

Attachments to petition (N.C.G.S. 48-2-305): _____

This the _____ day of _____, _____

_____ Signature of Petitioner 1

_____ Signature of Petitioner 2

_____ and _____
(Full name of petitioning parent 1) (Full name of petitioning parent 2)

being duly sworn, depose and say that he/she/they has (have) read the foregoing Petition and that the facts set forth therein are true to his/her/their own knowledge, except as to matters therein set forth upon information and belief, and as to such matters he/she/they believe(s) them to be true.

This _____ day of _____, in the year _____.

_____ Signature of Petitioner 1

_____ Signature of Petitioner 2

Subscribed to and sworn to before me this _____ day of _____, _____

(S E A L)

_____ Signature of Clerk of Superior Court or Notary Public

_____ Printed Name of Clerk of Superior Court or Notary Public

My commission expires _____

Attorney for petitioner/s (Mailing Address)

(Telephone Number) (City or Town) (Zip Code)

NOTE: The DSS-1800 is prepared in triplicate. The original form is held in the Office of the Clerk of Superior Court. A duplicate original is forwarded, **along with originals of all other documents filed in proceeding**, within ten days following the entry of the Decree of Adoption by the Clerk of Court to the Division of Social Services, State Department of Health and Human Services; and a copy is attached to the Order for a Report to the Court, directed to the county department of social services or licensed private child-placing agency.

STATE OF NORTH CAROLINA
_____ COUNTY

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

(Full Name of Petitioning Parent 1)

_____ SP _____

(Full Name of Petitioning Parent 2)

REPORT ON PROPOSED ADOPTION

FOR THE ADOPTION OF:

(Full Name by Which Adoptee Is to Be Known if Adoption Granted)

To the Honorable, Clerk of the Superior Court of _____ County,

In Response to the Order of the Court, _____

(Name, Title and Address of Person or Agency Making Report)

makes the following report of findings in reference to the proposed placement:

I. HISTORY OF CHILD

A. Placement Data for Child

1. Child Placed with these Petitioners by:

2. Type of Adoption:

(Enter only one code from block below)

- a. Public Agency
- b. Private agency
- c. Tribal Agency
- d. Independent Person
- e. Birth Parent
- f. Other Relative
- g. District Court

- a. Agency (Non-related)
- b. Agency (Related)
- c. Independent/Non-Related
- d. Foreign
- e. Relative
- f. Stepparent

Child previously in Agency custody and eligible for Adoption Assistance? Yes No

3. Identify below the Agency, Parents, or Guardian giving Consent for the Adoption, when applicable (should correspond with A1)

Name: _____

Address: _____

Relationship: _____

4. Child Placed From:

- a. Within State
- b. Another State
- c. Another Country

Name of State or Country:

5. Date the child was placed in the home of Adopting Family *For the Purpose of Adoption*: _____ (or if placement requirement waived, date of legal clearance)

6. Was the child ever placed in an Adoptive home where the placement disrupted or has this child been legally adopted and the adoption subsequently dissolved?

- a. Yes
- b. No

6a. If yes, than was it:

- a. Disruption
- b. Dissolution
- c. Both

7. If the child was in substitute care prior to the Adoptive placement, were there any brothers/sisters or half brothers/sisters in substitute care at the same time?

- a. Yes
- b. No

8. Was the child placed in the Adoptive placement with own siblings?

- a. Yes
- b. No, or Not Applicable
- c. With Some, But Not All

B. Personal History

1. Original Name of Child (as entered on birth certificate) SIS ID# _____

First: _____
Middle: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

2. Adopted Name of Child SIS ID# _____

First: _____
Middle: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

3. Date of Birth: _____

4. Verified by (give birth certificate number): _____

5. Place of Birth: (City or Town) _____; (State) _____; (County) _____;

(Country); _____

6. Race (must check at least one, check all that apply):
- American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Abandoned

Is the individual of Hispanic origin? Yes No

7. Sex

a. Male
b. Female

C. Court Action: (Termination of Parental Rights; Order of the Clerk of Superior Court Allowing Adoption to Proceed without Parents' Consent; Adjudication of Mental Incompetency, if applicable; Custody Orders, etc.)
COPIES MUST BE ATTACHED.

Name and Address of Court: _____

Dates: _____

D. Special Needs Status

1. Does the child meet each of the three parts of the Special Needs criteria as defined in the Family Services Manual, Volume I, Chapter XIII Section 1600?

a. Yes
b. No

2. What is the primary basis for meeting Part II of the Special Needs as a condition of eligibility for Adoption Assistance?

- a. The child is six years of age or older;
- b. The child is two years of age or older and a member of a minority race or ethnic group;
- c. The child is a member of a sibling group or three or more children to be placed in the same adoptive home;
- d. The child is a member of a sibling group of two children to be placed in the same adoptive home, in which the sibling meets at least one other criteria for special needs;
- e. The child has a medically diagnosed disability which substantially limits one or more major life activity, requires professional treatment, assistance in self-care, or the purchase of special equipment;
- f. The child is diagnosed by a qualified professional to have a psychiatric condition which impairs the child's mental, intellectual, or social functioning, and for which the child requires professional services;
- g. The child is diagnosed by a qualified professional to have a behavioral or emotional disorder characterized by inappropriate behavior which deviates substantially from behavior appropriate to the child's age or significantly interferes with the child's intellectual, social and personal adjustment;
- h. The child is diagnosed to be mentally retarded by a qualified professional;
- i. The child is at risk for a diagnosis described above in items e through h, due to prenatal exposure to toxins, a history of abuse or serious neglect, or genetic history.
- j. The child meets all of the medical criteria and disability requirements for Supplemental Security Income (SSI).

3. If medical conditions or mental, physical, or emotional disabilities were checked above, check all that apply:

- Mental Retardation
- Blind or Visually Impaired
- Deaf or Hard of Hearing
- Physically Disabled
- Emotionally Disturbed
- Learning Disability
- HIV
- Other Medically Diagnosed Condition

E. Adoption Subsidy/Financial Support

1. Was the child adopted with an Adoption Assistance Agreement?

	a. Yes b. No
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If yes, date Adoption Assistance Agreement Signed: _____

Funding Source:

	a. Title IV-E b. Title IV-B c. SAF (Private Agency Only)
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Amount of Cash Payment: \$ _____

2. Has or will there be Reimbursement of Non-recurring Adoption Costs of adoption to the Adoptive Parents?

	a. Yes b. No
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3. Does the child receive support under Title XVI (SSI)?

	a. Yes b. No
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4. Is the child eligible for Title XIX (Medicaid)?

	a. Yes b. No
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II. HISTORY OF BIRTH PARENTS (OR LAST ADOPTIVE PARENTS)

A. BIRTH PARENT #1 (biological or previous adoptive **FATHER** if applicable)

First: _____
Middle: _____
Maiden: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

2. Address (Street, City, State, Zip): _____

3. Date of Birth: _____

4. Place of Birth: (City or Town) _____; (State) _____; (County) _____;
(Country); _____

5. Race (must check at least one, check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Abandoned

Is the individual of Hispanic origin? Yes No

6. Nationality/Ethnicity: _____

7. Sex

a. Male
b. Female

8. Education:

Highest Grade Completed:

GED: a. Yes
b. No

College? Yes No

Vocational School? Yes No

9. Occupation

<input type="text"/>	a. Unknown b. Unemployed c. Professional d. Supervisor/Manager/Proprietor e. Clerical/Sales/Crafts f. Service/Laborer/Farmer g. Military h. Clergy i. Trade j. Retired k. Student l. Disabled
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10. Marital Status at time of child's birth

