

Independent Adoption Program - Individual Case Report

INSTRUCTIONS: Complete this form when the final court report is prepared. For Approvals, answer items 1-5 and 8-37. For Conditional Approvals, answer items 1-6 and 8-37. For Dismissals and Denials, answer items 1-5, 7, and all other items for which information is available.

CASE IDENTIFICATION SECTION

A. CHILD'S NAME

C. INVESTIGATED BY:
CDSS ☐ 1
CO. AGENCY ☐ 2

D. AGENCY NAME

CODE

PART I. GENERAL CASE INFORMATION

1. Date this petition filed.

MONTH

DAY

YEAR

2. Was the 180-day time limit met? (FC 8807)

YES ☐ 1

NO ☐ 2

3. A. Was extension granted to 180-day limit?

YES ☐ 1

NO ☐ 2

B. If YES, enter number of days extended

C. If YES, primary reason for extension: (Enter code)

Codes:

1 Indian child/Indian Child Welfare Act process
More time needed by:

2 Legal/birth parent(s)

3 Adopting parent(s)

4 Adopting parent(s)' attorney

5 Agency

4. Date final court report filed

MONTH

DAY

YEAR

5. Recommendation to court: (Enter code)

Codes:

1 Approval

2 Conditional approval

3 Dismissal

4 Denial

NOTE: COMPLETE ITEMS 6 & 7 PER INSTRUCTIONS ABOVE

6. Primary reason for conditional approval:
(Enter code)

Codes:

1 FC 7820 et seq. action pending

2 FC 7660 et seq. action pending

3 Other court action pending

4 Question validity of parental consent

5 Other (specify)

7. Primary reason for dismissal/denial: (Enter code)

Codes:

01 Petition filed in wrong county, will refile

02 Other technicality regarding petition

03 Child refused to consent

Birth Parent(s):

11 Refused consent, child reclaimed

12 Refused consent, child not reclaimed

13 Revoked placement agreement or consent, child reclaimed

14 Revoked placement agreement or consent, child not reclaimed

Adopting Parent(s):

21 Home not suitable

22 Withdrew, child returned

23 Withdrew, child not returned

10 Other (specify)

8. Items A and B are applicable to these birth parent types:

Codes:

(P) Petitioner(s)

(BM) Birth Mother

(PF 1) Presumed Father 1

(PF 2) Presumed Father 2

(AF1) Alleged Father 1

(AF2) Alleged Father 2

A. Was 45-day time limit met?

P

BM

PF1

PF2

AF1

AF2

(Enter code)

Codes:

1 Yes

2 No

0 N/A

(N/A when no such person, person out of state, or name/address unknown)

B. If NO, reason: (Enter code)

Codes:

1 Agency not available

2 Name, address, phone not provided within 10 working days of filing petition

3 Unable to contact/locate

4 Parent did not keep appointments

5 Other (specify)

9. Action(s) to free this child. (Indicate type of action for each applicable person by entering code below.)

Action Codes

Court Actions	Voluntary Actions
02 Family Code 7820 et seq.	12 Independent Adoption Placement Agreement signed
03 Family Code 7660 et seq.	01 Consent to Adoption signed
04 Family Code 7666	07 Waiver of right to further notice signed
05 Family Code 7630 et seq.	08 Denial of paternity signed
06 Family Code 8604(c)	09 Birth parent(s) deceased
10 Out-of-state court action	11 Other actions

A. Mother

B. Presumed/legal father #1

C. Presumed/legal father #2

D. Alleged natural father #1

E. Alleged natural father #2

Return original copy of form to:

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
DATA SYSTEMS & SURVEY DESIGN BUREAU
M.S. 9-081
P.O. BOX 944243
SACRAMENTO, CA 94244-2430
FAX: (916) 657-1520

B. ADOPTING PARENT(S)' NAME

E. STATE CASE NUMBER
(Include County Prefix)

Alpha

Numeric

AD

10. Key Placement Agreement and Consent to Adoption dates:

Complete 10A and 10C for birth parent(s) who signed an Independent Adoption Placement Agreement (Item 9 Code = 12).

