
(Full Name of Petitioning Parent 1)

_____ SP _____

(Full Name of Petitioning Parent 2)

REPORT ON PROPOSED ADOPTION

FOR THE ADOPTION OF:

(Full Name by Which Adoptee Is to Be Known if Adoption Granted)

To the Honorable, Clerk of the Superior Court of _____ County,

In Response to the Order of the Court, _____

(Name, Title and Address of Person or Agency Making Report)

makes the following report of findings in reference to the proposed placement:

I. HISTORY OF CHILD

A. Placement Data for Child

1. Child Placed with these Petitioners by:

2. Type of Adoption:

(Enter only one code from block below)

- a. Public Agency
- b. Private agency
- c. Tribal Agency
- d. Independent Person
- e. Birth Parent
- f. Other Relative
- g. District Court

- a. Agency (Non-related)
- b. Agency (Related)
- c. Independent/Non-Related
- d. Foreign
- e. Relative
- f. Stepparent

Child previously in Agency custody and eligible for Adoption Assistance?

Yes No

3. Identify below the Agency, Parents, or Guardian giving Consent for the Adoption, when applicable (should correspond with A1)

Name: _____

Address: _____

Relationship: _____

4. Child Placed From:

- a. Within State
- b. Another State
- c. Another Country

Name of State or Country:

5. Date the child was placed in the home of Adopting Family *For the Purpose of Adoption*: _____
(or if placement requirement waived, date of legal clearance)

6. Was the child ever placed in an Adoptive home where the placement disrupted or has this child been legally adopted and the adoption subsequently dissolved?

- a. Yes
- b. No

6a. If yes, than was it:

- a. Disruption
- b. Dissolution
- c. Both

7. If the child was in substitute care prior to the Adoptive placement, were there any brothers/sisters or half brothers/sisters in substitute care at the same time?

- a. Yes
- b. No

8. Was the child placed in the Adoptive placement with own siblings?

- a. Yes
- b. No, or Not Applicable
- c. With Some, But Not All

B. Personal History

1. Original Name of Child (as entered on birth certificate) SIS ID# _____

First: _____
Middle: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

2. Adopted Name of Child SIS ID# _____

First: _____
Middle: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

3. Date of Birth: _____

4. Verified by (give birth certificate number): _____

5. Place of Birth: (City or Town) _____; (State) _____; (County) _____;

(Country); _____

6. Race (must check at least one, check all that apply):
- American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Abandoned

Ethnicity-- Hispanic or Latino Not Hispanic or Latino

7. Sex

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a. Male
b. Female

C. Court Action: (Termination of Parental Rights; Order of the Clerk of Superior Court Allowing Adoption to Proceed without Parents' Consent; Adjudication of Mental Incompetency, if applicable; Custody Orders, etc.)
COPIES MUST BE ATTACHED.

Name and Address of Court: _____

Dates: _____

D. Special Needs Status

1. Does the child meet each of the three parts of the Special Needs criteria as defined in the Family Services Manual, Volume I, Chapter XIII Section 1600?

<input type="checkbox"/>	a. Yes
<input type="checkbox"/>	b. No

2. What is the primary basis for meeting Part II of the Special Needs as a condition of eligibility for Adoption Assistance?

<input type="checkbox"/>	<ul style="list-style-type: none">a. The child is six years of age or older;b. The child is two years of age or older and a member of a minority race or ethnic group;c. The child is a member of a sibling group or three or more children to be placed in the same adoptive home;d. The child is a member of a sibling group of two children to be placed in the same adoptive home, in which the sibling meets at least one other criteria for special needs;e. The child has a medically diagnosed disability which substantially limits one or more major life activity, requires professional treatment, assistance in self-care, or the purchase of special equipment;f. The child is diagnosed by a qualified professional to have a psychiatric condition which impairs the child's mental, intellectual, or social functioning, and for which the child requires professional services;g. The child is diagnosed by a qualified professional to have a behavioral or emotional disorder characterized by inappropriate behavior which deviates substantially from behavior appropriate to the child's age or significantly interferes with the child's intellectual, social and personal adjustment;h. The child is diagnosed to be mentally retarded by a qualified professional;i. The child is at risk for a diagnosis described above in items e through h, due to prenatal exposure to toxins, a history of abuse or serious neglect, or genetic history.j. The child meets all of the medical criteria and disability requirements for Supplemental Security Income (SSI).
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3. If medical conditions or mental, physical, or emotional disabilities were checked above, check all that apply:

- Mental Retardation
- Blind or Visually Impaired
- Deaf or Hard of Hearing
- Physically Disabled
- Emotionally Disturbed
- Learning Disability
- HIV
- Other Medically Diagnosed Condition