<input type="text"/>	a. Unknown b. Single c. Divorced d. Married to Birth Parent 2 e. Married to Legal Father f. Married to Adoptive Spouse g. Widowed
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11. Marriages of Birth Parent #1

	Name	Date Married	Date Terminated	How (Death, Divorce, Etc.)
PRESENT SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				

12. Has Birth Parent #1 at any time been married to birth parent #2? Yes No

13. If Birth Parent #1 is deceased, date: _____ How Verified? _____

14. Cause of Death (attach copy of death certificate): _____

15. Date of Birth Parent #1's Parental Rights Terminated by Court Order, or Date of Voluntary Consent, Relinquishment, or Date of Death, Date Judicially Determined not to be the father, or Date of Order that Consent Not Necessary: _____

16. If Pre-Placement Assessment of Adoptive Parents is required, date given to Birth Parent #1: _____

B. LEGAL FATHER (The legal father is the man who is/was married to the birth mother and the child was born during the marriage or within 280 days after they divorced or after they separated pursuant to a written separation agreement or court order)

1. Name of Legal Father:

First: _____
Middle: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

2. Date of Legal Clearance of the Legal Father: _____

C. BIRTH PARENT #2 (biological or previous adoptive Mother if applicable)

1. Name of Birth Parent #2 (or Last Adoptive Parent #2)

First: _____
Middle: _____
Maiden: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

2. Address (Street, City, State, Zip): _____

3. Date of Birth: _____

4. Place of Birth: (City or Town) _____ ; (State) _____ ; (County) _____ ;
(Country); _____

5. Race (must check at least one, check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Abandoned

Is the individual of Hispanic origin? Yes No

6. Nationality/Ethnicity: _____

7. Sex

- a. Male
- b. Female

8. Education:

Highest Grade Completed:

GED:

- a. Yes
- b. No

College? Yes No

Vocational School? Yes No

9. Occupation

- a. Unknown
- b. Unemployed
- c. Professional
- d. Supervisor/Manager/Proprietor
- e. Clerical/Sales/Crafts
- f. Service/Laborer/Farmer
- g. Military
- h. Clergy
- i. Trade
- j. Retired
- k. Student
- l. Disabled

10. Marital Status at time of child's birth

- a. Unknown
- b. Single
- c. Divorced
- d. Married to Birth Parent 1
- e. Married to Legal Father
- f. Married to Adoptive Spouse
- g. Widowed

11. Marriages of Birth Parent #2

Name	Date Married	Date Terminated	How (Death, Divorce, Etc.)
PRESENT SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			

12. If Birth Parent #2 is deceased, date: _____ How Verified? _____

13. Cause of Death (attach copy of death certificate): _____

14. Date of Birth Parent #2's Parental Rights Terminated by Court Order, or Date of Voluntary Consent, Relinquishment, or Date of Death, Date Judicially Determined not to be the father, or Date of Order that Consent Not Necessary: _____

15. If Pre-Placement Assessment of Adoptive Parents is required, date given to Birth Parent #2: _____

III. HISTORY OF ADOPTIVE PARENTS

A. ADOPTIVE PARENT #1

1. Name of Adoptive Parent #1

First: _____ Middle: _____ Maiden: _____ Last: _____ Generation (Jr., Sr., III, etc.) _____

2. Date of Birth: _____

3. Place of Birth: (City or Town) _____; (State) _____; (County) _____;
 (Country); _____

4. Race (must check at least one, check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Abandoned

Is the individual of Hispanic origin? Yes No

5. Nationality/Ethnicity: _____

6. Sex

- a. Male
- b. Female

7. Education:

Highest Grade Completed:

GED:

- a. Yes
- b. No

College? Yes No

Vocational School? Yes No

8. Occupation

- a. Unknown
- b. Unemployed
- c. Professional
- d. Supervisor/Manager/Proprietor
- e. Clerical/Sales/Crafts
- f. Service/Laborer/Farmer
- g. Military
- h. Clergy
- i. Trade
- j. Retired
- k. Student
- l. Disabled

9. Annual Income: \$ _____

10. Marital Status

	a. Single b. Divorced c. Married to Biological Parent d. Married to Adoptive Spouse e. Widowed f. Married/Waiver Spouse Not Joining
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11. Marriages of Adoptive Parent #1

	Name	Date Married	Date Terminated	How (Death, Divorce, Etc.)
PRESENT SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				

12. Relationship to Adoptee (check all that apply):

- Not Related
- Relative
- Step Parent
- Foster Parent

If related, how verified? _____

B. ADOPTIVE PARENT #2

1. Name of Adoptive Parent #2

First: _____ Middle: _____ Maiden: _____ Last: _____ Generation (Jr., Sr., III, etc.) _____

2. Date of Birth: _____

3. Place of Birth: (City or Town) _____; (State) _____; (County) _____; (Country); _____

4. Race (must check at least one, check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Abandoned

Is the individual of Hispanic origin? Yes No

5. Nationality/Ethnicity: _____

6. Sex

	a. Male b. Female
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7. Education:

Highest Grade Completed:

GED:

a. Yes
b. No

College? Yes No

Vocational School? Yes No

8. Occupation

	a. Unknown b. Unemployed c. Professional d. Supervisor/Manager/Proprietor e. Clerical/Sales/Crafts f. Service/Laborer/Farmer g. Military h. Clergy i. Trade j. Retired k. Student l. Disabled
--	--

9. Annual Income: \$ _____

10. Marital Status

	a. Single b. Divorced c. Married to Biological Parent d. Married to Adoptive Spouse e. Widowed f. Married/Waiver Spouse Not Joining
--	--

11. Marriages of Adoptive Parent #2

Name	Date Married	Date Terminated	How (Death, Divorce, Etc.)
PRESENT SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			

12. Relationship to Adoptee (check all that apply):

- Not Related
- Relative
- Step Parent
- Foster Parent

If related, how verified? _____

C. HOME OF ADOPTIVE PARENTS

1. County of Residence at time of filing Adoption Petition: _____

2. Present Address of Adoptive Parents (Number and Street, City, State, Zip): _____

3. Telephone Number: (Home) _____ (Work) _____

D. FEES (List type and amount of all expenses, fees, or other charges incurred, paid, or to be paid in connection with the adoption that can **reasonably be ascertained** by the Agency)

Amount:

Paid to:

E. THE FOLLOWING REPORT EVALUATES INFORMATION SECURED AS A RESULT OF THE STUDY OF THE PROPOSED ADOPTIVE HOME AND INCLUDES A FINDING CONCERNING THE SUITABILITY OF THE PETITIONER(S) AND THE PETITIONER(S) HOME FOR THE ADOPTEE AND A RECOMMENDATION AS TO WHETHER THE GRANTING OF THE DECREE OF ADOPTION SHOULD BE ENTERED.

MUST CHECK ONE OF THE FOLLOWING:

- Recommend that the Decree of Adoption be entered
 Do not recommend that the Decree of Adoption be entered

Note: Please refer to DSS-1808 instructions (<http://info.dhhs.state.nc.us/olm/forms/dss/dss-1808I.pdf>) and N.C.G.S. § 48-2-502(b) (5) for requirements of narrative and recommendation decision.

