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8
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FILED
CALIFORNIA
2018 OCT -2 AM 11:20
SUPERIOR COURT
HUMBOLDT COUNTY

10 SUPERIOR COURT OF THE STATE OF CALIFORNIA
11 COUNTY OF HUMBOLDT
12

13 In the Matter of the Petition
14 Of Dennis Kalson and Ribka T.
15 Fissahaye to Declare Marydalia
16 Paul Hormez to be Free From the
17 Custody and Control of Paul Hormez
18 Azzo
19

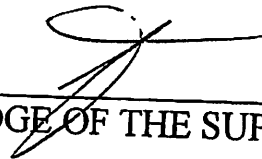
Case No. AD180027

20 ORDER ON EX PARTE APPLICATION
21 FOR PERMISSION TO SERVE BY
22 PUBLICATION
23

24 Application having been made, and good cause appearing, IT IS ORDERED
25 that the Citation to appear and show cause in this case issued in August of 2018, along
26 with the Petition to Declare Minor Free From Parental Custody and Control, filed on
27 July 3, 2018, may be served by publication in the service entitled *Global Legal*
28 *Notices*, once per week for four consecutive weeks.

A copy of this Order shall be published along with the other papers described
above.

DATED: 10/1/18


Gregory Elvine-Kreis
JUDGE OF THE SUPERIOR COURT

ORDER ON EX PARTE APPLICATION

FILED

AUG 10 2018 J N

SUPERIOR COURT OF CALIFORNIA
COUNTY OF HUMBOLDT

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9 SUPERIOR COURT OF THE STATE OF CALIFORNIA
10 COUNTY OF HUMBOLDT
11

12 In the Matter of the Adoption
13 Petition of Dennis Kalson, Adopting
14 Parent.

Case No. AD180027

15 ORDER ON EX PARTE APPLICATION
16 FOR REISSUANCE OF CITATION
17 AND VACATION OF PRIOR
18 HEARING DATE

19 Application having been made, and good cause appearing, IT IS ORDERED
20 that the Citation issued on July 5, 2018, is reissued, and must be served not less than
21 30 days prior to 11-6, 2018, the new date that the Citee, Paul Hormez
22 Azzo, is to appear and show cause, if any he has, why the relief sought in the Petitions
23 filed on July 5, 2018, should not be granted.

24 A copy of the Order shall be served along with all other papers filed in this case.

25 DATED: 8/10/18

26
27 JUDGE OF THE SUPERIOR COURT
28 Gregory Elvins-Kreis

RECEIVED

AUG 09 2018

ORDER ON EX PARTE APPLICATION

SUPERIOR COURT OF CALIFORNIA
COUNTY OF HUMBOLDT

1 J. Bryce Kenny CSB 208626
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FILED K
JUL 05 2018 W
SUPERIOR COURT OF CALIFORNIA
COUNTY OF HUMBOLDT

8
9 SUPERIOR COURT OF THE STATE OF CALIFORNIA
10 COUNTY OF HUMBOLDT
11

12 In the Matter of the Adoption
13 Petition of Dennis Kalson, Adopting
14 Patent.

Case No. **AD180027**

CITATION

15
16
17 THE PEOPLE OF THE STATE OF CALIFORNIA

18 To: Paul Hornez Azzo

19 YOU ARE HEREBY CITED to appear at the hour of 8:30 AM on
20 9-4-18, 2018, in Courtroom No. 6 of the above-entitled court, located at 825
21 Fifth Street, Eureka, California. At that time and place, you must show cause why the
22 petition of Dennis Kalson to adopt your minor child, Marydalia Paul Hornez, should
23 not be granted without your consent in the above-referenced proceeding, on the ground
24 that you have abandoned that child. The above-referenced adoption petition alleges
25 that, for a period of one year after March of 2014, you willfully failed to communicate
26 with and pay for the care, support and education of, the above-named child, although
27 you were able to do so. A copy of that petition is attached hereto.
28

YOU ARE FURTHER ADVISED that if you appear at the above-hearing and wish to have legal counsel but are unable to afford counsel, the court may appoint counsel on your behalf.

