c

Tell the court about the felony and facts connecting the felony to parental unfitness. *(Do not attach this sheet if you did not check the corresponding box on the petition.)*

Matter of:

Case Number:

ATTACHMENT 6d

Place a copy of the court order behind this sheet. *(Do not attach this sheet if you did not check the corresponding box on the petition.)*

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ATTACHMENT 6e

Place a copy of the qualified expert declarations behind this sheet. *(Do not attach this sheet if you did not check the corresponding box on the petition.)*

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ATTACHMENT 7

Place a copy of the Indian Child Inquiry Attachment (ICWA – 010(A)) behind this sheet. *(This is required. You must inquire of both the maternal side of the family and the paternal side of the family. You may use a copy of the form you attached to your Adoption Request, if any.)*

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ATTACHMENT 8

(Use Attachment 6 only if the parent retaining custody is not a petitioner.)

I, _____ *(parent retaining custody)* am the natural parent of
_____ *(child's name)*, the minor subject to this proceeding.

I hereby consent to the request to free the child from the custody and control of
_____ *(parent whose rights are being terminated)* and I waive the right to
formal notice of this proceeding.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____

(Signature)

(Type or Print Name)