Required Narrative:

Name of Agency Worker Completing the Report to the Court: _____

Date Completed: _____

Signature of Director of Social Services of _____ County

Signature of Executive Director of _____ Licensed Child Placing Agency

Filed this _____ day of _____
(Month) (Year)

Signature of the Clerk of Court of _____ County

NOTE: One Form DSS-1808 Report on Proposed Adoption is completed by the county department of social services or licensed private child-placing agency. It is then provided to the Clerk of Superior Court who forwards it with the Decree of Adoption to the Division of Social Services, Department of Health and Human Services.

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ COUNTY

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

**REPORT TO VITAL RECORDS
(NOT STEPPARENT OR ADULT)**

FOR THE ADOPTION OF

(Full name by which adoptee is to be known)

Petition for adoption was filed on the _____ day of _____, _____.

The undersigned Clerk of the Superior Court approved the adoption and granted a Decree of Adoption for said child to the petitioner(s), _____ and _____,
(Full name of petitioning parent 1) (Full name of petitioning parent 2)

on the _____ day of _____, _____, and ordered that the said child shall be known as _____ as provided by law.
FIRST MIDDLE LAST
(Full name by which adoptee is to be known)

The court authorizes the _____ Vital Records Office to prepare a new birth
(State of child's birth)

certificate for said child which shall contain the full adoptive name of child, sex, race, date of birth, full name of adoptive parent 1, and full name of adoptive parent 2, according to the following information which is believed to be accurate. The new certificate shall contain no reference to the adoption of the child and shall not refer to the adoptive parents in any way other than as the adoptee's parents.

This _____ day of _____, _____

Clerk Superior Court

(S E A L)

_____ County

CHILD

Full name of child _____ Sex _____ Race _____
(As entered on original or most recent birth certificate)

Date of birth _____
(Month) (Day) (Year)

Place of birth _____
(City or town) (County) (State or foreign country)

If birth occurred in a hospital or institution, give name and address _____

Full name of bio or prior adoptive parent 1/BIRTH FATHER if applicable _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Full name of bio or prior adoptive parent 2/BIRTH MOTHER if applicable _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Full name of legal father _____ Race _____ Sex _____

ADOPTIVE PARENT 1

Full name _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Date of birth _____ Place of birth _____
(Month) (Day) (Year) (County) (State or foreign country)

Relationship to child _____ Single parent: Yes _____ No _____

ADOPTIVE PARENT 2

Full name _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Date of birth _____ Place of birth _____
(Month) (Day) (Year) (County) (State or foreign country)

Relationship to child _____ Single parent: Yes _____ No _____

Present address of adoptive parent(s): _____
(address)

(City) (State) (Zip Code)

Telephone No. _____

NOTE: One DSS-1815 is filled in by the Department of Social Services or licensed private child-placing agency for presentation to the Clerk of Superior Court. When the Decree of Adoption is issued, the Clerk signs the DSS-1815 and forwards it to the Division of Social Services, State Department of Health and Human Services, to be referred to the Vital Records Office of the state in which the child was born.

ADULT ADOPTIONS

ADDITIONAL ATTACHMENTS

ADULT ADOPTIONS

From North Carolina Department of Health and Human Services:

1. If applicable, consent to adoption by guardian of incompetent adult adoptee. NCGS 48-5-103. Also need investigation by court appointed GAL other than guardian.
2. Proof of Service of Notice by Petitioner to appropriate persons in NCSG 48-2-401, including any adult children of prospective adoptive parent and any parent, spouse or adult child of adoptee listed in petition to adopt, or certified copies of any written waivers of that notice.
 - a. NOTE: For cause, the requirement of notice to the adoptee's parent may be waived.

STATE OF NORTH CAROLINA

_____ COUNTY

IN THE GENERAL COURT OF JUSTICE
 DISTRICT COURT DIVISION
 BEFORE THE CLERK

_____ SP _____

AFFIDAVIT

 (Full name of petitioning parent 1)

DISCLOSURE OF FEES & EXPENSES

 (Full name of petitioning parent 2)

FOR THE ADOPTION OF

 (Full name by which adoptee is to be known if adoption granted)

In accordance with G.S. 48-2-602, this Affidavit is being made to account for any payments or disbursements made or agreed to be made by petitioner(s) in connection with this adoption and is being filed with the court at least 10 days before entry of the Final Decree. This affidavit includes the amount each payment or disbursement and name and address of each recipient as allowed by G.S. 48-10-103.

Description of Expenses/Fees	Name & Address of Recipient	Amount

 Adoptive Parent 1

 Adoptive Parent 2

STATE OF NORTH CAROLINA

_____ COUNTY

Sworn to and subscribed before me this the _____ day of _____, _____

(SEAL)

Notary Public

My commission expires: _____

Note:

One DSS-5191 is filled in by the adoptive parent(s) for presentation to the Clerk of Superior Court who then forwards it to the Division of Social Services, State Department of Health and Human Services.

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ COUNTY

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

CONSENT TO ADOPTION
BY ADULT ADOPTEE

FOR THE ADOPTION OF

(Full name by which adult adoptee is to be known if adoption granted)

To the Honorable _____, Clerk of the Superior Court of
_____ County:

I, the undersigned, declare that I am an adult over eighteen years of age, or a [married] [emancipated] minor, who was born in the State/Country of _____ on the _____ day of _____

1. I hereby consent to my adoption by _____ and _____, petitioner(s), and request that my name [remain] [be changed to]

2. I agree to assume toward the adoptive parent the legal relation of parent and child and to have all of the rights and be subject to all of the duties of that relationship; and

3. I understand the consequences the adoption may have for rights of inheritance, property, or support, including the loss of nonvested inheritance rights which existed prior to the adoption and the acquisition of new inheritance rights.

4. I understand I may revoke this Consent at any time before the entry of the Decree of Adoption by delivering a written notice of revocation to the individual to whom the Consent was given. If a petition to adopt has been filed, the notice or revocation shall also be filed with the Clerk of Superior Court in the county where the petition is pending.

This the _____ day of _____

Original Name - Adult Adoptee

Address

STATE OF NORTH CAROLINA

_____ COUNTY

I, _____, do hereby certify
(Name of official)

that _____ personally appeared before me this day
(Name of adult adoptee)

and acknowledged the due execution of the foregoing instrument.

I certify that I, the undersigned, am a Notary Public or one otherwise empowered to acknowledge signatures under Chapter 47 of the General Statutes of North Carolina.

Witness my hand and seal this the _____ day of _____, _____

(SEAL)

Signature _____

Title _____

My commission expires _____

NOTE:
The DSS-5164 is prepared in duplicate. The **original** form is attached to the Petition for Adult Adoption and forwarded by the Clerk of Superior Court to the Division of Social Services, State Department of Health and Human Services; a copy is given to the consenting adult.

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ COUNTY

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

CONSENT TO ADULT
ADOPTION BY SPOUSE
OF PETITIONER

FOR THE ADOPTION OF

(Full name by which adult adoptee is to be known if adoption granted)

To the Honorable _____, Clerk of the Superior Court of
_____ County:

I, the undersigned, declare that I am an adult over eighteen years of age; that I am the spouse of the petitioner in this stepparent adoption; and that I-

1. Consent to the proposed adoption;
2. Understand that the adoption may diminish the amount I might take from the petitioner through intestate succession or by dissenting to the petitioner's will and may also diminish the amount of other entitlements that may become due to me and any other children of the petitioner through the petitioner; and
3. Believe the adoption will be in the best interest of the adult being adopted and the prospective adoptive parent.