Dated: JUL 05 2003

By KIM M. BARTLESON
Kathleen W, Deputy Clerk

FILED K
JUL 0 2018 W

SUPERIOR COURT L
COUNTY OF HUMBOLDT, CALIFORNIA

1 J. Bryce Kenny CSB 208626
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4 Trinidad, CA 95570
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7 Attorney for Petitioners

8 SUPERIOR COURT OF THE STATE OF CALIFORNIA
9 COUNTY OF HUMBOLDT

10 In the Matter of the Petition of
11 Dennis Kalson and Ribka T. Fissahaye
12 To Declare Marydalia Paul Hormez
13 To be Free From the Custody and
14 Control of Paul Hormez Azzo.

Case No. **AD180027**

PETITION TO DECLARE MINOR
FREE FROM PARENTAL CUSTODY
AND CONTROL

15 Date: 9-4-18
16 Time: 8:30 am
17 Court: 6

18 _____
19 Petitioner's respectfully represent:

20 1. Petitioner Dennis Kalson is an interested person within the meaning of
21 Family Code Sec. 7841 in that he is the step-father of the subject child and is a
22 petitioner in a separately petition filed herewith to adopt the child. Petitioner Ribka T.
23 Fissahaye is the biological mother of the subject child.

24 2. Marydalia Paul Hormez is an unmarried minor child who was born on
25 October 25, 2008, and is a resident of the City of Arcata, County of Humboldt.

26 3. Ribka T. Fissahaye has custody and control of the child and resides at
27 1778 Iverson Ave., Arcata, California, with her husband petitioner Dennis Kalson.
28 The child's biological father, Paul Hormez Azzo resides at Kuwaitia Buildings, Tower
No. 4, Floor P West, Nile Ave., Khartoun, Sudan.

RNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): J. Bryce Kenny 208626 Attorney at Law P.O. Box 361 Trinidad, CA 95570 TELEPHONE NO.: (707) 442-4431 FAX NO. (Optional): E-MAIL ADDRESS (Optional): jbycekenney@gmail.com ATTORNEY FOR (Name): Petitioner Dennis Kalson SUPERIOR COURT OF CALIFORNIA, COUNTY OF Humboldt STREET ADDRESS: 825 Fifth Street MAILING ADDRESS: CITY AND ZIP CODE: Eureka, CA 95501 BRANCH NAME: (This section applies only to family law cases.) PETITIONER: Ribka T. Fissahaye RESPONDENT: Paul Hormez Azzo OTHER PARTY: (This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): Minor DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	FOR COURT USE ONLY FILED K JUL 05 2018 W SUPERIOR COURT OF CALIFORNIA COUNTY OF HUMBOLDT CASE NUMBER: AD180027
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1. I am a party to this proceeding to determine custody of a child.
2. ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): 1 minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name Marydalia Paul Hormez	Place of birth Khartoun, Sudan	Date of birth 10/25/2008	Sex F
Period of residence March 2015 to present	Address 1778 Iverson Ave. <input type="checkbox"/> Confidential Arcata, CA	Person child lived with (name and complete current address) Ribka Fissahaye and Dennis Kalson <input type="checkbox"/> Confidential	Relationship Mother and Step-father
10/6/14 to 3/10/15	Child's residence (City, State) Addis Abba, Ethiopia	Person child lived with (name and complete current address) Ribka Fissahaye 1778 Iverson, Arcata, CA	Mother
3/14 to 10/5/14	Child's residence (City, State) Khartoun, Sudan	Person child lived with (name and complete current address) Ribka Fissahaye 1778 Iverson, Arcata, CA	Mother
3/13 to 3/14	Child's residence (City, State) Khartoun, Sudan	Person child lived with (name and complete current address) Ribke Fissahaye 1778 Iverson, Arcata, CA	Mother
b. Child's name	Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

- c. ☐ Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. ☐ Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

In the Matter of the Petition of Dennis Kalson et al.

CASE NUMBER:

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☒ No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. ☐ One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? ☐ Yes ☒ No (If yes, provide the following information):

<p>a. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p>b. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p>c. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>
--	--	--

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

Ribka Fissahaye

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

ADOPT-200 Adoption Request

If you are adopting more than one child, fill out an adoption request for each child.

