

# SUPERIOR COURT OF THE STATE OF ARIZONA

Pima County Juvenile Court

## *Adoptions & Guardianship Program*

2225 EAST AJO WAY

TUCSON, ARIZONA 85713-6295

520-724-2920; 520-724-9239

FAX 520-724-4740

Veronica Hookland - Support Staff

Priscilla Ordóñez - Case Worker

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**Congratulations on your decision to adopt! The following steps outline the procedures required to complete an adoption through the PCJCC Adoptions Program. Please read all directions prior to filling out the packet. Keep this letter for your reference. If you have any questions, please call Veronica at 740-2920.**

### **STEP 1: COMPLETE THE PACKET**

- Use the checklist on the next page to guide you in completing all necessary forms and obtaining copies of documents **before** scheduling your fingerprint/document review appointment.
- If this is an adoption by a step parent, the birth parent married to the step parent must complete all the paperwork in the packet as the second applicant.
- Once you have completed the Document Checklist, call our office (520-724-2920) to schedule an appointment for fingerprinting, packet review and fee payment.

### **STEP 2: FINGERPRINTING, PACKET REVIEW & FEE PAYMENT**

**Fingerprinting & Central Registry Records Check:** Call our program (520-724-2920) to schedule an appointment to be fingerprinted and sign a release for a central registry record check at the Pima County Juvenile Court Center, 2225 E. Ajo Way.

- All persons 18 years of age or older living in the home, except the birthparent, must be fingerprinted. The fee for each person fingerprinted is \$22.00, in the form of money order or cashier's check, made payable to AZ DPS.
- Fingerprinting is done by appointment only, and must be done in our office. Fingerprint results are usually returned to our office four weeks after submission, but can take longer.

**Packet Review:** Bring your completed packet and required (original) documents to your fingerprinting appointment. We will make copies of your original documents.

**Fee Payment:** Bring your adoption fee payment of \$25 to the appointment. The payment can be in the form of personal check, cashier's check or money order, or Visa/MasterCard. Your fee will be paid to the Clerk of Superior Court.

- Please note that the Adoption fee is to cover *the cost to process* your application for adoption and *does not guarantee* that adoption will be recommended.
- If a social study is required to complete your adoption an additional fee will be required.
- The fee is **non-refundable**, even if the adoption is delayed or denied. Our social worker can further discuss with you what may cause an adoption to be delayed or denied.

**Social Study Interview:** Administrative orders allow for a social study to be conducted in certain situations.

- After our office has received your fingerprint results and CPS Central Registry Check, we will review all information provided and determine if a social study interview is applicable to your situation. If so, we will mail you an appointment letter with the date and time of your Social Study Interview, which occurs in your home.
- The home visit consists of a two hour (approximately) interview with our adoptions social worker. The petitioners for adoption and the child(ren) to be adopted must be present for the interview.
- During the home visit, our social worker will be learning about your family and discussing topics such as criminal history, CPS history, past and present relationships, family functioning, the birth parent(s) and the child(ren)'s understanding of the adoption. If you have concerns about any of these topics, please contact our social worker (520-724-9239) prior to your home visit.
- After the interview, our social worker will prepare a report for the Court which includes a recommendation as to whether the adoption appears to be in the best interest of the child(ren).

### **STEP 3: FINAL ADOPTION HEARING**

The final adoption hearing is usually held one to two months after all materials have been processed. The final adoption hearing is set by the County Attorney's office and **must be attended by the petitioners and the subject child(ren)**. Adoption is a celebration and you may invite family members and friends to attend the hearing with you. You will receive a letter once your family is ready to meet with the County Attorney.

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**A Note to Prospective Adoptive Parents:**

The Juvenile Court Adoptions Program, the Judges and the County Attorney's office encourage all families to have an open conversation with their child(ren) about the upcoming adoption. Honesty, with age appropriate words and information, is extremely important. If you are concerned about having this conversation, please contact our social worker, Priscilla Ordonez, at 520-724-9239 for some information and articles to assist you. Below is a brief list of words and phrases to use to positively discuss adoption. Thank you for your time and attention to this important aspect of the adoption journey.

