

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.