Complete 10B and 10C for birth parent(s) who signed a Consent to Adoption (Item 9 Code = 01).

If more than one father signed a Placement Agreement or Consent, provide information about the father who is most probably the father.

A. For birth parent(s) signing Placement Agreement:

Birth Mother

Birth Father

Date of advisement

MONTH

DAY

YEAR

.....

MONTH

DAY

YEAR

Birth Mother

Birth Father

Type of adoption service provider

.....

Codes for Adoption Service Providers:

- 01 Licensed Private California Adoption Agency
- 02 Individual California LCSW
- 03 Adoption agency licensed or otherwise certified in another state
- 04 Clinical social worker licensed or certified in another state
- 05 Independent legal counsel for the birth parent(s) in California
- 06 Independent legal counsel for the birth parent(s) in another state

Date advised birth parent(s) signed Placement Agreement ...

Birth Mother

Birth Father

MONTH

DAY

YEAR

.....

MONTH

DAY

YEAR

B. For birth parent(s) signing Consent to Adoption:

Date birth parent(s) signed Consent to Adoption

Birth Mother

Birth Father

MONTH

DAY

YEAR

.....

MONTH

DAY

YEAR

Was Consent signed in California?

Birth Mother

Birth Father

YES ☐ 1

NO ☐ 2

YES ☐ 1

NO ☐ 2

C. For birth parent(s) signing Placement Agreement or Consent to Adoption:

Date birth parent(s) revoked Placement Agreement/Consent

Birth Mother

Birth Father

MONTH

DAY

YEAR

.....

MONTH

DAY

YEAR

Date birth parent(s) signed waiver of right to revoke Consent

Birth Mother

Birth Father

MONTH

DAY

YEAR

.....

MONTH

DAY

YEAR

Person/agency witnessing signing of waiver

.....

Codes for Person/Agency Witnessing Signing of Waiver

In California:

- 11 CDSS Adoption District Office
- 12 Delegated County Adoption Agency
- 13 Judicial Officer of California Court

Outside California:

- 14 Public Adoption Agency in another state
- 15 Judicial Officer of Court in another state

Adoption Service Provider outside California:

- 03 Licensed Private Adoption Agency in another state
- 04 Clinical social worker licensed or certified in another state
- 06 Independent legal counsel for birth parent in another state

PART II. DATA ON CHILD

11. Sex

Male ☐ 1

Female ☐ 2

12. Birthdate

MONTH

DAY

YEAR

13. Date this child began living with adopting family:

14. A. Was this child previously placed for adoption with another family?

YES ☐ 1

NO ☐ 2

B. If YES, was adoption completed?

YES ☐ 1

NO ☐ 2

PLEASE COMPLETE REVERSE SIDE OF THIS PAGE.

AD 42 I (3/02)

INSTRUCTIONS FOR COMPLETING THE
INDEPENDENT ADOPTION PROGRAM-INDIVIDUAL CASE REPORT
AD 42I (3/02)

CONTENT AND PURPOSE

An AD 42I shall be completed for each child for whom an Independent Adoption petition is submitted. This form is used to obtain characteristic data on birth parent(s), petitioner(s), adopted children, and selected aspects of public adoption agency actions.

DUE DATE AND SUBMITTAL INSTRUCTIONS

All public adoption agencies and California Department of Social Services (CDSS) staff responsible for Independent Adoption investigations shall complete an AD 42I for each subject of an Independent Adoption petition whenever a final report is prepared and submitted to the court, or no later than the 30th calendar day of the subsequent month. Copies of the AD 42I form can be obtained from the CDSS website at: <http://www.dss.cahwnet.gov/research>.

Send the **completed original** AD 42I to:

California Department of Social Services
Data Systems & Survey Design Bureau
MS. 9-081
P.O. Box 944243
Sacramento, California 94244-2430
FAX (916) 657-1520

RETAIN A COPY OF THE AD 42I FOR YOUR RECORDS.