1 Your name(s) (adopting parent(s)):

a. Dennis Kalson

b. _____

Relationship to child: Stepfather

Street address: 1778 Iverson Ave.

City: Arcata State: CA Zip: 95521

Telephone number: (707) 601-8310

Lawyer (if any): (Name, address, telephone numbers, e-mail address, and State Bar number):

J. Bryce Kenny (208626)

P.O. Box 361 Trinidad, CA 95570

(707) 442-4431 jlbrycekenny@gmail.com 208626

2 I/We filed this Adoption Request in this court because it is in the county (check all that apply):

☒ Where the adopting parent(s) live;

☒ Where the child was born or where the child now lives;

☐ Where an office of the agency that placed the child for adoption is located;

☐ Where an office of the department or public adoption agency that is investigating the petition is located;

☐ Where a placing birth parent or parents lived when the adoptive placement agreement, consent, or relinquishment was signed;

☐ Where a placing birth parent or parents live(s) when the petition was filed;

☐ Where the child was freed for adoption.

(If the child is a dependent of the court, the Adoption Request must be filed in the county where the child was freed for adoption or the county where the adopting parent(s) reside(s). See Fam. Code, § 8714.)

3 Type of adoption (check one):

☐ Agency (name): _____

☐ Relative ☐ Nonrelative

☐ Joinder will be filed. ☐ Joinder is being filed at same time as this Adoption Request.

☐ Tribal customary adoption
(attach tribal customary adoption order)

☐ Independent

☐ Relative ☐ Nonrelative ☐ Additional Parent(s)

☐ Intercountry (name of agency): _____

☐ This adoption may be subject to the Hague Adoption Convention (form ADOPT-216 must be filed with this request).

Clerk stamps date here when form is filed.

FILED K
JUL 05 2018 W

SUPERIOR COURT OF CALIFORNIA
COUNTY OF HUMBOLDT

Fill in court name and street address:

Superior Court of California, County of
Humboldt
825 Fifth Street
Eureka, CA 95501

Court fills in case number when form is filed.

Case Number:
AD180027

(To be completed by the clerk of the superior court if a hearing date is available.)

Hearing
Date

Hearing is set for:

Date: 7/4/18

Time: 8:30 a.m.

Dept.: _____ Room: 6

Name and address of court if different from above:

To the person served with this request: If you do not come to this hearing, the judge can order the adoption without your input.

Your name: Dennis Kalson

Case Number: _____

3 ☒ Stepparent

☐ Stepparent adoption to confirm parentage. (Select this option if you were married to or in a state-registered domestic partnership with the birth parent at the time the child was born and you remain in that union.)

4 Information about the child

a. The child's new name will be:

Marydalia Tesfaleab Kalson

b. ☐ Boy ☒ Girl

c. Date of birth: 10/25/2008 Age: 8

d. Child's address (if different from yours):

Street: _____

City: _____ State: _____ Zip: _____

e. Place of birth (if known):

City: Khartoum

State: _____ Country: Sudan

f. If the child is 12 or older, does the child agree to the adoption? ☐ Yes ☐ No

g. Date child was placed in your physical care:

March 11, 2015

5 Child's name before adoption (Fill out ONLY if this is an independent, stepparent, or tribal customary adoption):
Marydalia Paul Hormez

6 Does the child have a legal guardian? ☐ Yes ☒ No

(If yes, attach a copy of the Letters of Guardianship and fill out below):

a. Date guardianship ordered: _____

b. County: _____

c. Case number: _____

7 Is the child a dependent of the court? ☐ Yes ☒ No

(If yes, fill out below):

Juvenile case number: _____

County: _____

8 Child may have Indian ancestry: ☐ Yes ☒ No

a. Whether you answered "Yes" or "No," you must fill out and attach *Indian Child Inquiry Attachment* (form ICWA-010(A)) and *Parental Notification of Indian Status* (form ICWA-020) or other proof that ICWA inquiry has been completed in accordance with rule 5.481(a).

b. If you answered "Yes," you must also fill out and attach *Adoption of Indian Child* (form ADOPT-220) if, after notice, it is determined that ICWA does apply to the child.

