DFS ADOPTION PETITION DATA FORM & CHECKLIST

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Complete Name of BIOLOGICAL MOM:** | | |  | | | |
| Region |  | | | Date Form Completed |
|  | | | | | |
| Perm. Worker | |  | | Date Social Completed |

**CHILDREN:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#1** | **Full Name** |  | | | **D.O.B.** | |  | **Male / Female** | |
|  | | | | | | | | | |
|  | **Date Place:** |  | | |  | **If<1 year, approved for early adopt?** | | **YES / NO** | |
|  | | | | | | | | | |
|  | **Name Change:** | |  | | | | | |  |
|  | | | | | | | | | |
|  | **Original Birth Certificate Attached?** | | | **YES / NO** |  | **Consent if child over 14 y.o.?** | | **YES / NO** | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#2** | **Full Name** |  | | **D.O.B.** | |  | **Male / Female** | |
|  | | | | | | | | |
|  | **Date Placed:** |  | |  | **If<1 year, approved for early adopt?** | | **YES / NO** | |
|  | | | | | | | | |
|  | **Name Change:** | |  | | | | |  |
| **Original Birth Certificate Attached. YES/ NO Consent if child over 14 y.o.? YES/NO**  **#3 Full Name \_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_ Male/ Female**  **Date Place If <1 year, approved for early adopt YES/NO**  **Name Change\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Original Birth Certificate Attached. YES/ NO Consent if child over 14 y.o.? YES/NO** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |

**ADOPTIVE PARENT(S):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Mother's** Full Legal Name |  | | | | | |
|  | | | | | | |
| Address |  | | | | | |
|  | | | | | | |
| **IF OUT-OF-STATE Adopters - County and State of Residence** | |  | | | | |
|  |  | | | | | |
| Marital Status: | Married | | Separated | Divorced | Widow | Single |
|  | | | | | | |
| If married, date of marriage |  | | |  | | |
|  | | | | | | |
| **Father's** Full Legal Name |  | | | | | |
|  | | | | | | |
| Address |  | | | | | |
|  | | | | | | |
| **IF OUT-OF-STATE Adopters - County and State of Residence** | |  | | | | |
|  | |  | | | | |
| Marital Status: | | Married | Separated | Divorced | Widow | Single |
|  | | | | | | |
| If married, date of marriage |  | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Do adoptive parent(s) want a hearing on the petition?** | | | YES/ NO | | | |
|  | | | | | | |
| **Are adoptive parent(s) related to minor child?** | | YES / NO | | **How Related?** | |  |
|  | | | | | | |
| **Child’s Attorney:** |  | | **CASA:** | |  | |
|  | | | | | | |
| **Date TPR Granted** |  | | | | | |
| (if parents were TPR'd at different times, must have both dates - if affirmed by Supreme Ct, must have this date also) | | | | | | |

**CHECKLIST FOR SUBMISSION OF FINAL PAPERS TO AG'S OFFICE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Petition with signatures |  | Original Birth Certificate(s) | |
|  | | | | |
|  | Affidavit of Adopting Parent(s) |  | Criminal background checks on each adoptive parent | |
|  | | | | |
|  | Affidavit of Consent to Adoption of DFS |  | Particulars w/ legal and maiden name of adoptive mother | |
|  | | | | |
|  | Consent(s) of any child age 14 or older |  | State Data Information Sheet | |
|  | | | | |
|  | Final Order |  | Adoption Home Study | |
|  | | | | |
|  |  |  | Social Report/Summary | |
|  | | | | |
|  | Check for **$95** from adoptive parents **made payable to State of Delaware Family Court** | | |  |

If any questions, please contact Ken Brown at kenneth.brown@state.de.us.

Please return completed form to kenneth.brown@state.de.us.

Rev. Date: 03/23/17