I also understand I may revoke this Consent at any time before the entry of the Decree of Adoption by delivering a written notice of revocation to the individual to whom the Consent was given. If a petition to adopt has been filed, the notice or revocation shall also be filed with the Clerk of Superior Court in the county where the petition is pending.

This the _____ day of _____

Signature of Spouse of Stepparent

Address

STATE OF NORTH CAROLINA

_____ COUNTY

I, _____, do hereby certify
(Name of official)

that _____ personally appeared before me this day
(Name of Spouse of Stepparent)

and acknowledged the due execution of the foregoing instrument.

I certify that I, the undersigned, am a Notary Public or one otherwise empowered to acknowledge signatures under Chapter 47 of the General Statutes of North Carolina.

Witness my hand and seal this the _____ day of _____

(S E A L)

Signature _____

Title _____

My commission expires _____

NOTE:

The DSS-5165 is prepared in duplicate. The **original** form is attached to the Petition for Adult Adoption and forwarded by the Clerk of Superior Court to the Division of Social Services, State Department of Health and Human Services; a copy is given to the consenting adult.

STATE OF NORTH CAROLINA

_____ COUNTY

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

FOR THE ADOPTION OF

**DECREE OF
ADULT ADOPTION**

(Full name by which adult adoptee is to be known)

This cause coming on to be heard and being heard before the undersigned, the Court, from all the evidence presented in this proceeding, makes the following findings of fact and law:

1. That all necessary parties are properly before the court: and, or, for adoptions filed on or after January 1, 2002 that notice of the adoption petition has been served on any person entitled to receive notice of this proceeding, or that notice has been waived by the court for cause pursuant to G.S. 48-2-401(d).
2. That the adoptee is: eighteen years of age or older; a married minor; an emancipated minor and proper consent to the adoption has been given by him/her in writing and has been filed with this proceeding;
3. That any other necessary consent has been obtained and any other necessary documents or judicial orders have been obtained and filed with the Court;
4. That the adoptee was born in the State/Country of _____ on the _____ day of _____, _____;
5. That a duly verified Petition for Adoption of said adult was filed with this Court by the above-named petitioner(s) on the _____ day of _____, _____;
6. That at least 30 days have elapsed since the filing of the Petition for Adoption or that requirement has been waived for cause by the Court;
7. That this adoption is entered into freely and without duress or undue influence for the purpose of creating the relation of parent and child between each petitioner and the adoptee, and each petitioner and the adoptee understand the consequences of the adoption;
8. That there has been substantial compliance in this proceeding with the provisions of Chapter 48;
9. That the Decree of Adoption establishes the relationship of parent and child between each petitioner and the individual being adopted. From the date of the signing of the Decree, the adoptee is entitled to inherit real and personal property by, through, and from the adoptive parents in accordance with the statutes on intestate succession and has the same legal status, including all legal rights and obligations of any kind whatsoever, as a child born the legitimate child of the adoptive parents.

10. That the Decree of Adoption severs the relationship of parent and child between the individual adopted and that individual's Choose an Item Choose an Item

NOW THEREFORE, upon the foregoing findings as a matter of law, it is hereby ordered, adjudged, and decreed: that from the date of the entry of this Decree, the adult is declared adopted for life by the petitioner(s) and that said

adult shall henceforth be known by the name of _____ and the State Registrar of Vital Records shall make a new birth certificate for said adult adoptee in accordance with the provisions of Section 48-9-102 (g) of the General Statutes.

This _____ day of _____, _____.

Clerk of Superior Court

(S E A L)

County

NOTE:
Four DSS-5166's are prepared. After the Clerk of Superior Court signs and affixes seal, one form is retained in the Clerk of Superior Court's office; one form is given to petitioners; and **two certified** copies are forwarded within ten days, **along with originals of all other documents filed in proceeding**, to the Division of Social Services, State Department of Health and Human Services. One of these copies will be attached to the Report to Vital Records and sent to the appropriate state in which the adult was born.

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ COUNTY

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

PETITION FOR
ADULT ADOPTION

FOR THE ADOPTION OF

(Full name by which adult adoptee is to be known if adoption granted)

To the Honorable, Clerk of the Superior Court of _____ County:

We (1), the undersigned, _____
(Name of petitioning parent 1) (Sex) (Marital Status)

and/or _____ whose address is
(Name of petitioning parent 2) (Sex) (Marital Status)

(Street & Number) (RFD) (City) (County) (State)

do hereby petition the Court for leave to adopt _____
(Name by which the adoptee is to be known)

_____, an adult, pursuant to N.C.G.S. 48-5-100, et. seq., and represent to the Court:
(Sex)

1. That the petitioner(s) herein seeking adoption has/have lived in or been domiciled in North Carolina for at least six consecutive months immediately preceding the filing of this petition; or the adoptee has lived in North Carolina for at least six consecutive months immediately preceding the filing of this petition or from birth.

2. That _____ was born in the State/Country of _____
(Original Name of Adult Adoptee)
_____ on the _____ day of _____

3. That the petitioner(s) is/are [related] [not related] to the said adult adoptee in the following manner:

4. That the following are the name, age, and last known address of any adult child of the prospective adoptive parent, including an adult previously adopted by the prospective adoptive parent or the adoptive parent's spouse, and the date and place of the adoption:

5. That the following are the name, age, and last known address of any living parent, spouse, or adult child of adoptee:

6. That the following is a description and estimate of the value of any property of the adoptee, if adjudicated incompetent:

7. That the adoptee's true name as it appears on his/her birth certificate is:

8. That the adoptee is presently married to _____, having been married on or about the _____ day of _____

WHEREFORE, your petitioner(s) pray(s) that the relationship of parent and child be established between petitioner(s) and said adult and that the adult adoptee's name [remain] [be changed to]

_____ pursuant to G. S. 48-9-102 (g).

This the _____ day of _____

_____ Signature of Petitioner 1

_____ Signature of Petitioner 2

ACKNOWLEDGMENT

_____, being duly sworn, deposes and says that he/she has read the foregoing Petition and that the facts set forth therein are true to his/her knowledge, except as to matters therein set forth upon information and belief, and as to those such matters he/she believes them to be true.

_____ Signature of Petitioner 1

_____ Signature of Petitioner 2

Subscribed and sworn to before me this _____ day of _____

(SEAL)

Clerk Superior Court or Notary Public

My commission expires: _____

Attorney for petitioner/s (Mailing Address)

(Telephone Number) (City or Town)

NOTE: The DSS-5163 is prepared in duplicate. The original form is held in the Office of the Clerk of Superior Court. A copy is forwarded, along with originals of all other documents filed in proceeding, within ten days following the entry of the Decree of Adoption by the Clerk of Court to the Division of Social Services, State Department of Health and Human Services.

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ COUNTY

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

REPORT TO VITAL RECORDS

FOR ADULT ADOPTION

FOR THE ADOPTION OF

(Full name by which adult adoptee is to be known)

Petition for adoption was filed on the _____ day of _____, _____.

The undersigned Clerk of the Superior Court approved the adoption and granted a Decree of Adoption for said adult to the petitioner(s), _____ and _____,
(Full name of petitioning parent 1) (Full name of petitioning parent 2)

on the _____ day of _____, _____, and ordered that a new birth certificate shall be established for the adult adoptee in the name of _____.

First Middle Last

[DO NOT Use Married Name for Adoptees]

The court authorizes the _____ Vital Records Office to prepare a new birth
(State of Adoptee's Birth)

certificate for said adult which shall contain the full adoptive name of adult, sex, race, date of birth, full name of adoptive parent 1, and full name of adoptive parent 2, according to the following information which is believed to be accurate. The new certificate shall contain no reference to the adoption of the adoptee and shall not refer to the adoptive parents in any way other than as the adoptee's parents.

