



REPORT TO THE COURT
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CHILDREN AND FAMILY SERVICES-ADOPTIONS
 SFN 771 (5-2024)

RECOMMENDATION - The child placement agency below recommends:

RE: PETITION OF			
TO ADOPT		TO BE KNOWN AS	
Name of Agency			
Address of Agency		City	State ZIP Code
Date of Adoption Assessment Approval	Date of Parent 1 Background Check Clearance	Date of Parent 2 Background Check Clearance	
Recommendation made by (Worker Printed Name)		Worker Signature	
Date	Title		
Supervisor (Printed Name)		Supervisor Signature	
Date	Title		

I. PETITIONERS

Parent	Parent
Address	Address
Date of Birth	Date of Birth
Birthplace	Birthplace
Education	Education
Occupation	Occupation
Race	Race
Religion	Religion
Health	Health
Date and Place of Present Marriage	

II. HOUSING AND FINANCES

Description of Housing		Value of Home
Annual Income	Total Real Estate Value	Savings and Investments
Total Indebtedness	Life Insurance	Health Insurance
Source of Information of Above Data and/or Additional Financial Information		

III. CHILDREN OTHER THAN ADOPTEE

Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

IV. THE CHILD TO BE ADOPTED

Birth Name		Sex
Date of Birth	Birthplace	Race
Tribal Affiliation (If Native American)		Tribal Enrollment Number
Special Needs <input type="checkbox"/> 7 years of age or older <input type="checkbox"/> Of minority race <input type="checkbox"/> Member of a sibling group and being placed for adoption with sibling <input type="checkbox"/> At "high risk" for a mental, physical, or emotional disability <input type="checkbox"/> Diagnosed medical condition or mental, physical or emotional disability such as: <input type="checkbox"/> Mental retardation <input type="checkbox"/> Visual or hearing impaired <input type="checkbox"/> Physical disability <input type="checkbox"/> Emotional disturbance <input type="checkbox"/> Other medically diagnosed condition requiring special care		
Medical Exam Results and Diagnosis		
Examining Physician		Date Examined
Source of Information of Above Data		
Legal Custodian		
Court Granting Termination of Parental Rights	Name of Judge/Judicial Referee	Date of TPR
Date Initially Placed with Petitioners	Type of Temporary Care <input type="checkbox"/> Legal Risk <input type="checkbox"/> Foster Care <input type="checkbox"/> Relative/Kin Placement <input type="checkbox"/> Identified Placement Pursuant to NDCC14-15.1	
Date of Adoptive Placement	Relationship of Petitioner to Child	

V. CHILD'S BIRTH PARENTAGE

Birth Mother	Birth Father	<input type="checkbox"/> Alleged	<input type="checkbox"/> Acknowledged
		<input type="checkbox"/> Presumed	<input type="checkbox"/> Adjudicated
Date of Birth	Date of Birth		
Race	Race		
Consent	Consent		
Source of Information of Above Data			

VI. ATTORNEY FOR PETITIONER

Name of Attorney	Name of Law Firm		
Address	City	State	ZIP Code
Email Address			

VII. SUMMARY

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VII. SUMMARY (cont)

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