GENERAL INFORMATION

An AD 42I must be submitted for each child for whom an Independent Adoption petition is investigated. All applicable items on the form shall be completed as fully and accurately as possible. If more than one child is being adopted by the same petitioner(s), prepare a separate AD 42I for each child. If this child has been the subject of a previous adoption which was acted upon by the court, a new AD 42I must be prepared reflecting the current adoption action.

CASE IDENTIFICATION SECTION

- A Child's Name:** Enter the full name of this child as it appears on the adoption petition and the original birth certificate (child's name before adoption). If more than one child is being adopted by the petitioner(s), a separate AD 42I shall be completed for each child.
- B Adopting Parent(s)' Name:** Enter the first name, middle initial, and last name of the adopting parent(s).
- C Investigated By:** Enter an "X" in the appropriate box to indicate whether the AD 42I is being submitted by a CDSS district office or a county agency.
- D Agency Name:** Enter the name and code designation of the reporting agency (county agency or CDSS district office).
- E State Case Number:** Enter the complete state number with the agency prefix (e.g., LACO 45.032).

PART I. GENERAL CASE INFORMATION

- Item 1** **Date this petition filed.** Enter the date (month, day, and year) on which the petition was filed in court as indicated on the petition or the "Notification of Pendency of Action" (AD 3).
- Item 2** **Was the 180-day time limit met? (Family Code Section 8807)** Enter an "X" in the appropriate box.
- Item 3A** **Was extension granted to 180-day limit?** Enter an "X" in the appropriate box.
- Item 3B** **If YES, enter number of days extended.** Enter number of days of extension.
- Item 3C** **If YES, primary reason for extension.** Enter the appropriate code in box.
- Item 4** **Date final court report filed.** Enter the month, day, and year.
- Item 5** **Recommendation to court.** Enter the appropriate code in box.
- Item 6** **Primary reason for conditional approval.** Complete only if Item 5 is coded "2". Enter the appropriate code. (If the reason is "Other", specify but leave the CDSS code box blank. CDSS will assign codes per program specifications.)
- Item 7** **Primary reason for dismissal/denial.** Complete only if Item 5 is coded "3" or "4". Enter the appropriate code. (If the reason is "Other", specify but leave the CDSS code box blank. CDSS will assign codes per program specifications.)

- Item 8A** **Was 45-day time limit met?** Enter the appropriate code for the petitioner(s) and for each possible parent. If the person does not exist (e.g., there is no second alleged father), enter "0". If an interview within 45 days was not required, enter "0".
- Item 8B** **If NO, reason.** Enter the appropriate code for those cases where Item 8A is coded "2". (If the reason is "Other", specify but leave the CDSS code box blank. CDSS will assign codes per program specifications.)
- Item 9** **Action(s) to free this child.** For each identified parent, enter the type of action under "code".
- Item 10** **Key Placement Agreement and Consent to Adoption dates.** Complete Items 10A and 10C for birth parent(s) who signed an Independent Adoption Placement Agreement. Complete Items 10B and 10C for birth parent(s) who signed a Consent to Adoption. If more than one father signed a Placement Agreement or Consent, provide information about the person who is most probably the father.

Only complete those parts of Item 10C that apply to the parent. If the parent did not revoke the Placement Agreement or Consent, leave that date blank; if the parent did not waive his or her right to revoke Consent, leave that date and the identity of the person witnessing the signing of the waiver blank.

PART II. DATA ON CHILD

- Item 11** **Sex.** Enter an "X" in the appropriate box.
- Item 12** **Birthdate.** Enter the month, day, and year of this child's birth.
- Item 13** **Date this child began living with adopting family.** Enter the date the child began living with the adopting parent(s). If the exact date is not known, as in the case in some relative adoptions, estimate the date.
- Item 14A** **Was this child previously placed for adoption with another family?** Enter an "X" in the appropriate box.
- Item 14B** **If YES, was adoption completed?** Enter an "X" in the appropriate box.
- Item 15** **Indicate which, if any, of the following conditions this child has: (Check all that apply)**

Enter an "X" in the appropriate boxes. If the child has none of the indicated conditions, enter an "X" in the last box ("No problems identified").

