

# ADOPT-320

## Answer to 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** This is my answer to the request to (*check one*):

- Enforce    Change    End

an existing Contact After Adoption Agreement.

a. Name(s) of person who filed ADOPT-315 and his or her relationship to child: \_\_\_\_\_

b. I received a copy of the signed, written agreement, ADOPT-310.

**2** Your name(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 #):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3** Child's adopted name (*if you know*): \_\_\_\_\_

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

Date of adoption (*if you know*): \_\_\_\_\_

**4** Check all that apply:

- a.  I agree with the requests listed in ADOPT-315 and think the requests are in the child's best interest.  
b.  I do not agree with the requests in ADOPT-315 because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If you need more space, attach a sheet of paper and write "ADOPT-320, Item 4—Do Not Agree With 315" at the top.*

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

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



*Sign your name*

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



*Sign your name*