

COMMISSIONER'S CONFIDENTIAL REPORT

DATE:

ADOPTION REPORTS UNIT DIVISION OF SOCIAL SERVICES

FROM

RE. VA. ADOPTION CASE NO:

AGENCY CASE NO.

CHANCERY NO.

IN THE CIRCUIT COURT OF:

PETITIONER 1**PETITIONER 2**

FULL NAME

CURRENT ADDRESS

PRESENT MARRIAGE

Date

Place

Date Verified

Date

Place

Date Verified

PREVIOUS MARRIAGE

Date

Place

Date Verified

Date

Place

Date Verified

DIVORCE(1)

Date

Place

Date Verified

Date

Place

Date Verified

PREVIOUS MARRIAGE

Date

Place

Date Verified

Date

Place

Date Verified

DIVORCE(2)

Date

Place

Date Verified

Date

Place

Date Verified

DEATH OF FORMER SPOUSE

Date

Place

Date Verified

Date

Place

Date Verified

AGE

PHYSICAL HEALTH

AGE

PHYSICAL HEALTH

RACE

MENTAL HEALTH

RACE

MENTAL HEALTH

(GIVE FULL FINANCIAL STATUS IN NARRATIVE: INCOME FROM ALL SOURCES: SAVINGS, INVESTMENTS, AND DEBTS, INCLUDING THE PLAN FOR THEIR DEPRECIATION.)

CHILD

NAME ON BIRTH CERTIFICATE

 Legitimate
 Illegitimate

DATE OF BIRTH

PLACE OF BIRTH

Date Verified

PLACED BY

BIRTH CERTIFICATE NO:

RACE

SEX

 Male Female

DATE OF PLACEMENT:

CHILD'S RELATIONSHIP TO MALE PETITIONER

CHILD RELATIONSHIP TO FEMALE PETITIONER

NAME OF BIOLOGICAL FATHER

SSN#

NAME OF LEGAL FATHER (IF APPLICABLE)

SSN#

LAST KNOWN ADDRESS

LAST KNOWN ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

NAME & DOB OF BIOLOGICAL MOTHER

SSN#

MOTHER'S MARITAL STATUS AT TIME OF BIRTH

LAST KNOWN ADDRESS

CITY, STATE, ZIP

BIOLOGICAL MOTHER'S PHYSICAL HEALTH

BIOLOGICAL MOTHER'S MENTAL HEALTH

BIOLOGICAL FATHER'S PHYSICAL HEALTH

BIOLOGICAL FATHER'S MENTAL HEALTH

PETITIONER'S ATTORNEY

NAME

ADDRESS

CITY, STATE, ZIP

ANY ADDITIONAL REMARKS

Distribution:

Court
State Office
Agency File

THE NARRATIVE REPORT OF THE INVESTIGATION IS ATTACHED

Instructions for typing form: Use "Tab" key to move between fields.