<b>Positive Language</b>	<b>Negative Language</b>
<b>Birthparent</b>	<b>Real parent</b>
<b>Biological parent</b>	<b>Natural parent</b>
<b>Birth child</b>	<b>Own Child</b>
<b>My child</b>	<b>Adopted child; Own child</b>
<b>Born to unmarried parents</b>	<b>Illegitimate</b>
<b>Terminate parental rights</b>	<b>Give up</b>
<b>Make/Made an adoption plan</b>	<b>Give Away</b>
<b>To parent you</b>	<b>To keep you</b>
<b>Biological or birthfather</b>	<b>Real father</b>
<b>Making contact with</b>	<b>Reunion</b>
<b>Parent</b>	<b>Adoptive parent</b>
<b>Was adopted</b>	<b>Is adopted</b>

# Talking to Children about Adoption

## What's the best way to handle my child's questions about her adoption?

Many parents want to know when is the best time to tell a child she is adopted. The answer is that it is never too early to talk to your child about adoption. Before age 3, include age-appropriate children's books on adoption as part of your child's reading routine. Give your child information little by little, as much as she can understand. It may take years for your child to fully understand what adoption means. These early talks will give you practice in talking about adoption. They will also show your child that it is OK to bring up the topic.

## Here Are Some Tips On How To Talk About Adoption In Your Everyday Life:

**Tell the story.** Just as any child delights in the story of the day she was born, a child who is adopted will love to hear the details of how she came into the family. Share with your child the joy you felt at bringing her home that very first day. Talk with her about the many ways children join families—whether by adoption or birth, or in foster care or stepfamilies.

**Share the memories.** During the adoption process, keep a scrapbook or journal the same way an excited mother does during pregnancy. Keep track of important dates and steps in the process. Take pictures of the people and places involved in your child's earlier life. These details will help make the adoption easier for your child to understand. You may want to place pictures in your child's room to encourage her to ask questions about her adoption. If you have an open adoption, you could frame a picture of her birth parents. If she was adopted internationally, maybe frame a picture from her place of origin.

**Use the words.** The word adopted should become a part of your child's vocabulary early on. Find other words that everyone in your family is comfortable with. The terms *birth mother* and *birth father* are very common. *Biological parents* is also used frequently. Let your child know that the words *mother* and *father* have more than one meaning. A mother is someone who gives birth to a child, but a mother is also someone who loves, nurtures, and guides a child to adulthood. Being a father also can have different meanings.

Adoptive parents often tell their child she is special because she was "chosen" or that she was "given up out of love." Though the parents mean well, these statements may be very confusing to a child. Some children may feel that being chosen means they must always be the best at everything. This can lead to problems when they start to realize this is not possible. Telling your child she was given up out of love may raise questions about what love is and whether others will give her up too. Some families use the term "making an adoption plan" or "placed for adoption" instead of "giving up" their child.

**Don't wait.** The longer you wait to talk about adoption with your child, the harder it will be. Any level of openness you can build when your child is young will help encourage her to ask more questions about her adoption as she gets older.

**Ask for help.** If talking with your child about adoption is difficult, talk with your pediatrician. He or she can be a valuable source of support, understanding, and resources.

## Questions Your Child Might Ask

Even if you talk about adoption early and openly, at some point your child may begin to ask questions such as

- "Did I grow in your body, Mommy?"
- "Why did my birth mother give me away?"
- "Did she and my birth father love each other?"
- "What was my name before I was adopted?"
- "What nationality am I?"
- "Do I have brothers or sisters?"

**Be honest and open.** If your child feels that you are not telling the whole story, he may look for answers somewhere else, like from a relative or friend who may not know or may not share accurate information. Show your child that you are willing to talk about the adoption. Tell him it's OK to bring it up with you.

**Avoid responding with your own worries** like "Why do you want to know?" or "Are you unhappy with our family?" Your child's curiosity is healthy and natural. It should not be discouraged or seen as a threat to you. Also be sure to only answer the questions the child has asked, not what you think he should know.

**Don't force the issue on your child.** Some children are curious from the very beginning. Others may be afraid to bring it up. The best you can do is let your child know it is OK to talk about it. When your child is ready to know more, he will ask.

## Questions Others May Ask

Other people might ask questions that your child will not be able to answer, from innocent questions like:

- "Where did you get those big, blue eyes?"

- "Do you look more like your mom or your dad?"

To important medical questions such as:

- "Do you have a family history of heart disease, cancer, or diabetes?"
- "What is your ethnic background?"

Questions from strangers can be tricky. You do not have to tell everyone your child is adopted. However, if a question comes up about differences in appearance or ethnicity, offer a simple but honest explanation. When you are proud of your child's identity, she too will learn to appreciate her own value. Be aware that your attitude about adoption will show in your answers. How you respond can set an example as to how your child may choose to answer these questions in the future. Also, let your child know that she does not have to give specific answers to strangers if she does not feel comfortable. It is her choice to share whatever information about her adoption that she chooses. It is fine for children to learn that information about their adoption is theirs to share over time.

