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| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar Number and Address)</i><br><br>TELEPHONE NO.:                      FAX NO: (Optional)<br>ATTORNEY FOR (NAME): | <i>FOR COURT USE ONLY</i> |
| AMADOR COUNTY SUPERIOR COURT<br>500 ARGONAUT LANE<br>JACKSON, CA 95642<br>(209) 257-2600   |                           |
| PETITIONER:  |                           |
| <b>ADOPTION CITATION TO DECLARE MINOR FREE FROM PARENTAL CUSTODY AND CONTROL OF PARENT FOR STEPPARENT ADOPTION</b>   | CASE NUMBER:              |

To: (name) \_\_\_\_\_  
 (Parent whose rights may be terminated)

By order of the court, you are hereby advised that you are requested to appear before the judge presiding in Department \_\_\_\_\_ of this court on \_\_\_\_\_ (date) at \_\_\_\_\_  a.m.  p.m. to show cause, if any you have, why \_\_\_\_\_ Child's name, a minor, should not be declared free from custody and control of his/her parent \_\_\_\_\_.

Rob Klotz,  
 Clerk of the Superior Court

Date: \_\_\_\_\_

by, \_\_\_\_\_ deputy

[court seal]