This _____ day of _____, _____.

Clerk of Superior Court

(S E A L)

_____ County

ADOPTEE

Full name of adult _____ Sex _____ Race _____
(As entered on original or most recent birth certificate)

Date of birth _____
(Month) (Day) (Year)

Place of birth _____
(City or town) (County) (State or foreign country)

BIOLOGICAL PARENTS

Full name of bio or prior adoptive parent 1/BIRTH FATHER if applicable _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Full name of bio or prior adoptive parent 2/BIRTH MOTHER if applicable _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Full name of legal father _____ Race _____ Sex _____

(BOTH sections below must be completed, including stepparent adoptions)

ADOPTIVE PARENT 1

Full name _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Date of birth _____ Place of birth _____
(Month) (Day) (Year) (County) (State)

Relationship to adoptee _____ Single parent: Yes No

ADOPTIVE PARENT 2

Full name _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Date of birth _____ Place of birth _____
(Month) (Day) (Year) (County) (State or foreign country)

Relationship to adoptee _____ Single parent: Yes No

Check here if this is an adoption by a former birth parent.

Present address of adoptive parent(s): _____
(Address)

(City) (State) (Zip Code)

Telephone No. _____

NOTE: One DSS-5167 is filled in by the attorney retained by the petitioner(s) for presentation to the Clerk of Superior Court. When the Decree of Adoption is issued, the Clerk signs the Report to Vital Records. Within 10 days the clerk forwards the Report to Vital Records and a certified copy of the Decree of Adoption to the Division of Social Services, State Department of Health and Human Services. The Division of Social Services, State Department of Health and Human Services, sends the Report to Vital Records to the Vital Records Office of the state in which the adult was born.

FOREIGN ADOPTIONS

ADDITIONAL ATTACHMENTS

FOREIGN ADOPTIONS

From North Carolina Department of Health and Human Services:

1. Original or certified copy of foreign adoption decree with English translation.
2. Certified copy of the original foreign birth certificate with English translation.
3. Copy of the preplacement assessment certified by the agency that prepared it.

STATE OF NORTH CAROLINA

_____ COUNTY

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ SP _____

AFFIDAVIT

(Full name of petitioning parent 1)

DISCLOSURE OF FEES & EXPENSES

(Full name of petitioning parent 2)

FOR THE ADOPTION OF

(Full name by which adoptee is to be known if adoption granted)

In accordance with G.S. 48-2-602, this Affidavit is being made to account for any payments or disbursements made or agreed to be made by petitioner(s) in connection with this adoption and is being filed with the court at least 10 days before entry of the Final Decree. This affidavit includes the amount each payment or disbursement and name and address of each recipient as allowed by G.S. 48-10-103.

Description of Expenses/Fees	Name & Address of Recipient	Amount

Adoptive Parent 1

Adoptive Parent 2

STATE OF NORTH CAROLINA

_____ COUNTY

Sworn to and subscribed before me this the _____ day of _____, _____

(SEAL)

Notary Public

My commission expires: _____

Note:

One DSS-5191 is filled in by the adoptive parent(s) for presentation to the Clerk of Superior Court who then forwards it to the Division of Social Services, State Department of Health and Human Services.

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ COUNTY

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

DECREE OF ADOPTION

FOR THE ADOPTION OF

(Full name by which adoptee is to be known)

This cause coming on to be heard and being heard before the undersigned and the Court from all the evidence presented in this proceeding, enters the following Decree of Adoption. The Court finds by a preponderance of the evidence the following:

1. That all necessary parties in the above-entitled proceeding are properly before the Court; that notice of the filing of the Petition was served on all required persons and that the time for filing a response has expired;

2. That the above-named _____ child was born on _____
(Sex) (Month) (Day) (Year)
in _____;
(State/Country)

3. That said child was placed with petitioner(s) for adoption on the ____ day of _____, _____, or the placement requirement has been waived; and each necessary consent, relinquishment, waiver, or judicial order terminating parental rights has been obtained and filed with the Court and the time for revocation has expired. The consent of the minor child 12 or more years old is hereby dispensed with as the Court finds it is not in the minor's best interest to require the consent;

4. That said child has been in the physical custody of the petitioner(s) for at least 90 days or this requirement has been waived by the Court for cause;

5. That a duly verified Petition for Adoption of said child was filed with this Court by the above-named petitioner(s) on the _____ day of _____;

6. That at least 90 days have elapsed since the filing of the Petition for Adoption or this requirement has been waived by the Court for cause;

7. That the marital status and gender of the petitioner(s) is/are: _____

(Enter whether married, stepparent, single, and petitioners genders)

8. That any assessment required by Chapter 48 has been filed with and considered by the Court;

9. That, if applicable, the requirements of the Interstate Compact on the Placement of Children, G.S. 7B-3800, et. seq., have been met or have been waived pursuant to G.S. 48-2-603(b).

10. Any motion to dismiss this adoption proceeding has been denied;

11. Each petitioner is a suitable adoptive parent and the petitioner(s) seeking adoption (is a) (are) fit person(s) to have the care and custody of said child and are financially able to provide for the child;

12. Any accounting and affidavit required under G.S. 48-2-602 has been reviewed by the Court and the Court has taken appropriate action with regard to any payment or disbursement that violates Article 10 of Chapter 48;

13. That petitioner(s) has/have received information about the adoptee and the adoptee's biological family if required by G.S. 48-3-205;

14. That there has been substantial compliance with the provisions of Chapter 48; and

15. That the child is a suitable child for adoption and that this adoption is in the best interest of the child;

NOW THEREFORE, it is hereby ordered, adjudged, and decreed by the Court:

(1) That from the date of the entry of this Decree herein, the said minor is declared adopted for life by the petitioner(s) and that said child shall henceforth be known by the name of:

_____ and the State Registrar of Vital Records shall make a new birth certificate for said child in accordance with the provisions of Section 48-9-107 of the General Statutes;

(2) That the Decree of Adoption effects a complete substitution of families for all legal purposes and establishes the relationship of parent and child, together with all the rights, responsibilities, and duties, between each petitioner and the individual being adopted;

(3) That from the date of this Decree of Adoption, the adoptee is entitled to inherit real and personal property by, through, and from the adoptive parents in accordance with the statutes on intestate succession and has the same legal status, including all legal rights and obligations of any kind whatsoever, as a child born the legitimate child of the adoptive parents;

(4) That the Decree of Adoption severs the relationship of parent and child between the individual adopted and that individual's Choose an Item Choose an Item
Further, the former parents are relieved of all legal duties and obligations due from them to the adoptee, except that a former parent's duty to make past-due payments for child support is not terminated, and the former parents are divested of all rights with respect to the adoptee. Notwithstanding any other provision, neither an adoption by a stepparent nor a readoption pursuant to G.S. 48-6-102, has any effect on the relationship between the child and the parent who is or was the stepparent's spouse.

This _____ day of _____, _____.

Clerk of Superior Court

(S E A L)

County

NOTE:

Four DSS-1814 forms are completed. The original is retained in the Clerk of Superior Court's office; one copy is given to adoptive parents; one copy is given to the Director of Social Services or licensed private child-placing agency; and one copy is to be forwarded, along with originals of all other documents except a copy of the Petition, filed in proceeding, within ten days or the disposition of any appeal taken pursuant to G.S. 48-2-607(b) by the Clerk of Court to the Division of Social Services, State Department of Health and Human Services.

