

*Superior Court of the State of Washington
for the County of King*

*Family Court Services- Adoption Services
Suite W-280, King County Courthouse
516 3rd Avenue
Seattle, WA 98104
(206) 296-9350*

Enclosed are the social forms to be completed by the petitioners and given to the assigned social worker, as well as all legal documents necessary to do an independent, in-home adoption.

The fees involved are ~~\$240.00~~ to the clerk's office for filing of the Petition for Adoption. You will need to put the assigned Superior Court cause number on all of your documents. There are fees charged in accordance with the local ordinance for the post placement report and the confirmation of consent report.

You do not need to file a consent for the child unless he or she is 14 years of age or older. Make sure that all consents are witnessed by someone who is not a party to the adoption, knows the person who is consenting, and is over the age of 18. A notary is recommended but not required.

File the petition and consent(s) at either the DJA Office, E-609 King County Courthouse in Seattle or the DJA Office, 2-C Regional Justice Center in Kent, depending on which jurisdiction you reside in. Then proceed to the Ex-Parte Department (W-325 King County Courthouse or 1-J in Kent) to present the Motion, Declaration and Order Directing Filing of a Post Placement Report. You will be given the names of independent social workers from which to make your selection. Make a copy of the signed order and then file the original in the clerk's office. You then need to contact the social worker to make arrangements for an interview.

Adoption Paralegal
Family Court Services
(206) 296-9350

King County Superior Court
Family Court Services
Adoption Services
NOTICE TO ADOPTIVE PARENTS

RE: Adoption Service's function in adoption process; fee for services provided by Adoption Services

You are engaged in a very personal and life changing decision. You have decided to adopt a child. As you know by this time, the process of adoption a child is an extended effort which involves a variety of people inquiring into your private life and numerous fees. The Adoption Services of King County will become involved in your adoption procedures prior to the termination of parental rights of the birth parent. The Adoption Services of King County is a reporting service designed to provide the Superior Court with necessary information about the validity of the birth parent's consent before an adoption will be finalized.

The law which governs adoptions (RCW 26.33) is structured to provide protections for the birth parents, the adoptive parents, and especially for the child. Because this is an adoption where the child is already in your home, the pre and post placement report, which discuss the child's and the family's adjustment, are arranged by you or your attorney. Any fees incurred for these reports are topics for discussion with that attorney. On the other hand Adoption Services provides the court with the required objective double check of the consents of validity (thus negating the need for the birth parents to actually appear in court and testify). The pre and post placement reports are also reviewed to ensure that they meet compliance. These services are billed to the adoptive parents up to a \$500.00 maximum, based on the amount of time spent on the matter. Work taking less than 3 hours will be billed at \$150.00 per hour.

This fee enables the service to do in-person verification of consents of the birth mother and the birth father; to assess the voluntariness of the consents, and to gauge the birthparents' willingness to proceed now that this action had become a reality. The service will provide a written report to the court regarding the consents and which will make a recommendation as to the termination of parental rights if the birth parents. These services are provided by social workers who have considerable experience in the field of adoption.

These above precautions are taken in an effort to reduce the number of adoptions that fail or are overturned because the birth parents were not properly advised of the consequences of adoption, or did not give informed consent, or were pressured into giving up the child.

Following are some areas covered by the court's adoption social worker:

- How long have the birth parents been thinking of relinquishing parental rights to the child?
- Have the birth parents received any counseling about the adoption decision?
- Do the birth parents desire counseling?
- Is there any family support/opposition to the plan?
- Has there been any contact with the child? If so, what was the nature of the contact? Any concerns?
- What are the expectations of siblings or extended family members (grandparents, etc)?
- Review of the completed background forms.

- Possibility of Native American heritage.
- Explanation of the GAL role (guardian ad litem), if there is a minor birth parent.
- Communication and contact agreements.
- Was the adoption consent signed voluntarily without coercion/inducements/promises?
- Review of birth parents' understanding regarding the court's acceptance of the consent and the following termination of parental rights as a permanent and irreversible decision.

This notice was designed to inform you about the function of Adoption Services, the reason they are involved in the adoption process, and the fees for their services. However, if you have any additional questions, please contact King County Adoption Services at (206) 296-9350.

**KING COUNTY ADOPTION SERVICES
IN-HOME / INDEPENDENT ADOPTION PACKET
(BOTH BIRTH PARENTS CONSENTING)**

CONTENTS:

1. LEGAL RESOURCES AND INFORMATIONAL SHEETS
2. PETITION FOR ADOPTION
3. PETITIONER'S SWORN STATEMENT
4. BIRTH MOTHER'S CONSENT
5. BIRTH FATHER'S CONSENT
6. CONSENT OF MINOR ADOPTEE (IF AGE 14 OR OLDER)
7. MOTION, DECLARATION AND ORDER DIRECTING FILING OF POST-PLACEMENT REPORT
8. DEMOGRAPHIC FORMS FOR POST-PLACEMENT REPORT
9. CONFIRMATION OF CONSENT INFORMATION AND ADOPTION SERVICE NOTIFICATION FORM
10. NOTE FOR MOTION DOCKET (SEATTLE OR KENT)
11. ORDER TERMINATING PARENTAL RIGHTS
12. FINDINGS OF FACT AND CONCLUSIONS OF LAW
13. DECREE OF ADOPTION
14. ADOPTION DATA CARD
15. ADOPTION REGISTRATION FORMS

PLEASE NOTE THE FOLLOWING:

THIS PACKET CONTAINS THE FORMS FOR AN IN-HOME / INDEPENDENT ADOPTION. THE FORMS ARE GENERIC AND YOU MAY FIND IT USEFUL TO MAKE CHANGES TO THE LANGUAGE SO IT MORE APPROPRIATELY REFLECTS YOUR SITUATION

ENSURE THAT ALL DOCUMENTS ARE FULLY COMPLETED, WITH THE EXCEPTION OF THE DATE AND SIGNATURE LINES FOR THE JUDGE/COMMISSIONER ON THE: MOTION, DECLARATION AND ORDER DIRECTING FILING OF POST-PLACEMENT REPORT, ORDER TERMINATING PARENTAL RIGHTS FINDINGS OF FACT AND CONCLUSIONS OF LAW AND DECREE OF ADOPTION

ALL CONSENTS MUST BE WITNESSED BY SOMEONE WHO KNOWS THE CONSENTING PARTY BUT IS NOT A PARTY TO THE ADOPTION

THE CONSENTS OF RELINQUISHING PARTIES AND MINORS AGE 14 OR OLDER ARE TO BE CONFIRMED BY A KING COUNTY ADOPTION SERVICES SOCIAL WORKER FOR A FEE

IF A BIRTH PARENT IS DECEASED, FILE A COPY OF THE DEATH CERTIFICATE IN PLACE OF THE CONSENT

Make extra copies of all of your documents before filing the originals, for use in late steps of this process. If you are adopting more than one child under a single cause number, or if you or the adoptee lives outside of King County, please inform the Adoption Paralegal. You are responsible for filing all original documents in the legal file