### **The Gift of Each Other**

Helping your child accept the fact that she is unique, yet just like everyone else, may not sound easy, but it is important to try. Talking openly and truthfully with your child about her history of adoption, her birth parents, and her feelings is the key. Adoption gives both you and your child a tremendous gift—the gift of each other. With love, honesty, and patience, you and your child will form a relationship that is as deep and meaningful as any bond between a parent and child.

### **Source**

Adoption: Guidelines for Parents (Copyright © 2007 American Academy of Pediatrics, updated 5/07)

# DOCUMENT CHECKLIST

- **Please use this checklist to make sure you have completed all forms and that all documents are available PRIOR to scheduling your fingerprint appointment.**
- **When applying for a step parent adoption, both the birthparent AND the step parent are considered applicants. BOTH must complete all information and provide all requested documents.**

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**Documents contained in the packet:**

- \_\_\_ Application for Adoption
- \_\_\_ Fee Sheet Signature Page
- \_\_\_ List of References (with complete addresses, phone numbers and email addresses)
- \_\_\_ Release of Information
- \_\_\_ Adoption Questionnaire

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**Documents to collect:**

- \_\_\_ Marriage license
- \_\_\_ Divorce decrees or death certificates for all previous spouses of each applicant
- \_\_\_ Birth Certificate for each child being adopted (**Please bring the original**)

\*If child does not have a United States birth certificate then also include a copy of his/her valid, non-expired legal residency documents. This program is not accredited to perform adoptions of children who are not permanent legal residents of the United States (inter-country adoptions).\*

- \_\_\_ Legally-free documentation from each absent parent (**please check appropriate box**):

- Consent for Adoption
- Order of Severance/Termination of Parental Rights
- Putative Father Registry Certificate of No File Found
- Death Certificate

- \_\_\_ Picture Identification for each adult applicant
- \_\_\_ Proof of Pima County Residency (current rent receipt, mortgage or utility bill)
- \_\_\_ Legal Residency documentation if either of the applicants is born outside of the United States
- \_\_\_ Proof of family income (**Federal tax forms or W-2's for most recent tax year**)

*Pay earning statements are not sufficient proof of income and cannot be accepted*

- \_\_\_ Fee payment in the amount indicated on the Fee Sheet on Schedule. Form of payment may be:

money order, personal check or cashier's check made payable to: Clerk of The Superior Court.

- \_\_\_ Other \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

## **ADOPTION FEE SHEET – Schedule I**

**Use this schedule for STEP PARENTS, GRANDPARENTS, GREAT-GRANDPARENTS, SIBLINGS, or immediate AUNTS and UNCLES to adopt children related by blood, marriage or previous adoption.**

- As required by Pima County Juvenile Court Administrative Order 07-01, ARS 8-133 (b) “The Pima County Juvenile Court assesses all applicants for adoption for a one-time fee to cover the cost of the administrative work associated with an adoption.”
- The Adoption Fee is to cover *the cost to process* the application for adoption and *does not guarantee* that adoption will be recommended. **The fee is non-refundable**, even if the adoption is delayed or denied, but will be deducted from the Social Study fee if required.

### **The Adoption fee is \$25.00.**

- If a social study is required to complete your adoption an additional fee will be required. The fee for social study includes services for one subject child and his/her two birthparents. A \$30 fee will be charged for each additional subject child and each of his/her birthparents if the birthparents are different than those of the first subject child.  
The fee is based on the combined gross annual income (before deductions) of the prospective adoptive parent(s) and their spouse (in a step-parent adoption the income if the birth parent who is married to the step-parent is included) for the previous tax year.

### **The Social Study Fee is \$600.00.**

Some families may be eligible for a reduced fee based on the sliding fee scale listed below.

<u><b>GROSS ANNUAL INCOME AND FEE SCALE</b></u>	
\$55,000-and over.....	<b>\$600.00</b>
\$50,000-54,999.....	<b>\$500.00</b>
\$45,000-49,999.....	<b>\$400.00</b>
\$40,000-44,999.....	<b>\$300.00</b>
\$35,000-39,999.....	<b>\$200.00</b>
\$25,000-34,999.....	<b>\$100.00</b>
\$0-24,999 .....	<b>\$0.0</b>

*You may qualify for further fee reduction or fee waiver if your family has a financial hardship. To submit a request for a reduction or waiver, you will need to submit a detailed letter explaining your family's circumstances and a copy of the previous year's tax return.*

# Application for Adoption Social Study, Certification Home Study or Re-Certification

(Please print or type all information)

## **1<sup>st</sup> Applicant:**

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Date of Birth Age Social Security Number

## **2<sup>nd</sup> Applicant:**

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Date of Birth Age Social Security Number

Relationship to child(ren) being adopted: \_\_\_\_\_

Have you ever applied to be or are you currently a licensed foster parent in Arizona? \_\_\_\_\_ No \_\_\_\_\_ Yes

Have you previously adopted a child OR applied for adoption certification within the last three years in Arizona?

