

**WAIVER OF RIGHT TO REVOKE RELINQUISHMENT
AGENCY ADOPTION PROGRAM**

Original: CDSS
Copy: Birth Parent
Copy: Case Record

NOTE TO BIRTH PARENT: Do not sign this form unless you want to permanently relinquish your child for adoption. By signing this form you are ending your right to revoke the relinquishment that you signed.

On _____, I signed a relinquishment for adoption ("the relinquishment") in which I agreed to
DATE
relinquish my child, _____,
CHILD'S NAME AS SHOWN ON RELINQUISHMENT
born on _____, to _____.
DATE OF BIRTH NAME OF ADOPTION AGENCY

In the Statement of Understanding, I understand I have options for when my relinquishment may be filed and acknowledged by the California Department of Social Services (CDSS). If I choose to have this relinquishment filed immediately, I understand it may take up to 10-business days for the CDSS to file and acknowledge my relinquishment. During this period, prior to CDSS issuing an acknowledgement, I indicate that I understand I may revoke my relinquishment.

Birth parent must initial the following statements:

INITIAL I understand that by signing this form I am waiving the holding period and therefore making the relinquishment for adoption permanent and irrevocable effective immediately, or at the close of the next business day as noted in "Birth parent must initial one of the following statements."

INITIAL I understand this waiver will become void if either of the following occurs: this relinquishment is determined to be invalid or the relinquishment is revoked during any holding period indicated in the Statement of Understanding I signed.

INITIAL I understand that by signing this form I will not be able to gain custody of my child unless, after CDSS has acknowledged my relinquishment, I request that it be rescinded and the adoption agency agrees that my relinquishment may be rescinded.

Birth parent must initial one of the following statements:

INITIAL If signing in front of a Judicial Officer, CDSS or delegated county representative within or outside of California, I understand this waiver becomes effective immediately.

INITIAL If signing this form in front of an authorized representative of a licensed private adoption agency within or outside of California, I understand I have until _____ on _____, _____,
TIME DAY OF WEEK MONTH/DAY/YEAR

which is the end of the next business day following the signing of the waiver, to request the waiver be withdrawn.

If I decide to withdraw this waiver, I must contact the adoption agency by phone at
() _____ or in person at _____.
ADDRESS

SIGNATURE OF BIRTH PARENT DATE SIGNED

- PLEASE TURN PAGE OVER -

**WAIVER OF RIGHT TO REVOKE RELINQUISHMENT
AGENCY ADOPTION PROGRAM - CONTINUED**

THIS SECTION TO BE COMPLETED BY WITNESS

I, _____, have witnessed the signing of the Waiver of Right to Revoke Relinquishment by _____ on _____, in _____, _____.

BIRTH PARENT DATE CITY STATE

(See Family Code Section 8700.5)

Witness: I am

- A representative of CDSS. Date of interview with birth parent: _____.
- A representative of the _____, a delegated county adoption agency in California. Date of interview with birth parent: _____.
- A judicial officer of _____ California court of record: legal counsel, if birth parent is represented by independent legal counsel. Date of interview with birth parent: _____.
- A judicial officer of the _____, a court of record in the state of _____, the state where the Waiver of Right to Revoke Relinquishment is being signed and where the birth parent is represented by independent legal counsel. Date of interview with birth parent: _____.
- An authorized representative of a licensed adoption agency approved under the laws of the state of _____, the state where the waiver of rights is being signed. (The waiver may be signed in the presence of an authorized representative only if the birth parent or parents are represented by independent legal counsel.) I have informed the birth parent or birth parents of the time period that he/she/they may request the waiver be withdrawn. That interview was conducted by _____, the independent legal counsel for the birth parent(s), on _____.

NOTE: The waiver may be signed outside of California only if the birth parent resides outside of California or is located outside of California for an extended period of time unrelated to the adoption.

NAME OF WITNESS	SIGNATURE OF WITNESS	
ADDRESS:	TELEPHONE ()	

To be completed by independent legal counsel for the birth parent(s) when signing in front of a licensed adoption agency within or outside of California or judicial officer.

I am the independent legal counsel who represents the birth parent and I interviewed the birth parent. On: _____, prior to the birth parent's signature-on the waiver, I interviewed the birth parent, reviewed the waiver with the birth parent, and counseled the birth parent about the option to sign or refuse to sign the waiver, including the consequences of each option. I have delivered to the birth parent and the adoption agency or adoption service provider, the AD 929A and a certificate confirming to these facts.

NAME	SIGNATURE	
ADDRESS	PHONE NUMBER ()	