FILE ALL DOCUMENTS IN THE PROPER COURT OF JURISDICTION

Seattle if you live north of I-90; Kent if you live south of I-90

GUIDELINES FOR PROCEDURE

1. File the **Petition for Adoption, Petitioner's Sworn Statement, your Pre Placement / Home Study Report**, if completed, and notarized and/or witnessed **Consents** to the adoption at the Clerk's Office of the appropriate jurisdiction. The Department of Judicial Administration ("Clerk's Office") is located at: King County Courthouse (KCCH), 516 3rd Avenue E-609, Seattle, WA or Maleng Kent Regional Justice Center (MRJC), 401 4th Avenue N. 2-C, Kent, WA). **The filing fee at the Clerk's Office is \$260.**
2. After you have chosen a social worker, go to Ex Parte Via the Clerk at the Clerk's Office and file the **Motion, Declaration and Order Directing Filing of Post Placement Report** (with attached social worker's resume) which will be signed by a Commissioner, assigning the social worker to complete your **Pre and/or Post Placement Report**. **The filing fee is \$30.** After the Order is signed by the Commissioner and filed with the Clerk's Office, provide a copy of the Order to your social worker authorizing him/her to commence their work.
3. **Demographic forms for Pre and/or Post Placement Report:** complete the **Questionnaires** (two for each petitioner), **Financial Statement** and **Medicals** (all not more than two years old), **Washington State Patrol Criminal History Checks** (not more than 6 months old) and your four **References**. These documents are to be given to your social worker. Also, provide a copy of your **Pre-Placement Report**, if applicable. Contact your social worker and make an appointment for an interview. **Post Placement Report social workers are not court employees and charge an independent fee in completing the report.** Please be aware that the social worker may have additional forms, different forms and/or additional background checks for you to complete.
4. **Confirmation of Consent Process / Report:** A King County Social Worker will confirm any **Consents** of relinquishing parties and minor adoptee 14 or older, as required by law, and write a **Confirmation of Consent Report** to the Court. **There is a fee for this service of \$150 per hour, not to exceed \$500** (see informational sheet included with this packet). Forward copies of the **Petition for Adoption, Consents (or Death Certificate if applicable), Adoption Service Notification Form, Pre-Placement/Home-Study Report, Post Placement Report (or Pre/Post), including all demographic forms/background checks, with Covering Letter** to King County Adoption Services, 516 3rd Ave., Rm. W-280, Seattle, WA 98104, Tel: 206-477-1493.

***BIRTH PARENTS' RIGHTS WILL NOT BE TERMINATED UNTIL*
THIS PROCESS (Step 4) HAS BEEN COMPLIED WITH**

5. After the original **Post Placement Report (or Pre/Post)**, including **demographic forms**, and **Confirmation of Consent Report** have been filed at the Clerk's Office, you may set your hearing by completing and filing the **Note for Motion Docket** at the Clerk's Office. **Be sure to file it in the court of proper jurisdiction (Seattle or Kent)**. Select a date at least 14 days after the date you file the notice of hearing. Do not count Court holidays. Deliver/mail a copy of your **Note for Motion Docket** to King County Adoption Services (address in this text above) along with a **\$15 payment (money order made payable to Office of Financial Management)** (per King County Code 4.72.022). To give the Court proper notice of your hearing you will also need to deliver a copy of your **Note for Motion Docket with a complete copy of your entire file ("Working Papers")** to the appropriate courtroom for which the finalization of the adoption will occur. You may verify the courtroom information with the Clerk's Office when filing the **Note for Motion Docket**.
6. When you arrive on the date of your final hearing, **PLEASE BRING THE FOLLOWING FINAL ORDERS: Order Terminating Parental Rights, Decree of Adoption and Findings of Fact and Conclusions of Law**. The final orders are to be presented to the Judge/Court Commissioner in the courtroom for signature that day.
7. After the hearing take the originally signed final orders (**Order Terminating Parental Rights, Decree of Adoption and Findings of Fact and Conclusions of Law**) to the Clerk's Office and obtain at least one certified copy of the **Decree of Adoption** (you may request additional copies for your own use at this time for a nominal fee). Be sure to submit the **Adoption Data Card** to the Clerk's Office as well.
8. You may now **apply for issuance of an Amended Birth Certificate with the Department of Health (DOH)**, showing the new legal parents' and the adoptee's new name (if applicable). The **DOH charges a minimum fee of \$35 for this service**. Please find attached information on how to obtain a new birth certificate, an **Application for Adoption Registration and Mail-In Request Form**.

**No Employee of the Court
Or the Adoption Service
Shall Provide Legal Advice
Or Assist Parties in the Completion
Of Legal Forms**

NEIGHBORHOOD LEGAL CLINICS - Area Code 206 for all numbers. Sponsored by the Young Lawyers Division of the King County Bar Association, the City of Seattle, the County Doctor Medical Clinic, the Fremont Baptist Church, the First Congregational Church of Bellevue, El Centro de la Raza, Plymouth Congregational Church, the City of Kent, Seamar Community Health Clinic, the Northwest Woman's Law Center, New Beginnings, the American Red Cross, Northwest Justice Project, Refugee Women's Alliance, and the Vashon-Maury Senior Center.

CENTRAL LEGAL CLINIC -

1825 S. Jackson Street, Seattle, WA 98144. Open Tuesdays, 7 - 9 p.m. Appointments made Mon. - Tues., 9 - 12 noon or until filled at 340-2593.

COUNTRY DOCTOR LEGAL CLINIC -

500 - 19th Avenue E., Seattle, WA 98112. Open Wednesdays, 7 to 9 p.m. Appointments made Mon. - Wed., 9 - 12 noon or until filled at 340-2593.

CROSS-CULTURAL FAMILY LAW CLINIC -

Refugee Women's Alliance, 3004 S. Alaska St., Seattle, WA 98108. Open Monday nights 5:15 - 8:30 p.m. Appointment referrals accepted from all domestic violence advocates and community agencies. Clients may not call directly. Appointments made through Wednesday for following Monday at 464-1519.

DEBT CLINIC -

Downtown YMCA, 909 Fourth Avenue, Sixth Floor, Seattle, WA 98104. Open Thursdays, 5:30 - 7:00 pm. Appointments made Mon. - Thurs., 9 - 12 noon or until filled at 340-2593.

DOWNTOWN LEGAL CLINIC -

Plymouth Congregational Church, Sixth & Seneca, Seattle, WA 98101. Open every other Thursday, Noon to 2:00 p.m. Appointments made Mon. - Thurs., 9-12 noon or until filled at 340-2593.

EASTSIDE LEGAL CLINIC -

First Congregational Church, 752 - 108th Avenue NE, Bellevue, 98004. Open Wednesdays, 7 to 9 p.m. Appointments made Mon. - Wed., 9 - 12 noon or until filled at 340-2593.

FREMONT FAMILY LAW CLINIC -

717 N. 36th St., Seattle, WA 98103. Open Wednesdays, 7 - 9 p.m. Appointments made Mon. - Wed., 9 - 12 noon or until filled at 340-2593.

INTERNATIONAL DISTRICT CLINIC - Seattle, WA Open Wednesdays, 7 to 9 p.m.

LAKE CITY LEGAL CLINIC -

12707 - 30th Avenue NE, Seattle, WA 98125. Open Wednesdays, 7 to 9 p.m. Appointments made Mon. - Wed., 9 - 12 noon or until filled at 340-2593.

SOUTH KING COUNTY LEGAL CLINIC -

Kent Senior Center, 600 E. Smith Street, Kent, WA 98032. Open Wednesdays, 6 to 9 a.m. Appointments made Wed., 9 - 12 noon or until filled at 340-2593.

SOUTHEAST LEGAL CLINIC -

4859 Rainier Avenue So., Seattle, WA 98118. Open Mondays, 7 to 9pm. Appointments made Monday, 9 - 12 noon or until filled at 340-2593.

SOUTHWEST LEGAL CLINIC -

9405 - 16th Avenue SW, Seattle, WA 98105. Open Thursdays, 7 - 9 p.m. Appointments made Mon. - Thurs., 9 - 12 noon or until filled at 340-2593.

