

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*