

ADOPTIONS WORKSHEET

HOMESTUDY VISITS: First _____		Second _____		SIGNATURE OF ADOPTIONS SUPERVISOR _____	
DATE/PLACE		DATE/PLACE			
STATE NUMBER	ACTION NUMBER		CROSS REFERENCE		
FILED DATE	45 DUE DATE	FINAL DUE DATE	EXTENSION DATE	REOPENED DATE	COMPLETION DATE
ATTORNEY		ADDRESS		TELEPHONE	
ADOPTION SERVICE PROVIDER		ADDRESS		TELEPHONE	
NAME OF MINOR BEFORE ADOPTION		DATE OF BIRTH	NAME OF MINOR AFTER ADOPTION		
NAME OF PLACING PARENT(S)			DATE OF PLACEMENT AGREEMENT	DATES OF ADVISEMENT SESSIONS	
BIRTH MOTHER		ADDRESS		HOME TELEPHONE	
AKA:		ADDRESS CHANGE		WORK TELEPHONE	
ALLEGED FATHER		ADDRESS		HOME AND WORK TELEPHONE	
ALLEGED FATHER		ADDRESS		HOME AND WORK TELEPHONE	
PRESUMED FATHER(S)		ADDRESS		HOME AND WORK TELEPHONE	
PETITIONER(S)				HOME TELEPHONE	FIRST PETITIONER WORK TELEPHONE
ADDRESS					SECOND PETITIONER WORK TELEPHONE

ITEM TO BE CHECKED	COMPLETED	NEED	SENT	FOLLOW-UP	NOTES
QUESTIONNAIRE (AD 9)					
REFERENCES					
PARENT'S LETTER/AUTH. 4311					
MED. CARE AUTHORIZATION TO PETITIONER(S)					
MINOR'S OBSTETRICAL REPORT					
PEDIATRICIAN First Second					
PKU TEST					
PSYCHO. OR PSYCHIA.					
SCHOOL OR WORK					
FIRST PETITIONER MEDICAL REPORT					
QUESTIONNAIRE I					
QUESTIONNAIRE II					
EMPLOYMENT					
DOJ CRIMINAL CLEARANCE					
FBI CRIMINAL CLEARANCE					
CHILD ABUSE INDEX					
SECOND PETITIONER MEDICAL REPORT					
QUESTIONNAIRE I					
QUESTIONNAIRE II					
EMPLOYMENT					
DOJ CRIMINAL CLEARANCE					
FBI CRIMINAL CLEARANCE					
CHILD ABUSE INDEX					
PLACEMENT AGREEMENT					
WAIVER OF RIGHT TO REVOKE CONSENT					
REVOCATION OF CONSENT					
BIRTH MOTHER'S CONSENT					
ALLEGED FATHER'S CONSENT(S)					
PRESUMED FATHER'S CONSENT(S)					
COURT ACTION(S) IN LIEU OF CONSENT(S)					

AD 855 SIGNED:	AD 512 SIGNED:	AD 908 SIGNED:	ADOPTION FEE PAID:
AD 42(1) - INDIVIDUAL RECORD CARD COMPLETED	<input type="checkbox"/> YES (DATE)		<input type="checkbox"/> NO
VS 44 - COURT REPORT OR ADOPTION COMPLETED	<input type="checkbox"/> YES (DATE)		<input type="checkbox"/> NOT NECESSARY
AD 27 - IRREGULAR PLACEMENT REPORT FILED	<input type="checkbox"/> YES (DATE)		<input type="checkbox"/> NOT NECESSARY

VITAL STATISTICS

	NEED	REQ.	FOLLOW-UP	VFD. DATE	NOTES
MINOR'S BIRTH CERTIFICATE					
BIRTH PARENTS' MARRIAGE					
BIRTH PARENTS' MARRIAGE DISSOLUTION					
BIRTH MOTHER'S PREVIOUS MARRIAGE(S)					
PREVIOUS MARRIAGE DISSOLUTIONS					
DEATH OF PREVIOUS SPOUSE(S)					
DEATH OF BIRTH PARENT(S)					
PETITIONER'S MARRIAGE					
FIRST PETITIONER'S PREVIOUS MARRIAGE(S)					
PREVIOUS MARRIAGE DISSOLUTIONS					
DEATH OF PREVIOUS SPOUSE(S)					
SECOND PETITIONER'S PREVIOUS MARRIAGE(S)					
PREVIOUS MARRIAGE DISSOLUTIONS					
DEATH OF PREVIOUS SPOUSE(S)					