SPANISH - IMMIGRATION LEGAL CLINIC -

Plymouth Congregational Church, Sixth & Seneca, Seattle, WA 98101. Open first and third Thursdays, 5:30-7pm. Appointments made for Spanish-speaking clients at 329-7960 & immigration clients at 387-4009.

VASHON-MAURY LEGAL CLINIC -

Vashon-Maury Senior Center, Bank Road, Vashon, WA 98070. Open first Thursday of the month, 6 - 8:30 p.m. Appointments made Mon. - Thurs. 9 - 12 noon at 340-2593.

WEST SEATTLE LEGAL CLINIC -

4750 California Avenue SW, Seattle, WA 98136. Open Tuesdays, 7 to 9 p.m. Appointments made Mon. - Tues., 9 - 12 noon or until filled at 340-2593.

IMPORTANT NOTICE

On the day you file your note for hearing to finalize your adoption, you must provide a courtesy copy (via mail or in person) of the Note for Motion Docket to King County Adoption Services, Room W-280 in the Downtown Seattle King County Courthouse. You must also provide courtesy working copies to the Ex Parte Department via the Judge's Mailroom in the courthouse where your case is being heard. "Working papers" are copies of all documents you have filed in the case up through and including the post placement report, Note for Motion Docket, and consent confirmation report (if applicable). Before you file any documents be sure to make copies for this purpose. Please indicate the date and time of hearing in the upper right hand corner of the top page of your set of working copies. Working copies are due 14 days prior to your hearing date.

The Ex Parte Commissioner will review the working papers prior to the hearing. IF WORKING PAPERS ARE NOT PROVIDED IN A TIMELY MANNER, YOUR CASE WILL NOT BE HEARD.

LR 93.04 ADOPTION PROCEEDINGS (effective September 1, 2006)

(a) **Where Hearings are to be Held.** All adoption hearings shall be heard in the Ex Parte and Probate Department of the case assignment area designated for that case unless specially set before a Judge. All hearings shall be noted in conformity with paragraph (b) of this rule.

(b) **Notice of Hearing.** All adoption hearings requiring notice shall be noted for hearing, on the approved Notice for Hearing form, at least 14 days in advance of the hearing date unless otherwise required for the hearing by law. The moving party shall serve and file all motions documents no later than 14 days before the hearing date.

(c) **Notice to Adoption Service.** Upon the filing of any initial pleadings for adoption of a minor child, the petitioner shall immediately notify the King County Family Court Adoption Service, on a form approved by the Court, of the filing of such proceeding and the names and addresses of all parties and attorneys. Copies of all Notices for Hearing for temporary custody, termination or relinquishment of parental rights or for the entry of a Decree of Adoption of a minor child shall be served upon the Adoption Service in conformity with paragraph (b) of this rule.

(d) **Court's Working Papers.** Courtesy copies of pleadings and Notice for Hearing shall be delivered to the Judge's mailroom in the courthouse designated for the case no later than 14 days prior to the date set for hearing.

(e) **Post Placement Reports and Services.** No person shall provide post-placement services until authorized by the Court. Unless otherwise specifically ordered by the Court, the adoption agency having legal custody of the child may be appointed to prepare the post-placement report required by statute. In independent adoptions, the motion to appoint a qualified person to provide post-placement services shall be supported by a written curriculum vita or resume.

(f) **Case Schedule. [Reserved]**

(g) **Confirmation of Consent.** Except where legal custody of the adoptee is held by a licensed child placing agency, King County Family Court Services shall investigate and provide to the Court a report confirming the voluntariness of any consent to relinquish parental rights. No consent to relinquish parental rights shall be approved until the Court has received a report complying with this rule. The petitioner or Adoption Facilitator shall immediately notify the Adoption Service that a Consent to Relinquish Parental Rights of Consent to Adoption is anticipated and that a Confirmation of Consent report will be required.

(h) **File Review.** The Adoption Service shall review and forward to the Court the original court file, approved adoption checklist, court docket and working papers not less than two court days prior to any properly noted hearing. The Adoption Service shall notify the Court and parties of any deficiencies noted in the court file.

(i) **Disclosure of Fees and Costs.** A completed financial disclosure form shall be filed by the petitioner and considered by the Court at any hearing which may result in the termination of parental rights, award of temporary custody or entry of an adoption decree.

[Amended effective September 20, 1990; September 1, 1996; September 1, 1999; September 1, 2004.]

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

IN THE MATTER OF THE ADOPTION OF)

) NO.

_____)
a person under the age of eighteen.)

) PETITION FOR ADOPTION
)

Petitioners _____,

Husband and wife, hereby state as follows:

I. CHILD

That _____ is a _____ child
male/female
born on _____, in _____.

The child was born to _____.

II. NATURAL PARENTS

A. An order terminating the parent-child relationship between the child

And the natural mother will be entered, or has been entered in _____

(See Exhibit).

B. An order terminating the parent-child relationship between the child

And the natural father will be entered, or has been entered in _____

(See Exhibit).

C. A Decree of Adoption in favor of Petitioners will be entered, or has been entered in _____ (See Exhibit _____).

III. INDIAN CHILD WELFARE ACT

The Indian Child Welfare Act, 25 U.S.C. Sec. 1901 et seq., _____ does/does not apply to this proceeding.

IV. SOLDIERS AND SAILORS CIVIL RELIEF ACT

The Soldiers and Sailors Civil Relief Act of 1940, 50 U.S.C. Sec. 501, et seq., _____ apply to this proceeding.
does/does not.

V. PETITIONERS

Petitioners have been married since _____.

Petitioners desire to adopt the child as their own child and are able and willing to Care for thee child. The child is now in the custody of Petitioners by virtue of the _____ Decree of Adoption and a valid United States Visa. The Petitioners reside in _____, King County, Washington.

VI. NAME CHANGE

Petitioners pray that the Court in the proceeding change the name of the child
To _____.

VII. POST-PLACEMENT REPORT

_____ should be directed to provide and file a Post-Placement report, and accept the Preplacement Report of _____.

WHEREFORE,, your petitioners pray as follows:

That the Court enter an order approving the consent by the natural mother and natural father, and approving the relinquishment and Decree of Adoption; appoint _____ to provide a post-placement report, authorize the child to the custody of petitioners; and that the Decree of Adoption change the name of the child to _____ and for such other relief as may be proper.

Dated this _____ day of _____, _____

Presented by:

_____ and _____ certify under penalty of perjury under the laws of the State of Washington that they are the petitioners name in the Petition for Adoption, that the foregoing is true and correct and they affirm their desire to adopt the minor child named herein.

DATE: _____

PLACE: _____

Petitioner

Co-Petitioner

SUPERIOR COURT OF THE STATE OF WASHINGTON FOR KING COUNTY

IN THE MATTER OF THE ADOPTION)
OF:) PETITIONER'S
) SWORN STATEMENT
)
_____)
a person under the age of eighteen.)
_____)

_____ husband and wife,

being first duly sworn, on oath, depose and say:

We hereby certify that we have caused to be filed with the above-entitled court
Copies of all the adoption preplacement reports authorized by us. We further certify that
we have give notice of these proceedings to all agencies or social workers which have
been requested by us to commence a preplacement study, even if that study was not
completed at our request.

The names and addresses of the agencies and social workers either authorized by
Us to prepare a preplacement study or consulted by us with regard to a prospective
Adoption are as follows:

Name of Agency:

Name of Caseworker:

Address:

Name of Agency or Social Worker:

Address:

The undersigned swear to the truth and correctness of the foregoing information a
And sign this under penalty of perjury under the laws of the State of Washington.

Dated this _____ day of _____, 2 _____.