9 Names of birth parents, if known:

a. Mother: Ribka T. Fissahaye b. Father: Paul Hormez Azzo

10 If this is an agency adoption:

a. I/We have received information about the Adoption Assistance Program, the Regional Center, mental health services available through Medi-Cal or other programs, and federal and state tax credits that might be available.
☐ Yes ☐ No

b. All persons with parental rights agree that the child should be placed for adoption by the California Department of Social Services or a county adoption agency or a licensed adoption agency (Fam. Code, § 8700) and have signed a relinquishment form approved by the California Department of Social Services, and the time to revoke the relinquishment has expired or been waived.

☐ Yes ☐ No (If no, list the name and relationship to child of each person who has not signed the relinquishment form or whose time to revoke the relinquishment has not expired or been waived):

Your name: Dennis Kalson

Case Number: _____

- 10 c. This is a tribal customary adoption under Welfare and Institutions Code section 366.24. Parental rights have been modified under and in accordance with the attached tribal customary adoption order, and the child has been ordered placed for adoption. ☐ Yes ☐ No
- d. This is an adoption conducted under the requirements of the Hague Adoption Convention and the child will be moving or has already moved with the adopting parent(s) to another Hague Convention member country at the conclusion of this adoption. ☐ Yes ☒ No If yes, child will be moving or has moved to (name of country): _____ and adopting parent(s) ☐ seek(s) a California adoption ☐ will be petitioning for a Hague Adoption Certificate ☐ will be seeking a Hague Custody Declaration.

11 If this is an independent adoption:

- a. A copy of the Independent Adoptive Placement Agreement from the California Department of Social Services is attached. (This is required in most independent adoptions; see Fam. Code, § 8802.) ☐ Yes ☐ No
- b. All persons with parental rights agree to the adoption and have signed the Independent Adoptive Placement Agreement or consent on the appropriate California Department of Social Services form. ☐ Yes ☐ No (If no, list the name and relationship to child of each person who has not signed the agreement form): _____
- c. I/We will file promptly with the department or delegated county adoption agency the information required by the department in the investigation of the proposed adoption. ☐ Yes ☐ No
- d. ☐ This is an independent adoption involving additional parent(s): ☐ All persons with existing parental rights agree to this adoption and will maintain their existing parental rights. ☐ An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s) is attached.

12 If this is a stepparent adoption:

- a. The birth parent (name): Ribka T. Fissahaye ☒ has signed a consent ☐ will sign a consent.
- b. The birth parent (name): Paul Hormez Azzo ☐ has signed a consent ☐ will sign a consent.
- c. The adopting parents were married on or The domestic partnership was registered on (date): May 11, 2015. (For court use only. This does not affect social worker's recommendation. There is no waiting period.)
- d. ☐ I am seeking a stepparent adoption to confirm my parentage. At the time the child was born, I was married to or in a state-registered domestic partnership with the parent who gave birth and we remain in that union. See attached ☐ form ADOPT-205 or ☐ declaration describing the circumstances of the child's conception.
- e. Completing the investigation or written report (Choose one)
☒ I will choose someone to do an investigation or written report. I understand that the person I choose must be a licensed clinical social worker, a licensed marriage and family therapist, or work for a licensed private adoption agency. I will pay this person or agency directly.
☐ I would like the court to choose someone to do an investigation. I understand that the court can charge me money for this investigation.

- 13 ☐ The child was conceived by assisted reproduction in compliance with Family Code section 7613.

14 Contact after adoption

- Contact After Adoption Agreement (form ADOPT-310) ☐ is attached ☒ will not be used
☐ will be filed at least 30 days before the adoption hearing ☐ is undecided at this time.
☐ This is a tribal customary adoption. Postadoption contact is governed by the attached tribal customary adoption order.

15 Consent for adoption is not necessary because (complete all sections that apply to your adoption):

- a. ☒ The consent of the ☐ birth parent ☐ presumed father is not necessary because (check the applicable reasons under Fam. Code, § 8606):
(1) ☐ The parent has been judicially deprived of the custody and control of the child.

