

_____ COUNTY

(Full Name of Petitioning Father)

_____ SP _____

(Full Name of Petitioning Mother)

REPORT ON PROPOSED ADOPTION

FOR THE ADOPTION OF:

(Full Name by Which Adoptee Is to Be Known if Adoption Granted)

To the Honorable, _____ Clerk of the Superior Court of _____ County:

In Response to the Order of the Court, _____

(Name, Title and Address of Person or Agency Making Report)

makes the following report of findings in reference to the proposed placement:

I. HISTORY OF CHILD

A. Placement Data For Child

1. Child Placed with These Petitioners By:

2. Type of Adoption

(Enter Only One Code From Block Below)

- a. Public Agency
- b. Private Agency
- c. Tribal Agency
- d. Independent Person
- e. Birth Parent
- f. Other Relative

- a. Agency (Non-Related)
- b. Agency (Related)
- c. Independent/Non-Related
- d. Foreign
- e. Relative
- f. Stepparent

Child Previously in Agency Custody and Eligible for Adoption Assistance? YES NO

3. Identify Below the Agency, Parents, or Guardian Giving Consent for the Adoption (Must Correspond with A.1.)

Name: _____

Address: _____

Relationship: _____

4. Child Placed From:

- a. Within State
- b. Another State
- c. Another Country

Name of State or Country:

5. Date the Child Was Placed in the Home of the Adopting Family *For the Purpose of Adoption*: _____

6. Was This Child Ever Placed in an Adoptive Home Where the Placement Disrupted OR Had This Child Been Legally Adopted and the Adoption Subsequently Dissolved?

- a. Yes
- b. No

7. If the Child was in Substitute Care Prior to the Adoptive Placement, Were There Any Brothers/Sisters or Half Brothers/Half Sisters in Substitute Care at the Same Time?

- a. Yes
- b. No, or Not Applicable

8. Was the Child Placed in the Adoptive Placement With Own Siblings?

- a. Yes
- b. No, or Not Applicable
- c. With Some, But Not All

B. Personal History

1. Original Name of Child (As Entered on Birth Certificate) SIS ID# _____

| |
|--|
| First: _____ |
| Middle: _____ |
| Last: _____ |
| Generation (Jr., Sr., III, Etc.) _____ |

2. Adopted Name of Child SIS ID# _____

| |
|--|
| First: _____ |
| Middle: _____ |
| Last: _____ |
| Generation (Jr., Sr., III, Etc.) _____ |

3. Date of Birth: _____

4. Verified By (Give Birth Certificate Number): _____

5. Place of Birth: (City or Town) _____; (State) _____; (County) _____;

(Country) _____

6. Race (Check All That Apply):
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Abandoned

7. Sex (Enter Code)

- a. Male
b. Female

C. Court Action: (Termination of Parental Rights; Order of the Clerk of Superior Court Allowing Adoption to Proceed Without Parents' Consent; Adjudication of Mental Incompetency, if Applicable; Custody Orders; etc.) **COPIES MUST BE ATTACHED.**

Name and Address of Court: _____

Dates: _____

D. Special Needs Status

1. Does the Child meet each of the three parts of the Special Needs criteria as defined in the Family Services Manual, Volume I, Chapter XIII Section 1600?

- a. Yes
b. No

2. What is the Primary Basis for meeting Part II of Special needs as a Condition of Eligibility for Adoption Assistance?

- a. The child is six years of age or older
- b. The child is two years of age or older and a member of a minority race or ethnic group;
- c. The child is a member of a sibling group of three or more children to be placed in the same adoptive home;
- d. The child is a member of a sibling group of two children to be placed in the same adoptive home, in which the sibling meets at least one of the other criteria for special needs;
- e. The child has a medically diagnosed disability which substantially limits one or more major life activity, requires professional treatment, assistance in self-care, or the purchase of special equipment;
- f. The child is diagnosed by a qualified professional to have a psychiatric condition which impairs the child's mental, intellectual, or social functioning, and for which the child requires professional services;
- g. The child is diagnosed by a qualified professional to have a behavioral or emotional disorder characterized by inappropriate behavior which deviates substantially from behavior appropriate to the child's age or significantly interferes with child's intellectual, social and personal adjustment;
- h. The child is diagnosed to be mentally retarded by a qualified professional;
- i. The child is at risk for a diagnosis described above in items e through h, due to prenatal exposure to toxins, a history of abuse or serious neglect, or genetic history.
- j. The child meets all of the medical and disability requirements for Supplemental Security Income (SSI).

