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| REPORT TO THE COURT ON THE ADOPTION INVESTIGATION | | | | | | | | | | | | | | |
| In the Matter of Adoption of    By | | | | | | | | | | | | | | |
| The      , Adoption Unit, on behalf of the guardianship agency, the State of Wisconsin, Department of Children and Families, Division of Milwaukee Child Protective Services, submits its investigation into the adoption of       by      , a  made under the provisions of Section 48.88 (2)(b) of the Wisconsin Statutes. This investigation establishes the following facts: | | | | | | | | | | | | | | |
| **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 | | | |
| Health and General Comments | | | | | | | | | | | | | | |
| **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 Mother Information** | | | | | | | | | | | | | | |
| Name – (Last, First, Middle) | | | | | | | | Name – Maiden | | | | | | Marital Status |
| Birthdate (mm/dd/yyyy) | | | | Birth Place | | | | Race | | | | Education | | |
| 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) | | | | | | | | | | | | Marital Status | | |
| Birthdate (mm/dd/yyyy) | | | | Birth Place | | | | Race | | | | Education | | |
| 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 (Names of Previous Spouses) | | | | | |
| General Comments | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | | |
| **Foster 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 Mother | | | | | Petitioning Father | | | | | 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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| **Adoption Assistance** | | | | | |
| The  been approved for a medical and maintenance subsidy through the State Department Children and Families. Monthly,  will be receiving $     , plus medical coverage for  effective      . | | | | | |
| **References** | | | | | |
| Relative | | | | | |
| Name – (Last, First, Middle) | | | | | |
| Address – Relative (Street, City, State, Zip Code) | | | | | |
| Friends | | | | | |
| Name – (Last, First, Middle) | | | | | |
| Address – Friend (Street, City, State, Zip Code) | | | | | |
| Name – (Last, First, Middle) | | | | | |
| Address – Friend (Street, City, State, Zip Code) | | | | | |
| **Clearings** | | | | | |
|  | | | | | |
| **Recommendation** | | | | | |
| The information in this investigation has been obtained from public health and agency records, verified official documents, home visits, and interviews with the petitioner and the child. We find that       is a proper subject for adoption and that the  home is suitable. | | | | | |
| Adoption Unit | | | | | |
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| **Signatures** | | | | | |
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|  |  |  |  | |  |
|  | **SIGNATURE** – Adoption Worker |  | Date Signed | |  |
|  |  |  |  | |  |
|  | **SIGNATURE** – Supervisor |  | Date Signed | |  |
|  | | | | | |
|  |  |  |  | |  |
|  | **SIGNATURE** – Program Manager |  | Date Signed | |  |