

**NOTICE OF REMOVAL OF CHILD FROM ADOPTIVE HOME**

**TO: California Department of Social Services  
Adoptions Services Bureau  
744 P Street, M.S. 8-12-31  
Sacramento, California 95814**

State Case Number

\_\_\_\_\_  
NAME OF CHILD born \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ was

removed from the home of \_\_\_\_\_ and  
NAME OF APPLICANT

\_\_\_\_\_  
NAME OF APPLICANT at \_\_\_\_\_ ADDRESS

on \_\_\_\_\_  
DATE

Date of Placement \_\_\_\_\_

AAP Placement: ☐ Yes ☐ No

TCA Placement: ☐ Yes ☐ No

**REASON FOR REMOVAL:** *(Check the most significant reason)*

1. ☐ Child behavior problem

6. ☐ Return to permanent foster care

2. ☐ Marital problems

7. ☐ Death of parent(s)

3. ☐ Financial problems

8. ☐ Death of child

4. ☐ Parenting problems  
(Child removed by agency)

9. ☐ Other (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. ☐ Parenting problems  
(Child removed at request of parent(s))

\_\_\_\_\_  
(NAME OF AGENCY)

By \_\_\_\_\_

Date \_\_\_\_\_