

ADOPTION REFERRAL FORM

The Alliance for Children's Rights and Public Counsel are representing prospective adoptive parents in the adoption process. If the adoptive parents wish, the court shall refer even-numbered cases to Public Counsel and odd-numbered cases to The Alliance for Children's Rights.

THE FOLLOWING ADOPTION CASE	
REFERRAL FORM COMPLETED BY: _____ Phone: _____ Date: _____	COURT CASE NO. _____ Department: _____ Next Court Date: _____
The Alliance for Children's Rights 3333 Wilshire Boulevard, Suite 550 Los Angeles, CA 90010 Tel: 213/368-6010 Fax: 213/368-6016 ODD NUMBERED CASES	Public Counsel Adoptions Project 201 Centre Plaza Drive Monterey Park, CA 91754-2158 Tel: (323)526-6360 Fax: (323)881-4552 EVEN NUMBERED CASES
Name(s) of Child(ren)	Child(ren)'s Date of Birth
Name(s) of Child(ren)	Child(ren)'s Date of Birth
Name(s) of Adoptive Parent(s)	
Address of Adoptive Parent(s)	
Date Child was Legally Freed	Phone Number
Child's Attorney's Name	
Address	
CSW/Adoption Worker's Name	
Address	Phone Number
Please Check any boxes that apply: <input type="checkbox"/> Adopting parent(s) speak Spanish <input type="checkbox"/> Home Study has been completed by DCFS <input type="checkbox"/> Adoptive Placement has been completed by DCFS	