3. If Medical Conditions or Mental, Physical, or Emotional Disabilities were Checked Above, Check All That Apply:

- Mental Retardation
- Blind or Visually Impaired
- Deaf or Hard of Hearing
- Physically Disabled
- Emotionally Disturbed
- Learning Disability
- HIV
- Other Medically Diagnosed Condition

E. Adoption Subsidy/Financial Support

1. Was the Child Adopted with an Adoption Assistance Agreement?

| | |
|--|--------|
| | a. Yes |
| | b. No |

If Yes: Date Adoption Assistance Agreement Signed: _____

Funding Source (Enter Code):

| | |
|--|------------------------------|
| | a. Title IV-E |
| | b. Title IV-B |
| | c. SAF (Private Agency Only) |

Amount of Cash Payment: \$ _____

2. Has or Will There Be Reimbursement of Non-Recurring Costs of Adoption to the Adoptive Parents?

| | |
|--|--------|
| | a. Yes |
| | b. No |

3. Does the Child Receive Support Under Title XVI (SSI)?

| | |
|--|--------|
| | a. Yes |
| | b. No |

4. Is the Child Eligible for Title XIX (Medicaid)?

| | |
|--|--------|
| | a. Yes |
| | b. No |

II. HISTORY OF BIRTH PARENTS (OR LAST ADOPTIVE PARENTS)

A. BIRTH FATHER

1. Name of Birth Father (or Last Adoptive Father)

| | |
|----------------------------------|-------|
| First: | _____ |
| Middle: | _____ |
| Last: | _____ |
| Generation (Jr., Sr., III, Etc.) | _____ |

2. Address: (Street, City, State, Zip): _____

3. Date of Birth: _____

4. Place of Birth: (City or Town) _____; (State) _____; (County) _____;
(Country) _____

5. Race (Check All That Apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Abandoned

6. Nationality: _____

7. Education:

Highest Grade Completed: GED? a. Yes
b. No

College? YES NO

Vocational School? YES NO

8. Occupation (Enter Code)

- | |
|---|
| <ul style="list-style-type: none">a. Unknownb. Unemployedc. Professionald. Supervisor/Manager/Proprietere. Clerical/Sales/Craftsf. Service/Laborer/Farmerg. Militaryh. Clergyi. Tradej. Retiredk. Studentl. Disabled |
|---|

9. Has the Birth Father at Any Time Been Married to the Birth Mother? YES NO

10. If Birth Father is Deceased, date: _____ How Verified? _____

11. Cause of Death (Attach Copy of Death Certificate): _____

12. Date Birth Father's Parental Rights Terminated by Court Order, or Date of Voluntary Consent, Relinquishment, or Date of Death, Date Judicially Determined Not to Be the Father, or Date of Order That Consent Not Necessary:

13. If Pre-Placement Assessment of Adoptive Parents is Required, Date Given to Birth Father: _____

B. LEGAL FATHER (The Legal Father is the Man Who Is/Was Married to the Mother and the Child Was Born During the Marriage or Within 280 Days After They Divorced or After They Separated Pursuant to a Written Separation Agreement or Court Order)

Name of Legal Father:

| | |
|----------------------------------|-------|
| First: | _____ |
| Middle: | _____ |
| Last: | _____ |
| Generation (Jr., Sr., III, Etc.) | _____ |

Date of Legal Clearance of the Legal Father: _____

C. BIRTH MOTHER

1. Name of Birth Mother (or Last Adoptive Mother)

| | |
|---------|-------|
| First: | _____ |
| Middle: | _____ |
| Maiden: | _____ |
| Last: | _____ |

2. Address: (Street, City, State, Zip): _____

3. Date of Birth: _____

4. Place of Birth: (City or Town) _____; (State) _____; (County) _____;
(Country) _____

5. Race (Check All That Apply):
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Abandoned

6. Nationality: _____

7. Education:

Highest Grade Completed: GED?

- a. Yes
- b. No

College? YES NO

Vocational School? YES NO

8. Occupation (Enter Code)

- a. Unknown
- b. Unemployed
- c. Professional
- d. Supervisor/Manager/Proprietor
- e. Clerical/Sales/Crafts
- f. Service/Laborer/Farmer
- g. Military
- h. Clergy
- i. Trade
- j. Retired
- k. Student
- l. Disabled

9. Marital Status at Time of Child's Birth (Enter Code)

- a. Unknown
- b. Single
- c. Divorced
- d. Married to Birth Father
- e. Married to Legal Father
- f. Married to Adoptive Spouse
- g. Widowed

10. Marriages of Birth Mother

| | Name | Date Married | Date Terminated | How (Death, Divorce, etc.) |
|-----------------|------|--------------|-----------------|----------------------------|
| PRESENT SPOUSE: | | | | |
| PRIOR SPOUSE: | | | | |
| PRIOR SPOUSE: | | | | |
| PRIOR SPOUSE: | | | | |
| PRIOR SPOUSE: | | | | |
| PRIOR SPOUSE: | | | | |
| PRIOR SPOUSE: | | | | |

11. If Birth Mother is Deceased, date: _____ How Verified? _____
12. Cause of Death (Attach Copy of Death Certificate): _____
13. Date Birth Mother's Parental Rights Terminated by Court Order, or Date of Voluntary Consent, Relinquishment, or Date of Death, Date Judicially Determined Not to Be the Father, or Date of Order That Consent Not Necessary:

