

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*