

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., SUITE 130, VISTA, CA 92081	
IN THE MATTER OF THE PETITION OF	
PETITION FOR TERMINATION OF PARENTAL RIGHTS	CASE NUMBER

_____ respectfully represent(s) and allege(s) that:

The child involved in these proceedings is _____, born on _____, who is now in the County of San Diego in the custody of _____ for the purpose of adoption.

Petitioner's relationship to the child is _____.

_____ is the mother of the child.

The alleged father of the child is _____, who resides at _____.

- The birth mother was married to _____ at the time the child was born.
- The birth mother was not married at the time the child was born, nor for 300 days preceding the birth.

The mother and the alleged father did did not attempt to marry one another before or after the birth of the child.

- The birth mother and the alleged father did not cohabit.
- The birth mother and the alleged father cohabited from _____ to _____.

The alleged father is is not named on the child's birth certificate.

The alleged father did did not receive the child into his home and openly hold out the child as his natural child.

No child support payments, other than in token amounts, have been made by the alleged father, voluntarily or pursuant to court order, to the child's caregiver(s), and he has failed to communicate with the child.

It would be in the best interest of the child to allow the adoption to proceed.

WHEREFORE, the petitioner(s) request(s) an order of the court that parental rights of the alleged father, _____, be terminated and that his consent is not required for the adoption.

Date: _____ _____
Signature of Petitioner

Date: _____ _____
Signature of Petitioner

Date: _____ _____
Signature of Attorney for Petitioner

VERIFICATION

I have read the foregoing petition and know the contents thereof. I declare that the same is true of my own knowledge, except as to those matters which are therein stated upon my information and belief, and, as to those matters, I believe them to be true.

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

Date: _____
_____ Signature of Petitioner

Date: _____
_____ Signature of Petitioner

ORDER

IT IS HEREBY ORDERED that the Health and Human Services Agency perform an investigation pursuant to Fam. Code § 7663 and submit a written report to the court.

Date: _____
_____ Judge of the Superior Court