|  |  |  |
| --- | --- | --- |
| **Adoption Redaction Request** | | |
| NAME OF CHILD/YOUTH | NAME OF DCYF CASEWORKER | DATE |

|  |  |
| --- | --- |
| **This Section Is to Be Completed by The Adoptive Parent(S)** | |
| Please Note:   * Additional rows can be added in the Word version by hovering cursor on the left-hand side and clicking the plus button. Or you can add more information on a separate page if you are using the paper version. * Complete a form for each individual child you are adopting. * Please provide as much detail regarding information you are aware of regarding the biological parents and extended family. | |
| **Birth Mother** | **Birth Father** |
| NAME *(Last, First, Middle name/initial; Maiden Name, and all known aliases):* | NAME *(Last, First, Middle name/initial and all known aliases):* |
| LAST KNOWN ADDRESS, CITY, STATE AND ZIP CODE: | LAST KNOWN ADDRESS, CITY, STATE AND ZIP CODE: |
| PHONE NUMBER *(Current and historical):* | PHONE NUMBER *(Current and historical):* |
| EMAIL ADDRESS *(Current and historical):* | EMAIL ADDRESS *(Current and historical):* |
| DATE OF BIRTH AND CITY/STATE WHERE BORN: | DATE OF BIRTH AND CITY/STATE WHERE BORN: |
| CRIMINAL HISTORY *(Including convictions and/or arrests):* | CRIMINAL HISTORY *(Including convictions and/or arrests):* |
| PROVIDERS *(This may include physicians, SUD providers, psychologist, etc., and who may have provided services to parent and children):* | PROVIDERS *(This may include physicians, SUD providers, psychologist, etc., and who may have provided services to parent and children):* |
| OTHER KNOWN HOUSEHOLD MEMBERS *(This may include significant others, roommates, Etc.):* | OTHER KNOWN HOUSEHOLD MEMBERS *(This may include significant others, roommates, etc.):* |
| FAMILY FRIENDS/ACQUAINTANCES *(First & last name(s)):* | FAMILY FRIENDS/ACQUAINTANCES *(First & last name(s)):* |
| OTHER KNOWN IDENTIFYING INFORMATION: | OTHER KNOWN IDENTIFYING INFORMATION: |
| **Maternal Relatives** | **Paternal Relatives** |
| * Please complete this section with as much information as you are aware of regarding relatives on both sides of the child/youth’s biological family. In this first section, please provide the last, first, middle name/initial and any known aliases including maiden names, if known. * If more than one family member within each category (e.g. biological mother & step-mother), please add those members as well. Please number the relatives within each category if there is more than one. This number will then correlate to the information requested in the next section * This section is specific to the degree of relative as to the biological parent; not the child. Ex: mother on this form would be biological mother’s mother as well as the child/youth’s maternal grandmother*.* | |
| MOTHER *(including step):* | MOTHER *(including step):* |
| FATHER *(including step):* | FATHER *(including step):* |
| UNCLES *(including step and great):* | UNCLES *(including step and great):* |
| AUNTS *(including step and great):* | AUNTS *(including step and great):* |
| GRANDMOTHERS *(including step and great):* | GRANDMOTHERS *(including step and great):* |
| GRANDFATHERS *(including step and great):* | GRANDFATHERS *(including step and great):* |
| SIBLINGS *(including step*): | SIBLINGS *(including step*): |
| DATE(S) OF BIRTH, PHONE NUMBER(S) AND ADDRESSES:   * *Include any known addresses and/or cities of residence & any known phone numbers* * *Please number the relatives within each category if there is more than one. This number will correlate to the information requested in the previous section* | |
| MOTHER *(including step):* | MOTHER *(including step):* |
| FATHER *(including step):* | FATHER *(including step):* |
| UNCLES *(including step and great):* | UNCLES *(including step and great):* |
| AUNTS *(including step and great):* | AUNTS *(including step and great):* |
| GRANDMOTHERS *(including step and great):* | GRANDMOTHERS *(including step and great):* |
| GRANDFATHERS *(including step and great):* | GRANDFATHERS *(including step and great):* |
| SIBLINGS *(including half and step*): | SIBLINGS *(including half and step*): |
| **Sibling Information** | |
| * *Please provide information regarding any siblings related to the child being adopted.* * *This will include half-siblings and step-siblings.* * *Please also provide information regarding the names of placement providers where the sibling is or has been placed)* | |
| NAME *(Last, First, Middle name/initial):*  DOB:  NAME(S) OF PLACEMENT PROVIDER(S):  ADDRESS AND/OR CITY/STATE: | NAME *(Last, First, Middle name/initial):*  DOB:  NAME(S) OF PLACEMENT PROVIDER(S):  ADDRESS AND/OR CITY/STATE: |
| NAME *(Last, First, Middle name/initial):*  DOB:  NAME(S) OF PLACEMENT PROVIDER(S):  ADDRESS AND/OR CITY/STATE: | NAME *(Last, First, Middle name/initial):*  DOB:  NAME(S) OF PLACEMENT PROVIDER(S):  ADDRESS AND/OR CITY/STATE: |
| * The last court report I/we received was on      . * I/We are aware of the following information within this court report: | |
| Prior Placements | |
| NAME(S) | ADDRESS & PHONE NUMBER |
| NAME(S) | ADDRESS & PHONE NUMBER |
| NAME(S) | ADDRESS & PHONE NUMBER |
| NAME(S) | ADDRESS & PHONE NUMBER |
| **I/We Acknowledge that I/we know the information listed above regarding the biological parent(s), relatives, and siblings** | |
| ADOPTIVE PARENT SIGNATURE: DATE: | |
| ADOPTIVE PARENT SIGNATURE: DATE: | |

|  |  |  |
| --- | --- | --- |
| **Section below to be completed by caseworker after above information is provided by adoptive parent(s)** | | |
| NAME OF ADOPTIVE PARENT(S): | NAME OF BIOLOGICALMOTHER: | NAME OF BIOLOGICAL FATHER: |
| NAME OF ALL POTENTIAL FATHERS: | | |
| NAMES OF ALL SIBLINGS AND DATES OF BIRTH: | | |
| NAMES OF ALL RELATIVES: | | |