"Mental retardation" means significantly subaverage general cognitive and motor functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period that adversely affect a child's/youth's socialization and learning, as diagnosed by a qualified professional.

"Visual or hearing impairment" means having a visual impairment that may significantly affect educational performance or development; or a hearing impairment, whether permanent or fluctuating, that adversely affects educational performance, as diagnosed by a qualified professional.

"Physical disability" means a physical condition that adversely affects the child's day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities, as diagnosed by a qualified professional.

"Emotional disturbance" means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or, a tendency to develop physical symptoms or fears associated with personal problems. The term includes persons who are schizophrenic or autistic. The term does not include persons who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed. This condition must be clinically diagnosed based on the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (e.g., DSM IV).

INSTRUCTIONS FOR COMPLETING THE
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AD 42I (3/02) (Continued)

“Medical condition” means any physiological condition not described in the above four conditions such as dependency on life support devices (e.g., respirators, dialysis machines) or conditions such as cancer, diabetes, heart disease, or genetic disorders.

“Behavioral problems” means behaviors that are abusive, aggressive, or disruptive in ways detrimental to life, comfort, and/or property of the child and/or others.

“Developmental delay” means that the child, while not developmentally disabled, is functioning below age level in a way that requires special education or other special treatment.

“Language developmental delay” means that the child’s development appears normal except for delayed speech development.

“Attention deficit disorder (ADD/ADHD)” means that the child has been diagnosed as having attention-deficit disorder or attention-deficit/hyperactivity disorder by a qualified professional.

“Adverse parental background - Mentally ill birth parent” means that at least one of the child’s birth parents had a mental illness such as bipolar disorder or schizophrenia that may be hereditary.

“Adverse parental background - Drug exposed during pregnancy” means that the birth mother admitted to using drugs during pregnancy or tested positive for drugs during pregnancy or at the time of delivery or that the child tested positive for drugs at the time of birth. “Drugs” means controlled substances specified in Schedules I to V, inclusive, of Division 10 (commencing with Section 11000) of the Health and Safety Code.

“Adverse parental background - Other adverse parental background” means parental conditions or actions other than parental mental illness or prenatal drug exposure which are likely to lead to the development of health conditions in the child. Abuse and neglect of the child are included in this category.

“No problems identified” means that the child has none of the problems listed above.

Item 16A **Was this child subject to the Indian Child Welfare Act?** Enter an “X” in the appropriate box.

Item 16B **If YES, name of tribe.** Enter the name of the tribe which found the child to be subject to the Indian Child Welfare Act. (Leave the CDSS code box blank. CDSS will assign codes per program specifications.)

Item 17 **Was this child a dependent of the court when referred to the adoption program?** Enter an “X” in the appropriate box.

PART III. DATA ON LEGAL/BIRTH PARENT(S)

Item 18 **Birthdate(s) of legal/birth parent(s).** Enter birthdate(s) of legal/birth parent(s). If dates are unknown, check “unknown” next to the appropriate parent. If no exact birthdate is known, write “estimate” next to information shown, and enter the estimate date.

Item 19A **State/country of legal residence of legal/birth mother.** If the legal/birth mother came from her usual place of residence to California for the birth of her child, enter the name of the state or country of her legal residence. If the legal/birth mother is a California resident (that is, she has an established residence), enter California. Enter “Unknown” if the legal/birth mother’s residence is unknown. (Leave the CDSS code box blank. CDSS will assign codes per program specifications.)

Item 19B **State/country of birth of this child.** Enter the state or country of this child’s birth. (Leave the CDSS code box blank. CDSS will assign codes per program specifications.)

Item 20 **Were birth parents married to each other at the time of this child’s birth?** Enter an “X” in the appropriate box.

Item 21A **Did legal/birth parent(s) have help when choosing adoptive parent(s)?** Enter an “X” in the appropriate box.

Item 21B **If YES, principal person assisting.** Enter the appropriate code in box. (If the reason is “Other”, specify but leave the CDSS code box blank. CDSS will assign codes per program specifications.)