14. If Pre-Placement Assessment of Adoptive Parents is Required, Date Given to Birth Mother: _____

II. HISTORY OF ADOPTIVE PARENTS

A. ADOPTIVE FATHER

1. Name of Adoptive Father

| |
|--|
| First: _____ |
| Middle: _____ |
| Last: _____ |
| Generation (Jr., Sr., III, Etc.) _____ |

2. Date of Birth: _____

3. Place of Birth: (City or Town) _____; (State) _____; (County) _____;
(Country) _____

4. Race (Check All That Apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

5. Nationality: _____

6. Education:

Highest Grade Completed: GED? a. Yes
b. No

College? YES NO

Vocational School? YES NO

7. Occupation (Enter Code)

- | |
|--|
| <ul style="list-style-type: none"> a. Unknown b. Unemployed c. Professional d. Supervisor/Manager/Proprietor e. Clerical/Sales/Crafts f. Service/Laborer/Farmer g. Military h. Clergy i. Trade j. Retired k. Student l. Disabled |
|--|

8. Annual Income: \$ _____

9. Marital Status (Enter Code)

- a. Single
- b. Divorced
- c. Married to Biological Parent
- d. Married to Adoptive Spouse
- e. Widowed
- f. Married/Waiver Spouse Not Joining

10. Marriages of Adoptive Father

| | Name | Date Married | Date Terminated | How (Death, Divorce, etc.) |
|-----------------|------|--------------|-----------------|----------------------------|
| PRESENT SPOUSE: | | | | |
| PRIOR SPOUSE: | | | | |
| PRIOR SPOUSE: | | | | |
| PRIOR SPOUSE: | | | | |
| PRIOR SPOUSE: | | | | |
| PRIOR SPOUSE: | | | | |
| PRIOR SPOUSE: | | | | |

11. Relationship to Adoptee (Check All That Apply):
- Not Related
 - Relative
 - Step Parent
 - Foster Parent

If Related, How Verified? _____

B. ADOPTIVE MOTHER

1. Name of Adoptive Mother

| | |
|---------|-------|
| First: | _____ |
| Middle: | _____ |
| Maiden: | _____ |
| Last: | _____ |

2. Date of Birth: _____

3. Place of Birth: (City or Town) _____; (State) _____; (County) _____;
(Country) _____

4. Race (Check All That Apply):
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

5. Nationality: _____

6. Education:

Highest Grade Completed: GED? a. Yes
b. No

College? YES NO

Vocational School? YES NO

7. Occupation (Enter Code)

8. Annual Income: \$ _____

- a. Unknown
- b. Unemployed
- c. Professional
- d. Supervisor/Manager/Proprieter
- e. Clerical/Sales/Crafts
- f. Service/Laborer/Farmer
- g. Military
- h. Clergy
- i. Trade
- j. Retired
- k. Student
- l. Disabled

9. Marital Status (Enter Code)

- a. Single
- b. Divorced
- c. Married to Biological Parent
- d. Married to Adoptive Spouse
- e. Widowed
- f. Married/Waiver Spouse Not Joining

10. Marriages of Adoptive Mother

| | Name | Date Married | Date Terminated | How (Death, Divorce, etc.) |
|-----------------|------|--------------|-----------------|----------------------------|
| PRESENT SPOUSE: | | | | |
| PRIOR SPOUSE: | | | | |
| PRIOR SPOUSE: | | | | |
| PRIOR SPOUSE: | | | | |
| PRIOR SPOUSE: | | | | |
| PRIOR SPOUSE: | | | | |
| PRIOR SPOUSE: | | | | |

11. Relationship to Adoptee (Check All That Apply):
- Not Related
 - Relative
 - Step Parent
 - Foster Parent

If Related, How Verified? _____

C. HOME OF ADOPTIVE PARENTS

1. County of Residence at Time of Filing of Adoption Petition: _____
2. Present Address of Adoptive Parents (Number and Street, City, State, Zip): _____

3. Telephone Number: (Home) _____ (Work) _____

D. FEES (List Type and Amount of All Expenses, Fees, or Other Charges Incurred, Paid, or to Be Paid in Connection With the Adoption That Can **Reasonably Be Ascertained** by the Agency)

| Amount: | Paid to: |
|---------|----------|
| | |
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| | |
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| | |

E. THE FOLLOWING REPORT EVALUATES INFORMATION SECURED AS A RESULT OF THE STUDY OF THE PROPOSED ADOPTIVE HOME AND INCLUDES A FINDING CONCERNING THE SUITABILITY OF THE PETITIONER(S) AND THE PETITIONER(S) HOME FOR THE ADOPTEE AND A RECOMMENDATION AS TO WHETHER THE GRANTING OF THE DECREE OF ADOPTION SHOULD BE ENTERED.

MUST CHECK ONE OF THE FOLLOWING:

- Recommend that the Decree of Adoption Be Entered
- Do Not Recommend that the Decree of Adoption Be Entered

Required Narrative: _____