STATE OF NORTH CAROLINA

_____ COUNTY

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK
_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

PETITION FOR ADOPTION
OF A MINOR CHILD

(Not Stepparent)

FOR THE ADOPTION OF

(Full name by which adoptee is to be known if adoption granted)

To the Honorable Clerk of the Superior Court of _____ County:

We (I), the undersigned, _____, _____, and _____,
(Name of petitioning parent 1) (Sex)

_____, _____, whose address is
(Name of petitioning parent 2) (Sex)

(Street & Number) (City) (County) (State) (Zip Code)

do hereby petition the Court to adopt _____, a _____ minor
(Name by which the adoptee is to be known) (Sex)
child, and do represent to the Court:

1. That the petitioner(s) herein seeking adoption:

- has/have lived in or been domiciled in North Carolina for at least six consecutive months immediately preceding the filing of this petition; **OR**
- has/have lived in or been domiciled in North Carolina for less than six consecutive months prior to filing this petition, but the adoptee has lived in North Carolina for at least six consecutive months immediately preceding the filing of this petition or from birth; **OR**
- does/do not reside or have domicile in North Carolina, but is/are petitioning to adopt a child currently in the legal custody of a licensed NC adoption agency or county department of social services; **OR**
- does/do not reside or have domicile in North Carolina, but is/are petitioning to adopt a child directly placed with the petitioner(s) by the birth parent(s) and the child has lived in North Carolina for at least six consecutive months immediately preceding the filing of this petition or from birth AND continues to reside in North Carolina at the time of the filing of this petition.

2. That any required preplacement assessments have been completed or updated within the 18 months before the adoptee's placement for the purpose of adoption or an affidavit is attached stating why the assessment is not available.

3. That all necessary consents, relinquishments, or terminations of parental rights have been obtained and have been filed or will be filed as additional documents with the petition; **AND/OR**

The names of any individuals whose consent, relinquishment, or termination of rights may be necessary but have not been obtained are listed in an attached document.

4. That the adoptee was born on in the State/Country of _____ on or about the _____ day of _____ in the year _____.

5. That as far as petitioner(s) are able to ascertain, said minor child is the owner of or is entitled to personal property of the value of \$_____ and real property of the value of \$_____, described as follows:

6. That said adoptee was placed for the purpose of adoption with the petitioner(s) by:

Agency Parent/s Guardian of the Minor on the _____ (date)

If placed by agency, give name and address of agency consenting to the placement _____

If waiver of placement under N.C.G.S. 48-2-301(a) is needed, address in #13 below.

7. If the adoptee is not in the physical custody of the petitioner(s), state the reason why the petitioner(s) do/does not have physical custody and the date and manner in which the petitioner(s) intend/intends to acquire custody:

8. That the provisions of the Interstate Compact on the Placement of Children (ICPC), N.C.G.S. 7B - 3800 et. seq., were followed, or a statement is attached describing the circumstances of non-compliance or that the ICPC does not apply.

9. That the affidavit required by the Uniform Child Custody Jurisdiction and Enforcement Act, Chapter 50A of the General Statutes, if applicable, is attached to the petition.

10. That petitioner(s) seeking adoption herein is/are single; or married. If married, give date of that marriage _____. The petitioner(s) is/are a fit person(s) to have the custody, supervision, and training of said child, and have the resources, including those available under a subsidy for an adoptee with special needs, to provide for the care and support of the adoptee.

11. That petitioner(s) desire(s) and agree(s) to adopt and treat the adoptee as their/his/her lawful child and desire(s) that the relationship of parent(s) and child be established between them/him/her and said child; and upon adoption, the said adoptee shall inherit real and personal property by, through, and from the said petitioner(s) in accordance with the statutes of descent and distribution.

12. That the petitioner(s) is/are related or not related to the said child specified in G.S. 48-3-301(b) as follows:

13. Enter any special allegation not yet given, such as child 12 years of age or older, whether spouse is deceased or adjudged incompetent, whether waiver of placement needed, etc.

WHEREFORE, YOUR petitioner(s) pray(s) that the relationship of parent(s) and child be established between petitioner(s) and said adoptee; and that the name of said adoptee be changed to:

_____ as hereinabove written and authorized by law.

Attachments to petition (N.C.G.S. 48-2-305): _____

This the _____ day of _____, _____

_____ Signature of Petitioner 1

_____ Signature of Petitioner 2

_____ and _____
(Full name of petitioning parent 1) (Full name of petitioning parent 2)

being duly sworn, depose and say that he/she/they has (have) read the foregoing Petition and that the facts set forth therein are true to his/her/their own knowledge, except as to matters therein set forth upon information and belief, and as to such matters he/she/they believe(s) them to be true.

This _____ day of _____, in the year _____.

_____ Signature of Petitioner 1

_____ Signature of Petitioner 2

Subscribed to and sworn to before me this _____ day of _____, _____

(S E A L)

_____ Signature of Clerk of Superior Court or Notary Public

_____ Printed Name of Clerk of Superior Court or Notary Public

My commission expires _____

Attorney for petitioner/s (Mailing Address)

(Telephone Number) (City or Town) (Zip Code)

NOTE: The DSS-1800 is prepared in triplicate. The original form is held in the Office of the Clerk of Superior Court. A duplicate original is forwarded, **along with originals of all other documents filed in proceeding**, within ten days **following the entry of the Decree of Adoption** by the Clerk of Court to the Division of Social Services, State Department of Health and Human Services; and a copy is attached to the Order for a Report to the Court, directed to the county department of social services or licensed private child-placing agency.

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ COUNTY

(Full Name of Petitioning Parent 1)

_____ SP _____

(Full Name of Petitioning Parent 2)

REPORT ON PROPOSED ADOPTION

FOR THE ADOPTION OF:

(Full Name by Which Adoptee Is to Be Known if Adoption Granted)

To the Honorable, Clerk of the Superior Court of _____ County,

In Response to the Order of the Court, _____

(Name, Title and Address of Person or Agency Making Report)

makes the following report of findings in reference to the proposed placement:

I. HISTORY OF CHILD

A. Placement Data for Child

1. Child Placed with these Petitioners by:

2. Type of Adoption:

(Enter only one code from block below)

	<ul style="list-style-type: none"> a. Public Agency b. Private agency c. Tribal Agency d. Independent Person e. Birth Parent f. Other Relative g. District Court
--	---

	<ul style="list-style-type: none"> a. Agency (Non-related) b. Agency (Related) c. Independent/Non-Related d. Foreign e. Relative f. Stepparent
--	--

Child previously in Agency custody and eligible for Adoption Assistance? Yes No

3. Identify below the Agency, Parents, or Guardian giving Consent for the Adoption, when applicable (should correspond with A1)

Name: _____

Address: _____

Relationship: _____

4. Child Placed From:

- a. Within State
- b. Another State
- c. Another Country

Name of State or Country:

5. Date the child was placed in the home of Adopting Family *For the Purpose of Adoption*: _____
(or if placement requirement waived, date of legal clearance)

6. Was the child ever placed in an Adoptive home where the placement disrupted or has this child been legally adopted and the adoption subsequently dissolved?

- a. Yes
- b. No

6a. If yes, than was it:

- a. Disruption
- b. Dissolution
- c. Both

7. If the child was in substitute care prior to the Adoptive placement, were there any brothers/sisters or half brothers/sisters in substitute care at the same time?