Your name: Dennis Kalson

Case Number: _____

- 15 a. (2) ☐ The parent has voluntarily surrendered the right to custody and control of the child in a judicial proceeding in another jurisdiction, under a law of that jurisdiction providing for the surrender.
- (3) ☐ The parent has deserted the child without providing information to identify the child.
- (4) ☐ The parent has relinquished the child under Family Code section 8700.
- (5) ☐ The parent has relinquished the child for adoption to a licensed or authorized child-placing agency in another jurisdiction.
- b. ☐ A court ended the parental rights of:
- Name: _____ Relationship to child: _____ on (date): _____
- Name: _____ Relationship to child: _____ on (date): _____
- (Enter the date of the court order ending parental rights and attach a copy of the order.)
- c. ☐ The child is the subject of a tribal customary adoption order under Welfare and Institutions Code section 366.24, which has modified the parental rights of:
- Name: _____ Relationship to child: _____ on (date): _____
- Name: _____ Relationship to child: _____ on (date): _____
- Name: _____ Relationship to child: _____ on (date): _____
- (Attach a copy of the order.)
- d. ☒ I/We will ask the court to end the parental rights of (attach copy of Petition to Terminate Parental Rights or Application for Freedom From Parental Custody, if filed):
- Name: Paul Hormez Azzo Relationship to child: Father
- Name: _____ Relationship to child: _____
- e. ☐ Adopting parent has custody of the child by court order or by agreement with the other parent, and each of the following persons with parental rights has not contacted the child and has not paid for the child's care, support, and education for one year or more when able to do so. (Fam. Code, § 8604(b).)
- Name: _____ Relationship to child: _____
- Name: _____ Relationship to child: _____
- Name: _____ Relationship to child: _____
- f. ☒ The child has been abandoned as follows:.
- (1) ☐ The child has been left by the child's parent or parents with no way to identify the child.
- (2) ☐ The child has been left in the custody of another person by both parents or the sole parent for six months without providing for the child's support, or without communication from the parent or parents, with the intent to abandon the child.
- (3) ☒ One parent has left the child in the care and custody of the other parent for one year or longer without providing for the child's support or without communication from the parent, with the intent to abandon the child.
- (If any of the above boxes are checked, adopting parent must also check item 15(d) and file an Application for Freedom from Parental Custody. See Fam. Code, § 7822(a).)
- g. ☐ The consent of the presumed father is not required because he did not become a presumed father before the mother's relinquishment or consent became irrevocable or the mother's parental rights were terminated. (Fam. Code, § 8604(a).)

Your name: Dennis Kalson

Case Number: _____

- 15 h. ☐ Each of the following persons with parental rights has died:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

- 16 **Suitability for adoption**
Each adopting parent:

a. Is at least 10 years older than the child or meets the criteria in Family Code section 8601(b);

b. Will treat the child as his or her own;

c. Will support and care for the child;

d. Has a suitable home for the child; and

e. Agrees to adopt the child.

- 17 ☒ I/We ask the court to approve the adoption and to declare that the adopting parents and the child have the legal relationship of parent and child, with all the rights and duties of this relationship, including the right of inheritance.

☐ I/We ask the court to date its order approving the adoption as of an earlier date (date): _____
for the following reason (Fam. Code, § 8601.5): _____

(Enter a date no earlier than the date parental rights were ended.)

☐ This is a tribal customary adoption. I/We ask the court to approve the adoption and to declare that the adopting parents and the child have the legal relationship of parent and child, with all of the rights and duties stated in the attached tribal customary adoption order and in accordance with Welfare and Institutions Code section 366.24.

- 18 If a lawyer is representing you in this case, he or she must sign here:

Date: 7/5/18 J. Bryce Kenny
Type or print lawyer's name

[Signature]
Signature of lawyer for adopting parent(s)

- 19 I declare under penalty of perjury under the laws of the State of California that the information in this form and all its attachments is true and correct to my knowledge. This means that if I lie on this form, I am guilty of a crime.

Date: 6/22/2018 Dennis Kalson
Type or print your name

[Signature]
Signature of adopting parent

Date: _____
Type or print your name

Signature of adopting parent

NOTICE—ACCESS TO AFFORDABLE HEALTH INSURANCE: Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay toward high-quality affordable health care. For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1506 (English) or 1-800-300-0213 (Spanish).