E. Adoption Subsidy/Financial Support

1. Was the child adopted with an Adoption Assistance Agreement?

	a. Yes b. No
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If yes, date Adoption Assistance Agreement Signed: _____

Funding Source:

	a. Title IV-E b. Title IV-B c. SAF (Private Agency Only)
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Amount of Cash Payment: \$_____

2. Has or will there be Reimbursement of Non-recurring Adoption Costs of adoption to the Adoptive Parents?

	a. Yes b. No
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3. Does the child receive support under Title XVI (SSI)?

	a. Yes b. No
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4. Is the child eligible for Title XIX (Medicaid)?

	a. Yes b. No
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II. HISTORY OF BIRTH PARENTS (OR LAST ADOPTIVE PARENTS)

A. BIRTH PARENT #1 (biological or previous adoptive FATHER if applicable)

First: _____
Middle: _____
Maiden: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

2. Address (Street, City, State, Zip): _____

3. Date of Birth: _____

4. Place of Birth: (City or Town) _____; (State) _____; (County) _____;

(Country); _____

5. Race (must check at least one, check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Abandoned

Ethnicity-- Hispanic or Latino Not Hispanic or Latino

6. Nationality: _____

7. Sex

- | |
|-----------|
| a. Male |
| b. Female |

8. Education:

Highest Grade Completed:

GED:

a. Yes
b. No

College? Yes No

Vocational School? Yes No

9. Occupation

- a. Unknown
- b. Unemployed
- c. Professional
- d. Supervisor/Manager/Proprietor
- e. Clerical/Sales/Crafts
- f. Service/Laborer/Farmer
- g. Military
- h. Clergy
- i. Trade
- j. Retired
- k. Student
- l. Disabled

10. Marital Status at time of child's birth

- a. Unknown
- b. Single
- c. Divorced
- d. Married to Birth Parent 2
- e. Married to Legal Father
- f. Married to Adoptive Spouse
- g. Widowed

11. Marriages of Birth Parent #1

	Name	Date Married	Date Terminated	How (Death, Divorce, Etc.)
PRESENT SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				

12. Has Birth Parent #1 at any time been married to birth parent #2? Yes No

13. If Birth Parent #1 is deceased, date: _____ How Verified? _____

14. Cause of Death (attach copy of death certificate): _____

15. Date of Birth Parent #1's Parental Rights Terminated by Court Order, or Date of Voluntary Consent, Relinquishment, or Date of Death, Date Judicially Determined not to be the father, or Date of Order that Consent Not Necessary: _____

16. If Pre-Placement Assessment of Adoptive Parents is required, date given to Birth Parent #1: _____

B. LEGAL FATHER (The legal father is the man who is/was married to the birth mother and the child was born during the marriage or within 280 days after they divorced or after they separated pursuant to a written separation agreement or court order)

1. Name of Legal Father:

First: _____
Middle: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

2. Date of Legal Clearance of the Legal Father: _____

C. BIRTH PARENT #2 (biological or previous adoptive Mother if applicable)

1. Name of Birth Parent #2 (or Last Adoptive Parent #2)

First: _____
Middle: _____
Maiden: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

2. Address (Street, City, State, Zip): _____

3. Date of Birth: _____

4. Place of Birth: (City or Town) _____; (State) _____; (County) _____;

(Country); _____

5. Race (must check at least one, check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Abandoned

Ethnicity-- Hispanic or Latino Not Hispanic or Latino

6. Nationality: _____

7. Sex

- a. Male
- b. Female

8. Education:

Highest Grade Completed:

GED:

- a. Yes
- b. No

College? Yes No

Vocational School? Yes No

9. Occupation

- a. Unknown
- b. Unemployed
- c. Professional
- d. Supervisor/Manager/Proprietor
- e. Clerical/Sales/Crafts
- f. Service/Laborer/Farmer
- g. Military
- h. Clergy
- i. Trade
- j. Retired
- k. Student
- l. Disabled

10. Marital Status at time of child's birth

- a. Unknown
- b. Single
- c. Divorced
- d. Married to Birth Parent 1
- e. Married to Legal Father
- f. Married to Adoptive Spouse
- g. Widowed

11. Marriages of Birth Parent #2

	Name	Date Married	Date Terminated	How (Death, Divorce, Etc.)
PRESENT SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				

12. If Birth Parent #2 is deceased, date: _____ How Verified? _____

13. Cause of Death (attach copy of death certificate): _____

14. Date of Birth Parent #2's Parental Rights Terminated by Court Order, or Date of Voluntary Consent, Relinquishment, or Date of Death, Date Judicially Determined not to be the father, or Date of Order that Consent Not Necessary: _____

15. If Pre-Placement Assessment of Adoptive Parents is required, date given to Birth Parent #2: _____

III. HISTORY OF ADOPTIVE PARENTS

A. ADOPTIVE PARENT #1

1. Name of Adoptive Parent #1

First: _____ Middle: _____ Maiden: _____ Last: _____ Generation (Jr., Sr., III, etc.) _____

