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| **CIRCUIT COURT** |
| **COUNTY** |
| **ADOPTION INVESTIGATION REPORT TO CIRCUIT COURT** |
|  |
| REPORT OF INVESTIGATION BY THE WISCONSIN DEPARTMENT OFCHILDREN AND FAMILIES, DIVISION OF SAFETY AND PERMANENCE, UNDER THE PROVISION OF SEC.      , WIS. STATUTES |
|  |
| **ADOPTION OF:**       |
|  |
| **ADOPTION BY:**       |
|  |
|  |
| **Child Information** |
| Name – (Last, First, Middle)      | Birthdate (mm/dd/yyyy)      | Birth Place      |
| Name to be Changed to: (Last, First, Middle)      | Date – Child Placed in Adoptive Home      |
| Termination of Parental Rights |
|  | Mother | Date – Termination      | Terminated By      |
|  | Father | Date – Termination      | Terminated By      |
| Health, Adjustment and General Comments      |
| [ ]  Yes [ ]  No Indian Child Welfare Act AppliesComments      |
| **Birth Mother Information** |
| Name – (Last, First, Middle)      | Name – Maiden      | Marital Status      |
| Birthdate (mm/dd/yyyy)      | Birth Place      | Race      | Education      |
| Health and General Comments      |
| **Birth Father Information** |
| [ ]  Yes [ ]  No Paternity established |
| Name – (Last, First, Middle)      | Birthdate (mm/dd/yyyy)      | Birth Place      |
| Education      | Race      |
| Health and General Comments      |
| **Petitioning Parent 1 Information** |
| Name – (Last, First, Middle)      | Name – Maiden      |
| Birthdate (mm/dd/yyyy)      | Birth Place      | Race      | Education      |
| Employment |
| Name – Employer      | Occupation      | Start Date (mm/dd/yyyy)      |
| Health and General Comments      |
| [ ]  Yes [ ]  N/A Completed required training |
| **Petitioning Parent 2 Information** |
| Name – (Last, First, Middle)      |
| Birthdate (mm/dd/yyyy)      | Birth Place      | Race      | Education      |
| Employment |
| Name – Employer      | Occupation      | Start Date (mm/dd/yyyy)      |
| Health and General Comments      |
| [ ]  Yes [ ]  N/A Completed required training |
| **Marriage Information** |
| Date (mm/dd/yyyy)      | Place      | Previous Marriages      |
| General Comments      |
| **Other Children Information (If additional space is needed, attach a separate sheet)** |
| Child 1 | Name      | Age      |
| Child 2 | Name      | Age      |
| Child 3 | Name      | Age      |
| Child 4 | Name      | Age      |
| Comments      |
| **Religion Information** |
| Birth Mother      | Birth Father      |
| Petitioning Parent 1       | Petitioning Parent 2       | Will be Reared As      |
| General Comments      |
| **Home Information** |
| Address – Petitioner (Street, City, State, Zip Code)      |
| Type of Home      |
| Value of Home      | Equity      |
| **Financial Information** |
| Petitioners Annual Income      |
| Other Assets |
|  | Description | Amount |
|  |       |       |
| Liabilities |
|  | Description | Amount |
|  |       |       |
| Life Insurance |
|  | Description | Amount |
|  |       |       |
| Medical Insurance |
|  | Description | Amount |
|  |       |       |

|  |  |  |
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| [ ]  Yes [ ]  No Adoption Assistance Being Provided | Medical      | Maintenance      |
| **References** |
|       |
| **Further Comments and Impressions** |
|       |
| **Recommendation** |
| The Wisconsin Department of Children and Families, Division of Safety and Permanence, having investigated the suitability of petitioner's home, believes the adoption is in the best interest of the child, and hereby advises that the petition for adoption be granted.  |
| **Signatures** |
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|  |  |  |  |  |
|  | **SIGNATURE** – Social Worker |  | Date Signed |  |
|  |
|  |  |  |  |  |
|  | **SIGNATURE** – Supervisor |  | Date Signed |  |

DCF-F-CFS0857-E (R. 01/2015)