

### ADOPTION INVESTIGATION REPORT TO CIRCUIT COURT

REPORT OF INVESTIGATION BY THE WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES, DIVISION OF CHILDREN AND FAMILY SERVICES, UNDER THE PROVISION OF SEC. \_\_\_\_\_, WIS. STATUTES

ADOPTION OF:

ADOPTION BY:

#### Child Information

Name – (Last, First, Middle)		Birthdate	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 Applies

Comments

#### Birth Mother Information

Name – (Last, First, Middle)		Name – Maiden	Marital Status
Birthdate	Birth Place	Race	Education

Health and General Comments:

#### Paternity Information

Yes  No Paternity established

Name – (Last, First, Middle)		Birthdate	Birth Place
Race	Education		

Health and General Comments:

#### Petitioning Mother Information

Name – (Last, First, Middle)		Name – Maiden	
Birthdate	Birth Place	Race	Education
Employment			
Name – Employer	Occupation	Start Date (mm/dd/yyyy)	

Health and General Comments:

Yes  N/A Completed required training

#### Petitioning Father Information

Name – (Last, First, Middle)

Birthdate	Birth Place	Race	Education
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Employment

Name – Employer	Occupation	Start Date (mm/dd/yyyy)
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Health and General Comments:

Yes  N/A Completed required training

**Marriage Information**

(mm/dd/yyyy)	Place	Previous Marriages
General Comments		

**Other Children Information**

Name, Age and Comments

**Biological Information**

Mother	Birth Father
Petitioning Mother	Petitioning Father
General Comments	Will be Reared As

**Home Information**

Address – Petitioner (Street, City, State, Zip Code)

Type of Home

Use of Home

**Financial Information**

Petitioners Annual Income

Other Assets:

Description	Amount
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Liabilities:

Description	Amount
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Life Insurance:

Individual	Amount
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Medical Insurance:

Individual	Amount
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Yes  No Adoption Assistance Being Provided

Medical	Maintenance
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References

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Further Comments and Impressions

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**Recommendation**

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The Wisconsin Department of Health and Family Services, Division of Children and Family Services, 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.

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**Signatures**

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\_\_\_\_\_  
**SIGNATURE** – Social Worker

\_\_\_\_\_  
Date Signed



\_\_\_\_\_  
**SIGNATURE** – Supervisor

\_\_\_\_\_  
Date Signed