\_\_\_\_\_ No \_\_\_\_\_ Yes – If yes, please provide the date and file number: \_\_\_\_\_

## **Applicant(s) Address and Phone Numbers**

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Home Phone Cell or Work Phone Cell or Work Phone

## **ADDITIONAL INDIVIDUALS 18 YEARS OF AGE OR OLDER, LIVING IN THE HOME:**

\_\_\_\_\_  
Full Name Date of Birth Social Security Number

\_\_\_\_\_  
Full Name Date of Birth Social Security Number

\_\_\_\_\_  
Full Name Date of Birth Social Security Number

**I / We verify that the above statement is true and correct to the best of my/our knowledge.**

\_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Signature Printed Name Date

**ADOPTION SOCIAL STUDY FEE**

**SIGNATURE PAGE**

TO BE COMPLETED WITH ADOPTIONS PROGRAM STAFF AT FINGERPRINTING APPOINTMENT.

Adoption Fee of \$25 paid on \_\_\_\_\_  
Date Applicant Initial Staff Initial

I / We have read the applicable fee schedule and have attached the following items:

- 1. Money Order or Personal Check in the amount of \$ 25.00  
Made payable to: Clerk of The Superior Court.
- 2. Copy of the Applicants' most recent Federal Tax Return.  
If married and filing separately, you must include tax forms for each spouse.

**If ordered by the court, your social study fee will be:**

**\*\*Social Study fee as determined by FEE SCHEDULE I** \$ \_\_\_\_\_

The social study fee includes services for one child two birthparents

**Additional Child(ren):** \$30.00 X \_\_\_\_\_ \$ \_\_\_\_\_  
Number of children IN ADDITION to the first child to be adopted

**Additional birthparent(s):** \$30.00 X \_\_\_\_\_ \$ \_\_\_\_\_  
To be charged if additional children have different birth parents

**Minus Adoption Fee** - \$25

TOTAL SOCIAL STUDY FEE DUE: \$ \_\_\_\_\_

**\*\*This fee will be collected only if a social study is ordered\*\***

I/We understand that the Social Study Fee is to cover *the cost of the process* of application for adoption and *does not guarantee* that adoption will be recommended. I/We understand that if a social study is required to complete our adoption an additional fee will be required. I/We understand that the fee is non-refundable, even if the adoption is delayed or denied.

\_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Signature of Adoptions Program Staff Date

# List of References

**First Reference must be a relative of one of the applicants:**

**1.** \_\_\_\_\_  
First Name Middle Name Last Name

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street (include apt or space #) City State Zip Code

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Additional references cannot be related to either of the applicants and must have known both applicants for two or more years.**

**2.** \_\_\_\_\_  
First Name Middle Name Last Name

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street (include apt or space #) City State Zip Code

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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**3.** \_\_\_\_\_  
First Name Middle Name Last Name

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street (include apt or space #) City State Zip Code

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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**4.** \_\_\_\_\_  
First Name Middle Name Last Name

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street (include apt or space #) City State Zip Code

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

# SUPERIOR COURT OF THE STATE OF ARIZONA

**Pima County Juvenile Court**  
*Adoptions & Guardianship Program*

2225 EAST AJO WAY  
TUCSON, ARIZONA 85713-6295  
520-724-2920; 520-724-9239  
FAX 520-724-4740

*Veronica Hookland*

*Priscilla Ordóñez*

Support Staff

Case Worker

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## Release of Information

I / We \_\_\_\_\_ and \_\_\_\_\_

do hereby permit the employees of the Pima County Juvenile Court Center Adoptions/Guardianship Program to obtain any and all documents, information and inquiries necessary to complete the adoption, certification or guardianship review process. (A.R.S 2.8-112)

This consent is valid for six months or the completion of court action, unless revoked in writing by the undersigned.