City: _____

State: _____

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR KING COUNTY

In re the Adoption of)	NO.
_____.)	
A Person under the age)	MOTHER'S CONSENT TO ADOPTION
of eighteen.)	CONSENT TO TERMINATION OF
)	PARENT-CHILD RELATIONSHIP AND
)	WAIVER OF RIGHT TO RECEIVE
)	NOTICE OF PROCEEDINGS

I, _____, the mother of the above-named child, hereby state:

1. A. BORN CHILD. I am the mother of a child who was born to me at _____ Hospital in the City of _____, County of _____, State of _____, at approximately _____ (am/pm) on _____.

1. B. UNBORN CHILD. I am the mother of an infant who is expected to be born to me at _____ Hospital in the City of _____, County of _____, State of _____, on approximately _____.

2. My address is _____
_____. I was born on _____.

I am _____ (_____) years of age.

3. I have been asked whether or not I have any Native American (Indian) or Alaska Native ancestry, and I provide the following information in response to that question. (Note to Mother: Include name of any tribe(s) in your ancestry and indicate whether or not you are a member): _____

4. Believing it to be in the best interests of the child, I desire to permanently relinquish the child to the prospective adoptive parents(s) for the purpose of adoption.

5. I understand that my decision to relinquish the child is an extremely important one, that the legal effect of this relinquishment will be to take from me all legal rights and obligations with respect to the child and that an order permanently terminating all of my parental rights will be entered. I also understand that there are social services and counseling services available in the community, and that there may be financial assistance available through state and local governmental agencies.

6. I understand that as a result of the order terminating my parental rights the child will be freed from all legal obligations of obedience and maintenance with respect to me. I understand that when the child is adopted it will legally be the child, legal heir and lawful issue of the adoptive parent(s), entitled to all rights

and privileges as if born to such adoptive parent(s).

7. This consent is given subject to approval of the Superior Court of the State of Washington. It is to have no force or effect until approved by the Court. It will not be presented to the Court until a minimum of forty-eight (48) hours after it is signed or forty-eight (48) hours after the birth of the child, whichever occurs later.

8. I understand that this consent is revocable by me at any time before its approval by the Court. It may be revoked in either of the following ways:

A. Written revocation may be delivered or mailed to the Clerk of the Court before approval of the consent by the Court; or

B. Written revocation may be delivered or mailed to the Clerk of the Court after approval, but only if it is delivered or mailed within forty-eight (48) hours after a prior notice of revocation that was given within forty-eight (48) hours after the birth of the child. The prior notice of revocation shall be given to the agency or person who sought the consent and may be either oral or written.

The address of the Clerk of Court where the consent will be presented is KING COUNTY SUPERIOR COURT CLERK, E609 King County Courthouse, 516 Third Avenue, Seattle, WA 98104, or REGIONAL JUSTICE CENTER COURT CLERK, 4th Ave N Kent WA 98032.

9. I understand that except as provided in paragraph 8.B. above, this consent to adoption may not be revoked (I can't take it back or change my mind) after it is approved by the Court, except for fraud or duress practiced by the person, department or

agency requesting the Consent or lack of mental competency on my part at the time this Consent was signed by me and under no circumstances later than one year after it is approved by the court.

10. I hereby consent to the adoption of the above-named child by the prospective adoptive parent(s) and I consent to the termination of my parental rights. This consent is voluntarily executed with or without disclosure of the name or other identification of the adoptive parent(s).

11. I HEREBY WAIVE NOTICE OF PRESENTING THIS CONSENT TO THE COURT AND NOTICE OF FURTHER PROCEEDINGS IN THIS MATTER, INCLUDING PROCEEDINGS FOR THE RELINQUISHMENT/TERMINATION OF PARENTAL RIGHTS AND ADOPTION. I UNDERSTAND THAT THIS MEANS I WILL NOT RECEIVE NOTICE OF COURT PROCEEDINGS CONCERNING THE TERMINATION OF MY PARENTAL RIGHTS OR THE ADOPTION OF MY CHILD.

12. I understand that I am entitled to be represented by an attorney in connection with these adoption proceedings. I understand that attorney _____ represents the prospective adoptive parent(s) and that _____ does not (he/she) represent me.

13. I have selected _____, who is at least 18 years of age and whose address appears below, to witness my signature on this consent. This person's relationship to me is _____.

14. In giving this consent I am acting of my own free will and not under any fraud or duress. I have read this document or

have had it read to me. I hereby declare that I understand it. I have received a copy of this document.

15. PURSUANT TO THE PROVISIONS OF RCW 9A.72.085 I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

Date Of Signature _____
Time Of Signature _____
City of Signature _____

MOTHER

WITNESS REQUIRED UNDER RCW 26.33.160(6)

Witnessed by:

Signature
Name _____
Address _____

Age _____ Did Witness Check ID? _____

NOTARIZATION BELOW IS RECOMMENDED BUT NOT REQUIRED

STATE OF _____)
_____) ss.
COUNTY OF _____)

I certify that I know or have satisfactory evidence that _____ signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

NOTARY PUBLIC in and for the
State of Washington, residing
At _____

My appointment expires _____

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

In re the Adoption of)

) No.

_____,)

A person under the age of)
Eighteen.)

) FATHER'S CONSENT TO ADOPTION,
) CONSENT TO TERMINATION OF
) PARENT-CHILD RELATIONSHIP AND
) WAIVER OF RIGHT TO RECEIVE
) NOTICE OF PROCEEDINGS

I, _____, the father of the above-name child, hereby
certify:

1. A BORN CHILD. I am the father of a child who was born to

_____ at _____

Hospital in the City of _____, County of _____,

State of _____, at approximately _____ (am/pm), on

_____, _____.

2. B. UNBORN CHILD. I am the father of an infant who is expected to be

Born to _____, at _____

Hospital in the City of _____, County of _____,

State of _____, on approximately _____, _____.

2. My address is _____

_____. I was born on _____

I am _____ (_____) years of age.

3. I have been asked whether or not I have any Native American (Indian) or Alaska Native ancestry, and I provide the following information in response to that question: Note to father: Include name of any tribe(s) in your ancestry and indicate whether or not you are a member:

4. Believing it to be in the best interests of the child, I desire to permanently relinquish the child to the prospective adoptive parent(s) for the purpose of adoption.

5. I understand that my decision to relinquish the child is an extremely important one, that the legal effect of this relinquishment will be to take from me all legal rights and obligations with respect to the child and that an order permanently terminating all of my parental rights will be entered. I also understand that there are social services and counseling services available in the community, and that there may be governmental agencies.

6. I understand that as a result of the order terminating my parental rights the child will be freed from all legal obligations of obedience and maintenance with respect to me. I understand that when the child is adopted it will legally be the child, legal heir and lawful issue of the adoptive parent(s) entitled to all rights and privileges as if born to such adoptive parent(s).

7. This consent is given subject to approval of the Superior Court of the State of
FATHER CONSENT – Page 2 of 5

Washington. It is to have no force or effect until approved by the Court. It will not be presented to the Court until a minimum of forty-eight (48) hours after it is signed or forty-eight (48) hours after the birth of the child, whichever occurs later.

8. I understand that this consent is revocable by me at any time before it is approved by the Court. It may be revoked in either of the following ways:

A. Written revocation may be delivered or mailed to the Clerk of the Court before approval of the consent by the Court, or;

B. Written revocation may be delivered or mailed to the Clerk of the Court after approval, but only if it is delivered or mailed within forty-eight (48) hours after a prior notice of revocation that was given within forty-eight (48) hours after the birth of the child. The prior notice of revocation shall be given to the agency or person who sought the consent and may be either oral or written.

