

**REPORT BY PERSON(S) HAVING OR RECEIVING
OR RETAINING POSSESSION, CUSTODY OR CONTROL
OF CHILD UNDER THE AGE OF 18 YEARS FOR THE
PURPOSE OR WITH THE INTENTION OF ADOPTION**

NAME OF CHILD _____

1. Child's sex _____ racial background _____ age _____ years

Date of birth _____ Place of birth _____

_____ County, _____ religious affiliation _____

2. Name of Intermediary (indicate whether agency or private intermediary)

Address _____

3. Fees or Expenses paid or to be paid to Intermediary:

(Itemize in detail) _____

4. Name(s) of Person(s) proposing to adopt and making this Report:

Address: _____

5. Circumstances surrounding the receiving of, retaining of possession, custody and control of the child by the proposed adopting parent(s) making this Report. (How and when did placement come about?)

6. The natural parent or parents whose parental rights are to be terminated have not (cross out inapplicable response) received counseling with respect to the termination and the alternatives thereto. If counseling was provided list the dates and the names and address of the counselor or agency which provided the counseling.

7. Preplacement investigation was completed on _____
and a copy of the report is attached.

I ACKNOWLEDGE THAT I HAVE BEEN ADVISED OR KNOW AND UNDERSTAND THAT THE BIRTH FATHER OR PUTATIVE FATHER MAY REVOKE THE CONSENT TO THE ADOPTION OF THIS CHILD WITHIN 30 DAYS AFTER THE LATER OF THE BIRTH OF THE CHILD OR THE DATE HE HAS EXECUTED THE CONSENT TO AN ADOPTION AND THAT THE BIRTH MOTHER MAY REVOKE THE CONSENT TO AN ADOPTION OF THIS CHILD WITHIN 30 DAYS AFTER THE DATE SHE HAS EXECUTED THE CONSENT.

SIGNATURE of persons making report:

Husband _____ Wife _____

Attorney _____

Fee Paid _____

Conv to D C W