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