Signed,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

# ADOPTION QUESTIONNAIRE

*Please complete the following as completely and accurately as possible, as it will be included in the legal file.*

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## Male Applicant

**Name:** \_\_\_\_\_ Primary Language: \_\_\_\_\_  
First Middle Last Interpreter needed? \_\_\_ NO \_\_\_ YES

What is your relationship to the child being adopted: Birth Father Step Father Grandfather Uncle Other: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Please list any physical health and/or mental health diagnoses and your current treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any history of substance abuse, including alcohol? If yes, please describe, using additional pages if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever participated in behavioral health services, including counseling or psychiatric care? Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested or charged with a crime in this or any other state, including traffic violations? \_\_\_ NO \_\_\_ YES If YES, please give date, place & explanation, using additional pages if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had allegations against you or been investigated by Child Protective Services in this or any other state? \_\_\_ NO \_\_\_ YES If YES, please give date, place & explanation, using additional pages if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Female Applicant

**Name:** \_\_\_\_\_ Primary Language: \_\_\_\_\_  
First Middle Last Maiden Interpreter needed? \_\_\_ NO \_\_\_ YES

What is your relationship to the child being adopted: Birth Mother Step Mother Grandmother Aunt Other: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**(Female applicant continued)**

Please list any physical health and/or mental health diagnoses and your current treatment: \_\_\_\_\_

Do you have any history of substance abuse, including alcohol? If YES, please describe, using additional pages if necessary: \_\_\_\_\_

Have you ever participated in behavioral health services, including counseling or psychiatric care? Please describe: \_\_\_\_\_

Have you ever been arrested or charged with a crime in this or any other state, including traffic violations? \_\_\_\_ NO \_\_\_\_ YES If YES, please give date, place & explanation, using additional pages if necessary: \_\_\_\_\_

Have you ever had allegations against you or been investigated by Child Protective Services in this or any other state? \_\_\_\_ NO \_\_\_\_ YES If YES, please give date, place & explanation, using additional pages if necessary: \_\_\_\_\_

**Both Applicants**

Date & location of current marriage: \_\_\_\_\_

Home address: \_\_\_\_\_  
Street Apt # City State Zip Code

Do you currently have legal guardianship or temporary legal custody of the child(ren) to be adopted? \_\_\_\_ NO \_\_\_\_ YES

If YES, Where: \_\_\_\_\_ Case Number: \_\_\_\_\_ Date issued: \_\_\_\_\_

Has either applicant ever applied to adopt any child in the past? \_\_\_\_ NO \_\_\_\_ YES If YES, please explain: \_\_\_\_\_

Has either applicant ever been involved in any Adoption, Severance or other Juvenile Court matter, in any state? \_\_\_\_ NO \_\_\_\_ YES

If YES, provide case number and explanation: \_\_\_\_\_

Has either applicant ever been **denied** an adoption or certification in any state? \_\_\_\_ NO \_\_\_\_ YES If YES, please explain: \_\_\_\_\_

Please give the name & relationship of whom you have chosen to raise your children in the event of your serious illness or death: \_\_\_\_\_

Please describe why you are applying for adoption, using additional pages if necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you talked with your child(ren) about the adoption? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Information about the child(ren) you wish to adopt**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**\*Child's full, legal birth name, as it appears on the birth certificate\***

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**\*Proposed Name Change\***

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

When did the child begin living with you? \_\_\_\_\_

How did the child come into your custody? \_\_\_\_\_

\_\_\_\_\_

Please list any physical health and mental health diagnoses for the child and current treatment: \_\_\_\_\_

\_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**\*Child's full, legal birth name, as it appears on the birth certificate\***

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**\*Proposed Name Change\***

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

When did the child begin living with you? \_\_\_\_\_

How did the child come into your custody? \_\_\_\_\_

\_\_\_\_\_

Please list any physical health and mental health diagnoses for the child and current treatment: \_\_\_\_\_

\_\_\_\_\_

*\*Please use additional copies of this page for more children\*\**

\_\_\_\_\_

**Birth Parent Information (NON-APPLICANT BIRTH PARENTS ONLY)**

Name of **Birth Mother**: \_\_\_\_\_ Date of birth or approximate age: \_\_\_\_\_

Last known location: \_\_\_\_\_ Last contact with child: \_\_\_\_\_

Last contact with applicant(s): \_\_\_\_\_

Please list any physical health, mental health & substance abuse issues for the birth mother: \_\_\_\_\_

Name of **Birth Father**: \_\_\_\_\_ Date of birth or approximate age: \_\_\_\_\_

Last known location: \_\_\_\_\_ Last contact with child: \_\_\_\_\_

Last contact with applicant(s): \_\_\_\_\_

Please list any physical health, mental health & substance abuse issues for the birth father: \_\_\_\_\_

**Date of severance or consent by birth parent(s):** \_\_\_\_\_

**I / We verify that the information reported in this packet is true and correct to the best of my/our knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date