Item 22 **In your opinion, did an irregular placement occur?** Enter an “X” in the appropriate box. An irregular or unauthorized placement is one prohibited by Family

Code, Section 8609(b), which provides that, “Any person, other than a birth parent, or any organization, association, or corporation that, without holding a valid and unrevoked license to place children for adoption issued by the department, places any child for adoption is guilty of a misdemeanor.”

Item 23 **Primary reason for placement.** Enter the code to indicate the primary reason for this child’s placement using the following guidelines. If more than one category applies, use best judgment. (If the reason is “Other”, specify but leave the CDSS code box blank. CDSS will assign codes per program specifications.)

CODES

1 **Single parent chose to place child** - Birth parent with physical custody chose to place child for adoption, (e.g., an unmarried birth mother having little or no relationship with the alleged birth father chose to place her child for adoption).

2 **Birth parents separated, chose to place child** - Birth parents (married or unmarried) are separated and chose to place their child for adoption, (e.g., married but separated birth parents chose to place their child for adoption, or, an unmarried couple have broken up after a significant relationship and chose to place their child for adoption).

3 **Birth parents living together, chose to place child** - Birth parents are living together (married or unmarried) but voluntarily chose to place child for adoption.

4 **Presumed/legal father is not birth father** - The birth mother is married, but her husband is not the birth father.

5 **Readoption by birth parent(s)** - Birth parent(s) are adopting one of their own children who was previously adopted by another couple.

6 **Parent(s) deceased** - Either one or both parents are deceased.

7 **Parent(s) unable to parent** - Parent(s) are mentally, physically, or financially unable to care for child, (e.g, birth parent(s) leave their child with relatives for several years and relatives decide to adopt in the best interest of the child).

8 **Abandoned** - The child is abandoned and/or of unknown parentage.

9 **Other** - Mark this item if none of the above apply and enter specific reason.

PART IV. DATA ON LEGAL/BIRTH PARENT(S) AND ADOPTING PARENT(S)

Item 24A **Race.**

Enter a code in the appropriate box for each person to show the racial background of each of the birth parent(s) and adopting parent(s). If the parent is of more than one race, indicate the background by checking the primary race. In cases where no one race is primary, determine the race using the following order: Alaskan Native/American Indian, Black, Filipino, Asian, White, unknown. (For example, if a person is American Indian and Black, check Alaskan Native/American Indian; if a person is Black and White, check Black; if a person is Filipino and Chinese, check Filipino, etc).

CODES

01 “White” means a person whose ancestry is of European, North African, or Middle Eastern origin.

03 “Black” means a person whose ancestry is any of the racial groups of Africa except North Africa.

04 “Other Asian/Pacific Islander” means a person whose ancestry is in the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands whose specific place of origin is not listed in items 05 through 16.

05 “Filipino” means a person whose ancestry is of the Philippine Islands.

06 “Alaskan Native/American Indian” means a person whose ancestry is of the Americas and who maintains tribal affiliation or is so recognized in the community.

07 “Chinese” means a person whose ancestry is of China.

08 “Cambodian” means a person whose ancestry is of Cambodia.

09 “Japanese” means a person whose ancestry is of Japan.

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AD 42I (3/02) (Continued)

- 10 “Korean” means a person whose ancestry is of Korea.
- 11 “Samoan” means a person whose ancestry is of Samoa.
- 12 “Asian/Indian” means a person whose ancestry is of the Indian subcontinent.
- 13 “Hawaiian” means a person whose ancestry is of the Hawaiian Islands.
- 14 “Guamanian” means a person whose ancestry is of Guam.
- 15 “Laotian” means a person whose ancestry is of Laos.
- 16 “Vietnamese” means a person whose ancestry is of Vietnam.
- 17 “Unknown” means that it is not possible to place the person in any of the above categories.