The address of the Clerk of the Court where the consent will be presented is KING COUNTY SUPERIOR COURT CLERK, E609 King County Courthouse, 516 Third Avenue, Seattle, WA 98104 or REGIONAL JUSTICE CENTER SUPERIOR COURT CLERK, 401 4th Ave N Kent WA 98032.

9. I understand that except as provided in Paragraph 8.B. above, this consent to adoption may not be revoked (I can't take it back or change my mind) after it is approved by the Court, except for fraud or duress practiced by the person, department or agency requesting the Consent, or for lack of mental competency on my part at the time this Consent was signed by me, and under no circumstances later than one year after it is approved by the Court.

10. I hereby consent to the adoption of the above-named child by the prospective adoptive parent(s) and I consent to the terminating of my parental rights. This consent is voluntarily executed with or without disclosure of the name or other identification of the adoptive parent(s).

11. I HEREBY WAIVE NOTICE OF PRESENTING OF THIS CONSENT TO THE COURT AND NOTICE OF FURTHER PROCEEDINGS IN THIS MATTER, INCLUDING PROCEEDINGS FOR THE RELINQUISHMENT/TERMINATION OF PARENTAL RIGHTS AND ADOPTION. I UNDERSTAND THAT THIS MEANS I WILL NOT RECEIVE NOTICE OF COURT PROCEEDINGS CONCERNING THE TERMINATION OF MY PARENTAL RIGHTS OR THE ADOPTION OF MY CHILD.

12. I understand that I am entitled to be represented by any attorney in connection with these adoption proceedings. I understand that _____ represents the prospective adoptive parent(s) and that _____ does not represent me.
he/she

13. I have selected _____, who is at least 18 years of age and whose address appears below, to witness my signature on this Consent. This person's relationship to me is _____.

14. In giving this consent I am acting of my own free will and not under any fraud or duress. I have read this document or have had it read to me. I hereby declare that I understand it. I have received a copy of this document.

15. PURSUANT TO THE PROVISIONS OF RCW 9A.72.085 I CERTIFY
(OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE
STATE OF WASHINGTON THAT THE FOREOING IS TRUE AND CORRECT.

DATE OF SIGNATURE: _____

TIME OF SIGNATURE: _____

CITY/STATE OF SIGNATURE: _____

FATHER

WITNESS REQUIRED (RCW 26.33.160(6))

Witnessed By: _____

Signature

Name: _____

Address: _____

Age: _____ Did Witness check ID? _____

NOTARIZATION RECOMMENDED BUT NOT REQUIRED

STATE OF _____)
) ss,
COUNTY OF _____)

I certify that I know or have satisfactory evidence that _____
signed this instrument and acknowledged it to be his/her free and voluntary act for the
uses and purposes mentioned in the instrument.

Dated: _____

NOTARY PUBLIC in and for the State of
_____, residing at

My appointment expires _____

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON FOR KING COUNTY

In re the Adoption of _____,

A person under the age
of eighteen.

)
) NO.
)
) CONSENT TO ADOPTION
) CONSENT TO TERMINATION OF
) PARENT-CHILD RELATIONSHIP AND
) WAIVER OF RIGHT TO RECEIVE
) NOTICE OF PROCEEDINGS BY
) ADOPTEE AGE FOURTEEN OR OLDER

I, _____, the above-named adoptee,
hereby state:

1. I was born at _____ Hospital in
the City of _____, County of _____, State of
_____ on _____. I am _____
years of age. My address is _____

My biological mother is _____ and
my biological father is _____.

2. I have been asked whether or not I have any Native
American (Indian) or Alaska Native ancestry, and I provide the
following information in response to that question. (Note to
Adoptee: Include the name of any tribe(s) in your ancestry and
indicated whether or not you are a member. If you are over

eighteen years of age it is not necessary for you to answer this question): _____

3. I understand that my decision to consent to this adoption is an extremely important one, that the legal effect of this relinquishment will be to take from me all legal rights and obligations with respect to my biological _____ and that an order permanently terminating the parent-child relationship between my biological _____ and myself will be entered. I also understand that there are social services and counseling services available in the community, and that there may be financial assistance available through state and local governmental agencies.

4. I understand that as a result of the order terminating parental rights my biological _____ will be freed from all legal rights and obligations with respect to me and I will be freed from all obligations of obedience and maintenance with respect to my biological _____. I understand that I may no longer be a legal heir of my biological _____. I understand that when I am adopted I will legally be the child, legal heir and lawful issue of the adoptive parent(s), entitled to all rights and privileges as if born to such adoptive parent(s).

5. This consent is given subject to approval of the Superior Court of the State of Washington. It is to have no force or effect until approved by the Court. It will not be presented

to the Court until a minimum of forty-eight (48) hours after it is signed.

6. I understand that this consent is revocable by my at any time before its approval by the Court. It may be revoked by delivering or mailing written revocation to the Clerk of the Court before approval of the consent by the Court. The address of the Clerk of Court where the consent will be presented is KING COUNTY SUPERIOR COURT CLERK, E609 King County Courthouse, 516 Third Avenue, Seattle, WA 98104 or REGIONAL JUSTICE CENTER SUPERIOR COURT CLERK, 401 4th Ave N Kent WA 98032.

7. I understand that this consent to adoption may not be revoked (I can't take it back or change my mind) after it is approved by the Court, except for fraud or duress practiced by the person, department or agency requesting the Consent or for lack of mental competency on my part at the time this Consent was signed by me and under no circumstances later than one year after it is approved by the Court.

8. I hereby consent to being adopted by _____ and I consent to the termination of the parent-child relationship between myself and my biological _____.

9. I HEREBY WAIVE NOTICE OF PRESENTING THIS CONSENT TO THE COURT AND NOTICE OF FURTHER PROCEEDINGS IN THIS MATTER. I UNDERSTAND THAT THIS MEANS IT WILL NOT BE NECESSARY FOR ME TO RECEIVE NOTICE OF COURT PROCEEDINGS CONCERNING MY ADOPTION BY THE PETITIONER(S).

10. I understand that I am entitled to be represented by an attorney in connection with these adoption proceedings. I understand that attorney _____ represents the prospective adoptive parent(s) and that _____ does not (he/she) represent me.

11. I have selected _____, who is at least eighteen years of age and whose address appears below, to witness my signature on this consent. This person's relationship to me is _____.

12. In giving this consent I am acting of my own free will and not under any fraud or duress. I have read this document or have had it read to me. I hereby declare that I understand it. I have received a copy of this document.

13. PURSUANT TO THE PROVISIONS OF RCW 9A.72.085 I CERTIFY OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

DATE OF SIGNATURE: _____.

TIME OF SIGNATURE: _____.

CITY OF SIGNATURE: _____.

ADOPTEE

CONTINUED ON NEXT PAGE FOR WITNESS

WITNESS REQUIRED PER RCW 26.33.160(6)

Witnessed by:

Signature

Name

Address

Age

Did Witness Check ID?

NOTARIZATION BELOW IS RECOMMENDED BUT NOT REQUIRED

STATE OF _____)
COUNTY OF _____) ss.

I certify that I know or have satisfactory evidence that
_____ signed this instrument and
acknowledged it to be his free and voluntary act for the uses and
purposes mentioned in the instrument.

Dated: _____

NOTARY PUBLIC in and for the
State of Washington, residing
at _____

My appointment expires _____

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR KING COUNTY

IN RE THE ADOPTION OF)	No.
)	
_____)	MOTION, DECLARATION AND
)	ORDER DIRECTING FILING OF
A person under the age of)	POST PLACEMENT REPORT
Eighteen.)	
_____)	

MOTION AND DECLARATION

1. The above named child is the subject of this proceeding.
2. Parental rights have/have not been terminated and the child is placed with petitioners..
3. _____ has legal custody of the child.
4. _____ is a suitable person or agency, meeting statutory requirements to complete a Post Placement Report. A statement of qualifications (Curriculum Vitae) is attached hereto.
5. I certify that the foregoing is true and correct upon penalty of perjury according to the Laws of Washington State.

Date: _____ Place where signed _____

Attorney (or Petitioners)

ORDER

This matter having come on regularly for hearing on this date, it is hereby ordered

That _____ is directed to prepare and file a

Post Placement Report in this matter pursuant to RCW 26.33.200.

Dated And signed in open Court this _____ day of _____, 2_____.

JUDGE/COURT COMMISSIONER

Presented by:

Petitioner/Petitioner's Attorney
WSBA Number of Atty _____

**DEMOGRAPHIC FORMS
FOR POST PLACEMENT
REPORTER / HOME STUDY
SOCIAL WORKER**

CLIENT SUMMARY SHEET

Adoptive Parents:

Petitioner #1 / Adoptive Father name & birthdate

Petitioner #2 / Adoptive Mother name & birthdate

Address, city, state, zip

Address, city, state, zip (if different than left)

Telephone (home) Telephone (work)

Telephone (home) Telephone (work)

Net yearly income

Net yearly income

Religion Marriage date

Religion Marriage date

Attorney Name and Address Phone

Natural Parents:

Natural Mother Birthdate

Natural Father Birthdate

Address, city, state, zip

Address, city, state, zip

Telephone (home) Telephone (work)

Telephone (home) Telephone (work)

Name of Adopted Child / Children

Birthdate

Birthplace

DO NOT WRITE BELOW THIS LINE

Worker

Fee Amt:

Case Type

Remarks:

SC Number

Child birthdate Gender

Time Place Physician

Date: _____

The undersigned are prospective adoptive parents and by this letter request that you conduct a preplacement adoption study and prepare a written preplacement report. In the event that you are unable to honor this request, please so advise.

This letter will serve as your authority to secure pertinent medical information from physicians we have consulted for treatment. The undersigned agree to execute whatever further documents may be necessary to secure the release of medical and other confidential information relevant to the preparation of the preplacement report. Upon completion of the study, please forward your written preplacement report to the Clerk of the Superior Court for King County in the name of the undersigned.

Please advise as to the date of filing and the cause number assigned to the report. The undersigned agree to notify you at least three days prior to the hearing on the Order of Relinquishment of the time and place of that hearing, unless you subsequently waive notice of that hearing.

Petitioner Phone

Petitioner Phone

Address, city, state, zip

INDEPENDENT ADOPTION

TO BE COMPLETED BY EACH PETITIONER IN DUPLICATE

PROSPECTIVE ADOPTIVE PARENT:

NAME: _____ MAIDEN NAME OF WIFE: _____

ADDRESS: _____ ZIP: _____ PHONE: _____ (HOME) _____
(WORK) _____

BIRTH DATE: _____ BIRTH PLACE: _____ CITIZEN OF: _____

HEIGHT: _____ WEIGHT: _____ RACE: _____

SPECIFIC ETHNIC BACKGROUND (e.g., English, Spanish, etc.) _____

HEALTH: Attach required medical report based on a medical examination within the last three months (required form at King County Adoption Service).

If you have had any major injury or illness, please describe: _____

If you or members of your family have been treated by a psychiatrist, psychologist or counselor, please attach a statement with full details. _____

Do you now use or have you used sedatives, tranquilizers or addicting drugs? If yes, give names of the drugs and explanation. _____

If you have been referred or treated for abuse of alcohol, or any other addicting drugs, please give dates and to whom and how referred. _____

EDUCATION:

GRADE SCHOOL

HIGH SCHOOL

UNIVERSITY

GRADUATE SCHOOL

1 2 3 4 5 6 7 8

1 2 3 4

1 2 3 4

1 2 3 4 5

Present Employer: _____ Length of Time: _____

Position Now Held: _____ Net Monthly Pay: _____

Religious Preference: _____

MARITAL HISTORY:

STATUS: Single: _____ Married: _____ Divorced: _____

If married, date and place of present marriage: _____

PLEASE ATTACH COPY OF MARRIAGE CERTIFICATE

Have you had any serious marital problems? If yes, briefly explain: _____

If you have been married before, give name of spouse, together with dates and places of marriage, divorce or death.
If more than one, furnish the same information for each:

_____	_____	_____
_____	_____	_____
_____	_____	_____

YOU ARE REQUIRED TO FURNISH CERTIFIED COPIES OF ALL DIVORCE DECREES OR DEATH CERTIFICATES OUTSIDE KING COUNTY and COPIES OF ALL DIVORCE/DISSOLUTION DECREES IN KING COUNTY.

Are you now required by any Court Order to pay for support of any children? If yes, state number of children for whom you are currently paying support _____ and the monthly amount per child \$_____. Are you now behind in such payments? Yes___ No___.

Have you ever made application to an adoption agency? Yes___ No___. If yes, please give name of agency: _____ Date: _____. Do you authorize the Adoption Service to obtain information from them? _____

Have you ever been convicted of a crime? Yes___ No___. If yes, attach full statement covering nature of offense charged, dates convicted, and sentence received.

LIST ALL CHILDREN OF PETITIONERS BY PRESENT OR PREVIOUS MARRIAGES, ADOPTION OR OUT-OF-WEDLOCK. (Please indicate which)

	NAME (Living or Deceased)	BIRTHDATE	BIRTH PLACE	CHILDREN LIVING WITH WHOM	SOURCE OF SUPPORT
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Have any of your children ever been known to Juvenile Court? Yes___ No___

If yes, briefly explain. _____

How did you know about the child you wish to adopt? _____

If you have agreed to pay for anything other than the attorney's fee, doctor and hospital bills, in connection with this adoption, state here full particulars: _____

NAME OF ATTORNEY: _____ PHONE: _____
ADDRESS: _____

THE UNDERSIGNED swears to the truth and correctness of the foregoing information and signs this under the penalty of perjury under the laws of the State of Washington.

DATED this _____ day of _____, 20____.

Signature

FULL AND ACCURATE COMPLETION OF THIS
FORM IS REQUIRED BEFORE PERSONAL INTERVIEWS

INDEPENDENT ADOPTION

TO BE COMPLETED BY EACH PETITIONER IN DUPLICATE

PROSPECTIVE ADOPTIVE PARENT:

NAME: _____ MAIDEN NAME OF WIFE: _____

ADDRESS: _____ ZIP: _____ PHONE: _____ (HOME) _____
(WORK) _____

BIRTH DATE: _____ BIRTH PLACE: _____ CITIZEN OF: _____

HEIGHT: _____ WEIGHT: _____ RACE: _____

SPECIFIC ETHNIC BACKGROUND (e.g., English, Spanish, etc.) _____

HEALTH: Attach required medical report based on a medical examination within the last three months (required form at King County Adoption Service).

If you have had any major injury or illness, please describe: _____

If you or members of your family have been treated by a psychiatrist, psychologist or counselor, please attach a statement with full details. _____

Do you now use or have you used sedatives, tranquilizers or addicting drugs? If yes, give names of the drugs and explanation. _____

If you have been referred or treated for abuse of alcohol, or any other addicting drugs, please give dates and to whom and how referred. _____

EDUCATION:

GRADE SCHOOL

HIGH SCHOOL

UNIVERSITY

GRADUATE SCHOOL

1 2 3 4 5 6 7 8

1 2 3 4

1 2 3 4

1 2 3 4 5

Present Employer: _____ Length of Time: _____

Position Now Held: _____ Net Monthly Pay: _____

Religious Preference: _____

MARITAL HISTORY:

STATUS: Single: _____ Married: _____ Divorced: _____

If married, date and place of present marriage: _____

PLEASE ATTACH COPY OF MARRIAGE CERTIFICATE

Have you had any serious marital problems? If yes, briefly explain: _____

If you have been married before, give name of spouse, together with dates and places of marriage, divorce or death. If more than one, furnish the same information for each:

_____	_____	_____
_____	_____	_____
_____	_____	_____

YOU ARE REQUIRED TO FURNISH CERTIFIED COPIES OF ALL DIVORCE DECREES OR DEATH CERTIFICATES OUTSIDE KING COUNTY and COPIES OF ALL DIVORCE/DISSOLUTION DECREES IN KING COUNTY.

Are you now required by any Court Order to pay for support of any children? If yes, state number of children for whom you are currently paying support _____ and the monthly amount per child \$ _____. Are you now behind in such payments? Yes ___ No ___.

Have you ever made application to an adoption agency? Yes ___ No ___. If yes, please give name of agency: _____ Date: _____. Do you authorize the Adoption Service to obtain information from them? _____

Have you ever been convicted of a crime? Yes ___ No ___. If yes, attach full statement covering nature of offense charged, dates convicted, and sentence received.

LIST ALL CHILDREN OF PETITIONERS BY PRESENT OR PREVIOUS MARRIAGES, ADOPTION OR OUT-OF-WEDLOCK. (Please indicate which)

	NAME (Living or Deceased)	BIRTHDATE	BIRTH PLACE	CHILDREN LIVING WITH WHOM	SOURCE OF SUPPORT
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Have any of your children ever been known to Juvenile Court? Yes ___ No ___

If yes, briefly explain: _____

How did you know about the child you wish to adopt? _____

If you have agreed to pay for anything other than the attorney's fee, doctor and hospital bills, in connection with this adoption, state here full particulars: _____

NAME OF ATTORNEY: _____ PHONE: _____

ADDRESS: _____

THE UNDERSIGNED swears to the truth and correctness of the foregoing information and signs this under the penalty of perjury under the laws of the State of Washington.

DATED this _____ day of _____, 20____.

Signature

FULL AND ACCURATE COMPLETION OF THIS
FORM IS REQUIRED BEFORE PERSONAL INTERVIEWS

Financial Statement
Of Applicants

PROVIDE TO: Your Independent Social Worker

Name of Applicant: Mr. _____ Mrs. _____

Home: Own _____ Purchase price _____ Equity _____ Current value: _____
Payments: _____

Annual Net Income: (Please attach last year's income tax return to this form)
Husband salary/wages _____ Other income (please specify) _____
Wife salary/wages _____ Other income (please specify) _____

Insurance:
Husband total life insurance _____ Kind of insurance _____
Death benefit value of policies _____ Beneficiary _____

Wife total life insurance _____ Kind of insurance _____
Death benefit value of policies _____ Beneficiary _____

Medical/Dental: Plan _____ Beneficiary _____

Automobile insurance: Yes ☐ No ☐ Company _____

Stocks / Bonds: _____

Cash reserve: _____
(If no insurance, stocks, bonds or cash reserve, give reason why)

Other property / resources held jointly or individually (list and describe, giving market value): _____

Debts:	Creditors	Monthly Payments	Balance Due
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

The undersigned swears to the truth and correctness of the foregoing information and signs under penalty of perjury under the laws of the State of Washington.

Your signature

Date

Dear Doctor:

This medical report on the prospective adoptive parent is for the use of the King County Superior Court. The Court would be greatly assisted if you would use non-technical terms, legibly written. This information is to be based on an examination made within the past 2 years.

Patient's name _____ Age _____

Height _____ Weight _____ Phone _____

Address _____

Name of attorney handling adoption _____

How long have you treated this patient? _____

Please list any major medical problem for which you have treated this patient.

Diagnosis: _____

Prognosis: _____

Has this patient had any serious accident, injury, or operation? Yes ☐ No ☐

If yes, give date and describe extent of same and current condition. _____

Has patient had any serious illness including: diabetes, tuberculosis, allergies, heart disease, kidney disorder, cancer, blood disease, mental illness, anxiety or other neurotic symptoms, venereal diseases, or habitual use of alcohol, barbiturates, tranquilizers or drugs? If so, describe extent of same and current condition of patient. _____

Has patient had tests or evaluation for fertility? Please give dates and results. _____

Please give your opinion as to patient's general physical condition and mental health. _____

1) Urinalysis and 2) Serology: Results: 1) _____ 2) _____ Date of test 2) _____

Please give your opinion as to this patient's physical and psychological fitness to adopt an infant. _____

If you have any further information that you feel the Court should be aware of concerning this patient, favorable or unfavorable, relating to the Court's ultimate decision of what is best for this child, please state: _____

Signed _____ Phone _____

_____ Dated _____

Please print name

Adoptive Parent Medical

Dear Doctor:

This medical report on the prospective adoptive parent is for the use of the King County Superior Court. The Court would be greatly assisted if you would use non-technical terms, legibly written. This information is to be based on an examination made within the past 2 years.

Patient's name _____ Age _____

Height _____ Weight _____ Phone _____

Address _____

Name of attorney handling adoption _____

How long have you treated this patient? _____

Please list any major medical problem for which you have treated this patient.

Diagnosis: _____

Prognosis: _____

Has this patient had any serious accident, injury, or operation? Yes ☐ No ☐

If yes, give date and describe extent of same and current condition. _____

Has patient had any serious illness including: diabetes, tuberculosis, allergies, heart disease, kidney disorder, cancer, blood disease, mental illness, anxiety or other neurotic symptoms, venereal diseases, or habitual use of alcohol, barbiturates, tranquilizers or drugs? If so, describe extent of same and current condition of patient. _____

Has patient had tests or evaluation for fertility? Please give dates and results. _____

Please give your opinion as to patient's general physical condition and mental health. _____

1) _____ I) _____
1) Urinalysis and 2) Serology: Results: 2) _____ Date of test 2) _____

Please give your opinion as to this patient's physical and psychological fitness to adopt an infant. _____

If you have any further information that you feel the Court should be aware of concerning this patient, favorable or unfavorable, relating to the Court's ultimate decision of what is best for this child, please state: _____

Signed _____ Phone _____

_____ Dated _____

Please print name

Child Medical

Dear Doctor:

This medical report on the child is for the use of the King County Superior Court. The Court would be greatly assisted if you would use non-technical terms, legibly written. This information is to be based on an examination made within the past 2 years.

