

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 CASE NUMBER: _____
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	

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 _____.

TAMMY L. GRIMM,
 CLERK OF THE COURT

Dated: _____ by _____,
 Deputy Clerk

DO NOT use for conservatorships or for guardianships of adults.