- a. Yes
- b. No

8. Was the child placed in the Adoptive placement with own siblings?

- a. Yes
- b. No, or Not Applicable
- c. With Some, But Not All

B. Personal History

1. Original Name of Child (as entered on birth certificate) SIS ID# _____

First: _____
Middle: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

2. Adopted Name of Child SIS ID# _____

First: _____
Middle: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

3. Date of Birth: _____

4. Verified by (give birth certificate number): _____

5. Place of Birth: (City or Town) _____ ; (State) _____ ; (County) _____ ;

(Country); _____

6. Race (must check at least one, check all that apply):
- American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Abandoned

Is the individual of Hispanic origin? Yes No

7. Sex

a. Male
b. Female

C. Court Action: (Termination of Parental Rights; Order of the Clerk of Superior Court Allowing Adoption to Proceed without Parents' Consent; Adjudication of Mental Incompetency, if applicable; Custody Orders, etc.)
COPIES MUST BE ATTACHED.

Name and Address of Court: _____

Dates: _____

D. Special Needs Status

1. Does the child meet each of the three parts of the Special Needs criteria as defined in the Family Services Manual, Volume I, Chapter XIII Section 1600?

	a. Yes b. No
--	-----------------

2. What is the primary basis for meeting Part II of the Special Needs as a condition of eligibility for Adoption Assistance?

	a. The child is six years of age or older; b. The child is two years of age or older and a member of a minority race or ethnic group; c. The child is a member of a sibling group or three or more children to be placed in the same adoptive home; d. The child is a member of a sibling group of two children to be placed in the same adoptive home, in which the sibling meets at least one other criteria for special needs; e. The child has a medically diagnosed disability which substantially limits one or more major life activity, requires professional treatment, assistance in self-care, or the purchase of special equipment; f. The child is diagnosed by a qualified professional to have a psychiatric condition which impairs the child's mental, intellectual, or social functioning, and for which the child requires professional services; g. The child is diagnosed by a qualified professional to have a behavioral or emotional disorder characterized by inappropriate behavior which deviates substantially from behavior appropriate to the child's age or significantly interferes with the child's intellectual, social and personal adjustment; h. The child is diagnosed to be mentally retarded by a qualified professional; i. The child is at risk for a diagnosis described above in items e through h, due to prenatal exposure to toxins, a history of abuse or serious neglect, or genetic history. j. The child meets all of the medical criteria and disability requirements for Supplemental Security Income (SSI).
--	--

3. If medical conditions or mental, physical, or emotional disabilities were checked above, check all that apply:

- Mental Retardation
- Blind or Visually Impaired
- Deaf or Hard of Hearing
- Physically Disabled
- Emotionally Disturbed
- Learning Disability
- HIV
- Other Medically Diagnosed Condition

E. Adoption Subsidy/Financial Support

1. Was the child adopted with an Adoption Assistance Agreement?

	a. Yes b. No
--	-----------------

If yes, date Adoption Assistance Agreement Signed: _____

Funding Source:

	a. Title IV-E b. Title IV-B c. SAF (Private Agency Only)
--	--

Amount of Cash Payment: \$ _____

2. Has or will there be Reimbursement of Non-recurring Adoption Costs of adoption to the Adoptive Parents?

	a. Yes b. No
--	-----------------

3. Does the child receive support under Title XVI (SSI)?

	a. Yes b. No
--	-----------------

4. Is the child eligible for Title XIX (Medicaid)?

	a. Yes b. No
--	-----------------

II. HISTORY OF BIRTH PARENTS (OR LAST ADOPTIVE PARENTS)

A. BIRTH PARENT #1 (biological or previous adoptive **FATHER** if applicable)

First: _____
Middle: _____
Maiden: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

2. Address (Street, City, State, Zip): _____

3. Date of Birth: _____

4. Place of Birth: (City or Town) _____; (State) _____; (County) _____;
(Country); _____

5. Race (must check at least one, check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Abandoned

Is the individual of Hispanic origin? Yes No

6. Nationality/Ethnicity: _____

7. Sex

a. Male
b. Female

8. Education:

Highest Grade Completed:

GED:

a. Yes
 b. No

College? Yes No

Vocational School? Yes No

9. Occupation

<input type="text"/>	a. Unknown b. Unemployed c. Professional d. Supervisor/Manager/Proprietor e. Clerical/Sales/Crafts f. Service/Laborer/Farmer g. Military h. Clergy i. Trade j. Retired k. Student l. Disabled
----------------------	--

10. Marital Status at time of child's birth

<input type="text"/>	a. Unknown b. Single c. Divorced d. Married to Birth Parent 2 e. Married to Legal Father f. Married to Adoptive Spouse g. Widowed
----------------------	---

11. Marriages of Birth Parent #1

	Name	Date Married	Date Terminated	How (Death, Divorce, Etc.)
PRESENT SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				

12. Has Birth Parent #1 at any time been married to birth parent #2? Yes No

13. If Birth Parent #1 is deceased, date: _____ How Verified? _____

14. Cause of Death (attach copy of death certificate): _____

15. Date of Birth Parent #1's Parental Rights Terminated by Court Order, or Date of Voluntary Consent, Relinquishment, or Date of Death, Date Judicially Determined not to be the father, or Date of Order that Consent Not Necessary: _____

16. If Pre-Placement Assessment of Adoptive Parents is required, date given to Birth Parent #1: _____

B. LEGAL FATHER (The legal father is the man who is/was married to the birth mother and the child was born during the marriage or within 280 days after they divorced or after they separated pursuant to a written separation agreement or court order)

1. Name of Legal Father:

First: _____
Middle: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

2. Date of Legal Clearance of the Legal Father: _____

C. BIRTH PARENT #2 (biological or previous adoptive Mother if applicable)

1. Name of Birth Parent #2 (or Last Adoptive Parent #2)

First: _____
Middle: _____
Maiden: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

2. Address (Street, City, State, Zip): _____

3. Date of Birth: _____

4. Place of Birth: (City or Town) _____; (State) _____; (County) _____;
(Country); _____

5. Race (must check at least one, check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Abandoned

Is the individual of Hispanic origin? Yes No

6. Nationality/Ethnicity: _____

7. Sex

- a. Male
- b. Female

8. Education:

Highest Grade Completed:

GED:

- a. Yes
- b. No

College? Yes No

Vocational School? Yes No

9. Occupation

- a. Unknown
- b. Unemployed
- c. Professional
- d. Supervisor/Manager/Proprietor
- e. Clerical/Sales/Crafts
- f. Service/Laborer/Farmer
- g. Military
- h. Clergy
- i. Trade
- j. Retired
- k. Student
- l. Disabled

10. Marital Status at time of child's birth

- a. Unknown
- b. Single
- c. Divorced
- d. Married to Birth Parent 1
- e. Married to Legal Father
- f. Married to Adoptive Spouse
- g. Widowed

11. Marriages of Birth Parent #2

Name	Date Married	Date Terminated	How (Death, Divorce, Etc.)
PRESENT SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			

12. If Birth Parent #2 is deceased, date: _____ How Verified? _____

13. Cause of Death (attach copy of death certificate): _____

14. Date of Birth Parent #2's Parental Rights Terminated by Court Order, or Date of Voluntary Consent, Relinquishment, or Date of Death, Date Judicially Determined not to be the father, or Date of Order that Consent Not Necessary: _____

15. If Pre-Placement Assessment of Adoptive Parents is required, date given to Birth Parent #2: _____

III. HISTORY OF ADOPTIVE PARENTS

A. ADOPTIVE PARENT #1

1. Name of Adoptive Parent #1

First: _____ Middle: _____ Maiden: _____ Last: _____ Generation (Jr., Sr., III, etc.)

