

Adoption File Face Sheet

To the adoption attorney or petitioner(s):

To efficiently process the adoption file, fill out the information below. Place the completed face sheet at the front of the adoption packet submitted to DHS.

Thank you.

Type of Adoption: <i>(Check appropriate category)</i>	
<input type="checkbox"/> Agency (domestic or international)	<input type="checkbox"/> Step-parent
<input type="checkbox"/> Non-related (independent)	<input type="checkbox"/> Second-parent (one petitioner retains parental rights)
<input type="checkbox"/> Relative (1 st degree blood relationship)	<input type="checkbox"/> Out-of-state public agency (ICPC)
<input type="checkbox"/> Re-adoption/(foreign)	<input type="checkbox"/> DHS Adoption

Name of Child(ren):

Child(ren)'s DOB:

Petitioners:

Child(ren)'s country of origin: <i>(if applicable)</i>

Attorney:

County of jurisdiction:

Birth mother's name:	
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<input type="checkbox"/> Biological	<input type="checkbox"/> Adoptive (legal)
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Birth father's name:		
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<input type="checkbox"/> Biological	<input type="checkbox"/> Putative	<input type="checkbox"/> Adoptive (legal)
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Court case number:

Name of adoption agency involved <i>(if applicable)</i>:

Comments:
