



# NOTICE OF INTENT TO PLACE FOR ADOPTION

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CHILDREN AND FAMILY SERVICES-ADOPTIONS  
SFN 764 (1-2023)

## IN THE MATTER OF THE ADOPTIVE PLACEMENT OF

Child's Birth Name		Date of Birth	
Place of Birth (City and State)			
Birth Mother Name		Birth Father Name	
Child's Adoptive Name			

## To be placed in the home of

Adoptive Parent(s) Name				
Address		City	State	ZIP Code

## The child was released for adoption by decree of the District/Juvenile/Tribal Court:

Date	Court
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## The agency of financial responsibility for adoption assistance purposes is:

Agency (HSZ or Tribe)
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## The adoptive placement is to be made on (this will be the date the adoption proceedings are initiated):

Date
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Date Signed	
Adoption Worker Signature	LCPA/Tribal Agency
Supervisor/Director Signature	LCPA/Tribal Agency
Intended Placement Is <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Administrator, Adoption Services, HHS or Tribal Child Welfare Director (for a tribal custody child), Tribal Nation Signature	Date
Comments	

Notice of Intended Placement shall be given the Department (15) days in advance of placement.  
Submit a copy of adoption assessment/homestudy and TPR (if not previously submitted) with this document.

Distribution: A copy should be retained by Child Placing/Tribal Agency.  
Department will return a copy of the final signed form.