2. Date of Birth: _____

3. Place of Birth: (City or Town) _____; (State) _____; (County) _____; (Country); _____

4. Race (must check at least one, check all that apply)

- American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Abandoned

Is the individual of Hispanic origin? Yes No

5. Nationality/Ethnicity: _____

6. Sex

- a. Male
 b. Female

7. Education:

Highest Grade Completed:

GED:

- a. Yes
 b. No

College? Yes No

Vocational School? Yes No

8. Occupation

- a. Unknown
 b. Unemployed
 c. Professional
 d. Supervisor/Manager/Proprietor
 e. Clerical/Sales/Crafts
 f. Service/Laborer/Farmer
 g. Military
 h. Clergy
 i. Trade
 j. Retired
 k. Student
 l. Disabled

9. Annual Income: \$ _____

10. Marital Status

	a. Single b. Divorced c. Married to Biological Parent d. Married to Adoptive Spouse e. Widowed f. Married/Waiver Spouse Not Joining
--	--

11. Marriages of Adoptive Parent #1

	Name	Date Married	Date Terminated	How (Death, Divorce, Etc.)
PRESENT SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				

12. Relationship to Adoptee (check all that apply):

- Not Related
- Relative
- Step Parent
- Foster Parent

If related, how verified? _____

B. ADOPTIVE PARENT #2

1. Name of Adoptive Parent #2

First: _____
Middle: _____
Maiden: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

2. Date of Birth: _____

3. Place of Birth: (City or Town) _____; (State) _____; (County) _____; (Country); _____

4. Race (must check at least one, check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Abandoned

Is the individual of Hispanic origin? Yes No

5. Nationality/Ethnicity: _____

6. Sex

	a. Male b. Female
--	----------------------

7. Education:

Highest Grade Completed:

GED:

a. Yes b. No

College? Yes No

Vocational School? Yes No

8. Occupation

	a. Unknown b. Unemployed c. Professional d. Supervisor/Manager/Proprietor e. Clerical/Sales/Crafts f. Service/Laborer/Farmer g. Military h. Clergy i. Trade j. Retired k. Student l. Disabled
--	--

9. Annual Income: \$ _____

10. Marital Status

	a. Single b. Divorced c. Married to Biological Parent d. Married to Adoptive Spouse e. Widowed f. Married/Waiver Spouse Not Joining
--	--

11. Marriages of Adoptive Parent #2

	Name	Date Married	Date Terminated	How (Death, Divorce, Etc.)
PRESENT SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				

12. Relationship to Adoptee (check all that apply):

- Not Related
- Relative
- Step Parent
- Foster Parent

If related, how verified? _____

C. HOME OF ADOPTIVE PARENTS

1. County of Residence at time of filing Adoption Petition: _____

2. Present Address of Adoptive Parents (Number and Street, City, State, Zip): _____

3. Telephone Number: (Home) _____ (Work) _____

D. FEES (List type and amount of all expenses, fees, or other charges incurred, paid, or to be paid in connection with the adoption that can **reasonably be ascertained** by the Agency)

Amount:

Paid to:

E. THE FOLLOWING REPORT EVALUATES INFORMATION SECURED AS A RESULT OF THE STUDY OF THE PROPOSED ADOPTIVE HOME AND INCLUDES A FINDING CONCERNING THE SUITABILITY OF THE PETITIONER(S) AND THE PETITIONER(S) HOME FOR THE ADOPTEE AND A RECOMMENDATION AS TO WHETHER THE GRANTING OF THE DECREE OF ADOPTION SHOULD BE ENTERED.

MUST CHECK ONE OF THE FOLLOWING:

- Recommend that the Decree of Adoption be entered
 Do not recommend that the Decree of Adoption be entered

Note: Please refer to DSS-1808 instructions (<http://info.dhhs.state.nc.us/olm/forms/dss/dss-1808I.pdf>) and N.C.G.S. § 48-2-502(b) (5) for requirements of narrative and recommendation decision.

Required Narrative:

Name of Agency Worker Completing the Report to the Court: _____

Date Completed: _____

Signature of Director of Social Services of _____
County

Signature of Executive Director of _____
Licensed Child Placing Agency

Filed this _____ day of _____
(Month) (Year)

Signature of the Clerk of Court of _____
County

NOTE: One Form DSS-1808 Report on Proposed Adoption is completed by the county department of social services or licensed private child-placing agency. It is then provided to the Clerk of Superior Court who forwards it with the Decree of Adoption to the Division of Social Services, Department of Health and Human Services.

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ COUNTY

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

FOR THE ADOPTION OF

**REPORT TO VITAL RECORDS
(NOT STEPPARENT OR ADULT)**

(Full name by which adoptee is to be known)

Petition for adoption was filed on the _____ day of _____, _____.

The undersigned Clerk of the Superior Court approved the adoption and granted a Decree of Adoption for said child to the petitioner(s), _____ and _____,
(Full name of petitioning parent 1) (Full name of petitioning parent 2)

on the _____ day of _____, _____, and ordered that the said child shall be known as _____ as provided by law.
FIRST MIDDLE LAST
(Full name by which adoptee is to be known)

The court authorizes the _____ Vital Records Office to prepare a new birth
(State of child's birth)

certificate for said child which shall contain the full adoptive name of child, sex, race, date of birth, full name of adoptive parent 1, and full name of adoptive parent 2, according to the following information which is believed to be accurate. The new certificate shall contain no reference to the adoption of the child and shall not refer to the adoptive parents in any way other than as the adoptee's parents.

This _____ day of _____, _____

Clerk Superior Court

(S E A L)

_____ County

CHILD

Full name of child _____ Sex _____ Race _____
 (As entered on original or most recent birth certificate)

Date of birth _____
 (Month) (Day) (Year)

Place of birth _____
 (City or town) (County) (State or foreign country)

If birth occurred in a hospital or institution, give name and address _____

Full name of bio or prior adoptive
 parent 1/BIRTH FATHER if applicable _____ Race _____ Sex _____
 (First) (Middle) (Maiden) (Married)

Full name of bio or prior adoptive
 parent 2/BIRTH MOTHER if applicable _____ Race _____ Sex _____
 (First) (Middle) (Maiden) (Married)

Full name of legal father _____ Race _____ Sex _____

ADOPTIVE PARENT 1

Full name _____ Race _____ Sex _____
 (First) (Middle) (Maiden) (Married)

Date of birth _____ Place of birth _____
 (Month) (Day) (Year) (County) (State or foreign country)

Relationship to child _____ Single parent: Yes _____ No _____

ADOPTIVE PARENT 2

Full name _____ Race _____ Sex _____
 (First) (Middle) (Maiden) (Married)

Date of birth _____ Place of birth _____
 (Month) (Day) (Year) (County) (State or foreign country)

Relationship to child _____ Single parent: Yes _____ No _____

Present address of adoptive parent(s): _____
 (address)

 (City) (State) (Zip Code)

Telephone No. _____

NOTE: One DSS-1815 is filled in by the Department of Social Services or licensed private child-placing agency for presentation to the Clerk of Superior Court. When the Decree of Adoption is issued, the Clerk signs the DSS-1815 and forwards it to the Division of Social Services, State Department of Health and Human Services, to be referred to the Vital Records Office of the state in which the child was born.