2. Date of Birth: _____

3. Place of Birth: (City or Town) _____; (State) _____; (County) _____;
 (Country); _____

4. Race (must check at least one, check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Abandoned

Ethnicity-- Hispanic or Latino Not Hispanic or Latino

5. Nationality _____

6. Sex

- a. Male
- b. Female

7. Education:

Highest Grade Completed:

GED:

- a. Yes
- b. No

College? Yes No

Vocational School? Yes No

8. Occupation

- a. Unknown
- b. Unemployed
- c. Professional
- d. Supervisor/Manager/Proprietor
- e. Clerical/Sales/Crafts
- f. Service/Laborer/Farmer
- g. Military
- h. Clergy
- i. Trade
- j. Retired
- k. Student
- l. Disabled

9. Annual Income: \$ _____

10. Marital Status

	a. Single b. Divorced c. Married to Biological Parent d. Married to Adoptive Spouse e. Widowed f. Married/Waiver Spouse Not Joining
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11. Marriages of Adoptive Parent #1

	Name	Date Married	Date Terminated	How (Death, Divorce, Etc.)
PRESENT SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				

12. Relationship to Adoptee (check all that apply):

- Not Related
- Relative
- Step Parent
- Foster Parent

If related, how verified? _____

B. ADOPTIVE PARENT #2

1. Name of Adoptive Parent #2

First: _____ Middle: _____ Maiden: _____ Last: _____ Generation (Jr., Sr., III, etc.) _____

2. Date of Birth: _____

3. Place of Birth: (City or Town) _____; (State) _____; (County) _____;
 (Country); _____

4. Race (must check at least one, check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Abandoned

Ethnicity-- Hispanic or Latino Not Hispanic or Latino

5. Nationality _____

6. Sex

- a. Male
- b. Female

7. Education:

Highest Grade Completed:

GED:

- a. Yes
- b. No

College? Yes No

Vocational School? Yes No

8. Occupation

- a. Unknown
- b. Unemployed
- c. Professional
- d. Supervisor/Manager/Proprietor
- e. Clerical/Sales/Crafts
- f. Service/Laborer/Farmer
- g. Military
- h. Clergy
- i. Trade
- j. Retired
- k. Student
- l. Disabled

9. Annual Income: \$ _____

10. Marital Status

- a. Single
- b. Divorced
- c. Married to Biological Parent
- d. Married to Adoptive Spouse
- e. Widowed
- f. Married/Waiver Spouse Not Joining

11. Marriages of Adoptive Parent #2

	Name	Date Married	Date Terminated	How (Death, Divorce, Etc.)
PRESENT SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				

12. Relationship to Adoptee (check all that apply):

- Not Related
- Relative
- Step Parent
- Foster Parent

If related, how verified? _____

C. HOME OF ADOPTIVE PARENTS

1. County of Residence at time of filing Adoption Petition: _____

2. Present Address of Adoptive Parents (Number and Street, City, State, Zip): _____

3. Telephone Number: (Home) _____ (Work) _____

D. FEES (List type and amount of all expenses, fees, or other charges incurred, paid, or to be paid in connection with the adoption that can **reasonably be ascertained** by the Agency)

Amount:	Paid to:

E. THE FOLLOWING REPORT EVALUATES INFORMATION SECURED AS A RESULT OF THE STUDY OF THE PROPOSED ADOPTIVE HOME AND INCLUDES A FINDING CONCERNING THE SUITABILITY OF THE PETITIONER(S) AND THE PETITIONER(S) HOME FOR THE ADOPTEE AND A RECOMMENDATION AS TO WHETHER THE GRANTING OF THE DECREE OF ADOPTION SHOULD BE ENTERED.

MUST CHECK ONE OF THE FOLLOWING:

- Recommend that the Decree of Adoption be entered
- Do not recommend that the Decree of Adoption be entered

Note: Please refer to DSS-1808 instructions (<http://info.dhhs.state.nc.us/olm/forms/dss/dss-1808I.pdf>) and N.C.G.S. § 48-2-502(b) (5) for requirements of narrative and recommendation decision.

Required Narrative:

Name of Agency Worker Completing the Report to the Court: _____

Date Completed: _____

Signature of Director of Social Services of _____
County

Signature of Executive Director of _____
Licensed Child Placing Agency

Filed this _____ day of _____
(Month) (Year)

Signature of the Clerk of Court of _____
County

NOTE: One Form DSS-1808 Report on Proposed Adoption is completed by the county department of social services or licensed private child-placing agency. It is then provided to the Clerk of Superior Court who forwards it with the Decree of Adoption to the Division of Social Services, Department of Health and Human Services.