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| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL 939 W. MAIN STREET EL CENTRO, CA 92243 | |
| IN THE MATTER OF: <p style="text-align: center;">PETITIONER.</p> | |
| ADOPTION CITATION TO DECLARE MINOR FREE FROM PARENTAL CUSTODY AND CONTROL OF PARENT FOR STEPPARENT ADOPTION | CASE NUMBER: _____ |

To (name): _____
 (Parents 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 8:30 a.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 _____.

MARIA RHINEHART,
 INTERIM CLERK OF THE COURT

Dated: _____ by _____,
 Deputy Clerk

DO NOT use for conservatorships or for guardianships of adults.