

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