- Item 24B **Is this person of Hispanic origin?** Enter the correct code (1 = Yes, 2 = No) for each person. This item is separate from Item 24A and both items must be completed for each person. For example, a person from Cuba might be Black and Hispanic; a person from Mexico, White and Hispanic; a person from Peru, Japanese and Hispanic.
- Item 25 **Education.** Enter the appropriate code to show the highest year of schooling completed by each parent. Consider completion of work in schools which offer diplomas or certification only (such as public, private or parochial schools, colleges, universities or professional schools). Trade school training which leads to certification, licensure, etc., should also be included.

PART V. DATA ON ADOPTING PARENT(S)

- Item 26 **Is this child being adopted by only one adopting parent?** Enter the appropriate code to indicate whether the child is being adopted by a couple or sole petitioner.
- Item 27 **Marital status of adopting parent(s) at time of placement.** This item reports the marital status of each adopting parent. For each adopting parent, indicate marital status at time of placement.
- Item 28 **Is adopting parent(s) related to this child? (By blood, marriage, or through previous adoption).** Enter code in the appropriate boxes. (If the reason is “Other”, specify but leave the CDSS code box blank. CDSS will assign codes per program specifications.)
- Item 29 **Birthdate(s) of adopting parent(s).** Enter the month, day, and year of each adopting parent(s)’ birth.
- Item 30 **Number of minor children in family of adopting parent(s).** Enter number of minor children in adopting family in appropriate categories.
- Item 30A **This adoptive child.** The child who is the subject of this report is already counted.
- Item 30B **“Other children being adopted”** refers to children in the home (other than the subject of this report) whose adoption by this couple is pending.
- Item 30C **“Previously adopted”** are those children for whom an adoption action other than a stepparent adoption has been completed.
- Item 30D **“Biological children of either parent”** refers to the petitioner(s)’ biological children and not those being adopted or previously adopted.
- Item 30E **“Foster children”** refers to those children in foster care with none of the above actions pending or in progress.
- Item 30F **“Guardianship cases”** refers to those cases where a child has been appointed a legal guardian by the court.
- Item 30G **“Other children”** refers to any other minor children in the home of the adopting parents. This will include relatives, etc.
- Item 30H **“Total”** should include the total number of children listed in Items 30A through G. If there are no other children in the home, the total will be one.

- Item 31 **Employment status of adopting parent(s) prior to adoptive placement of this child.** Enter a code in the appropriate box for each petitioner.
- Item 32 **Annual gross income of adopting parent(s).** Enter the annual gross income of the petitioner(s) at the time of the court report. Use gross income, both earned and unearned, before taxes and other deductions.
- Item 33A **Did adopting parent(s) meet face-to-face with legal/birth mother and/or legal/birth father?** Enter an “X” in the appropriate box to indicate whether or not at least one of the adopting parent(s) met with the legal/birth mother and/or the legal/birth father.
- Item 33B **If YES, did they meet prior to placement?** Enter an “X” in the appropriate box.
- Item 34A **Did adopting parent(s) file a guardianship petition?** Enter an “X” in the appropriate box.
- Item 34B **If YES, was guardianship granted?** Enter an “X” in the appropriate box.
- Item 35 **Do adopting parent(s) and legal/birth parent(s) plan to have contact in the future?** Enter an “X” in the appropriate box.
- Item 36A **Did adopting parent(s) pay any expenses of birth parent(s) or child?** Enter an “X” in the appropriate box to indicate whether adopting parent(s) paid any expenses of birth parent(s) either during or after pregnancy.
- Item 36B **If YES, enter amount paid.** Enter in whole dollars the amount of financial assistance that petitioner(s) paid to mother and/or child in each category. If separate expenses were paid for both mother and child, combine them in whole dollars and enter the total.
- Item 37 **Agency fee for this child.** Enter the fee the agency is charging the family. If the fee is waived, enter “0”. If the fee is deferred, enter the amount the family will pay. If the fee is for more than one child, divide the total fee paid by the family by the number of children (e.g., if two children were adopted, and a \$1,250 fee was charged, divide that amount by 2 and enter \$650.)

Completed By:

The person completing the form should print his/her name, the date this AD 42I was completed, and the telephone number where he/she can be reached during normal working hours.