Child's name _____ Sex _____

Birthdate _____ Weight _____

Name of attorney handling adoption _____

Name of adoptive parents _____

Have you examined this child previously? Yes ☐ No ☐

List dates of examinations. _____

Any significant information regarding this child's progress, illness, etc. _____

Would you give medical clearance for adoption at this time? Yes ☐ No ☐

If no, what do you suggest? _____

From your observations of the adoptive parents, do you think they have a healthy, conscientious attitude toward the mental and physical health of this child? _____

If no, state what appears to be the difficulty. _____

Signed _____ Phone _____

_____ Dated _____

Please print name

REFERENCE FOR ADOPTION

Adoption Counselor

Name of Applicants: _____

1. How well do you know and how long have you known the applicants? Are you related to them? _____

2. What is your understanding as to why they wish to adopt? _____

3. What have they expressed to you as a preference regarding sex, race, age, health, etc. of the child? _____

4. Are they financially able to care for a child? _____
5. What do you know of their habits, character, home life and family relationships? _____

6. What qualifications do they have which would enable them to be good parents to an adopted child? Have you observed them with children? If so, how do children respond to them? _____

7. Would you place your child with them if the need should arise? _____
8. Do you know any reasons they would not be desirable adoptive parents for a child? _____

9. Other Comments: _____

Signature _____

Date _____

Signature _____

Telephone No. _____

Address _____

REFERENCE FOR ADOPTION

Adoption Counselor

Name of Applicants: _____

1. How well do you know and how long have you known the applicants? Are you related to them? _____

2. What is your understanding as to why they wish to adopt? _____

3. What have they expressed to you as a preference regarding sex, race, age, health, etc. of the child? _____

4. Are they financially able to care for a child? _____
5. What do you know of their habits, character, home life and family relationships? _____

6. What qualifications do they have which would enable them to be good parents to an adopted child? Have you observed them with children? If so, how do children respond to them? _____

7. Would you place your child with them if the need should arise? _____

8. Do you know any reasons they would not be desirable adoptive parents for a child? _____

9. Other Comments: _____

Signature

Signature

Date _____

Telephone No. _____

Address

REFERENCE FOR ADOPTION

Adoption Counselor

Name of Applicants: _____

1. How well do you know and how long have you known the applicants? Are you related to them? _____

2. What is your understanding as to why they wish to adopt? _____

3. What have they expressed to you as a preference regarding sex, race, age, health, etc. of the child? _____

4. Are they financially able to care for a child? _____

5. What do you know of their habits, character, home life and family relationships? _____

6. What qualifications do they have which would enable them to be good parents to an adopted child? Have you observed them with children? If so, how do children respond to them? _____

7. Would you place your child with them if the need should arise? _____

8. Do you know any reasons they would not be desirable adoptive parents for a child? _____

9. Other Comments: _____

Signature

Signature

Date _____

Telephone No. _____

Address

REFERENCE FOR ADOPTION

Adoption Counselor

Name of Applicants: _____

1. How well do you know and how long have you known the applicants? Are you related to them? _____

2. What is your understanding as to why they wish to adopt? _____

3. What have they expressed to you as a preference regarding sex, race, age, health, etc. of the child? _____

4. Are they financially able to care for a child? _____

5. What do you know of their habits, character, home life and family relationships? _____

6. What qualifications do they have which would enable them to be good parents to an adopted child? Have you observed them with children? If so, how do children respond to them? _____

7. Would you place your child with them if the need should arise? _____

8. Do you know any reasons they would not be desirable adoptive parents for a child? _____

9. Other Comments: _____

Signature

Signature

Date _____

Telephone No. _____

Address

Criminal History Records

The Washington State Patrol is responsible for maintaining the statewide repository for fingerprint-based criminal history record information (CHRI).

You can obtain criminal histories from the State Patrol in two ways:

1. Go on-line by using WATCH (*Washington Access To Criminal History*) at <https://watch.wsp.wa.gov/>. This feature requires either a credit card or a pre-established account. A \$10 fee is charged for each online name search, regardless of the outcome of the results of the search.
2. Print out the forms available through the WATCH link above. Return the completed background forms to WATCH through the US Postal Service. If setting up an account print and fill out an application packet and submit by mail or fax to the number on the form. A \$35 fee is charged for each name search, regardless of the outcome of the results of the search.

MAIL COMPLETED FORM TO:

WASHINGTON STATE PATROL
IDENTIFICATION AND CRIMINAL HISTORY SECTION
PO BOX 42633
OLYMPIA WA 98504-2633

FOR FURTHER INFORMATION, CONTACT THE WASHINGTON STATE PATROL AT:

PHONE: (360) 705-5100

E-MAIL: CRIMINAL@WSPATROL.WA.GOV

WSP WEB SITE: <http://www.wspatrol.wa.gov>

Washington State conviction criminal history record information is available on the Internet using WATCH (Washington Access to Criminal History). You may use an account established by mail or conduct a search using a credit card (Discover, American Express, Visa, or MasterCard). An account application can be printed by accessing WATCH "HELP" files on the Internet. A \$10 fee is charged for each name and date of birth search, regardless of the outcome.

WATCH WEB SITE: <http://www.wspatrol.wa.gov>

CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses, organizations, or individuals. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. *Searches can be conducted only on prospective employees, volunteers, or adoptive parents.*
Background checks can be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment or engagement decisions only.
Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act, RCW 10.97
2. *Applicants must be notified an inquiry may be made.*
A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer that an inquiry may be made.
3. *A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.*
A business or organization shall require each applicant to disclose whether the applicant has been:
 - (a) convicted of any crime;
 - (b) had findings made against him or her in any civil adjudicative proceeding;
 - (c) has both a conviction and findings made against him or her.
4. *Applicants must be notified of the response.*
The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

A	B
REQUESTING AGENCY/ADDRESS	PURPOSE
Agency _____	Check appropriate box
Attn _____	<input type="checkbox"/> Educational School District (ESD)/School District Volunteer - no fee
Address _____	<input type="checkbox"/> Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)
City/State/Zip _____	<input type="checkbox"/> Profit Business/Organization - \$35
I certify this request is made pursuant to and for the purpose indicated.	<input type="checkbox"/> Adoptive Parent - \$35
Authorized Signature _____ Date _____	Fees: Make payable to Washington State Patrol by check, money order, or business account
Title _____ Area Code/Phone Number () _____	Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.
	_____ Notarized Letter(s)

(C) APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION	
<div>D</div> <p>As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.</p> <p>_____</p> <p>Requesting Agency</p> <p>_____</p> <p>Applicant's Signature</p> <p>_____</p> <p>Applicant's Name</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City State Zip</p>	<p>WSP Use Only</p> <div></div> <p>Applicant Right Thumb Print (Optional)</p> <div></div>

KING COUNTY SUPERIOR COURT
FAMILY COURT SERVICES
ADOPTION SERVICES

Confirmation of Consents for Independent Adoption Cases

Before noting your case for final hearing (requires 14 days notice) you are required to refer your case to the King County Superior Court, Family Court Services, Adoption Unit. An adoption social worker will "verify the voluntariness of the consents given and make a recommendation to the court on termination and temporary custody issues" according to Local Rule 93.04 (g), which has been in effect since September of 2006:

Confirmation of Consent. Except where legal custody of the adoptee is held by a licensed child placing agency, King County Family Court Services shall investigate and provide to the Court a report confirming the voluntariness of any consent to relinquish parental rights. No consent to relinquish parental rights shall be approved until the Court has received a report complying with this rule. The petitioner or Adoption Facilitator shall immediately notify the Adoption Service that a Consent to Relinquish Parental Rights of Consent to Adoption is anticipated and that a Confirmation of Consent report will be required.

There is a maximum fee for this service of \$500.00; however, if the social worker time spent on the case is less than three hours, fees will be assessed at \$150.00 per hour (fees are in accordance with King County Ordinance 10643). Attorneys need to advise their clients of this required step in the adoption process and that there are fees involved. For In-Home and Stepparent adoptions please make referral a minimum of 30 days before anticipated date of the hearing.

The most expeditious way to have an adoption social worker assigned to your case is to forward the following documentation to King County Adoption Services, 516 – 3rd Ave, Rm W-280, Seattle, WA 98104:

- Cover letter requesting assignment of social worker for confirmation process.
- Client Financial Responsibility Statement
- Copy of Petition for Adoption.
- Adoption Service Notification Form, including complete addresses and telephone numbers for relinquishing parents
- Copies of parent(s)' consents and/or consent of minor child over the age of 14 (per RCW 26.33.160(a)).
- Copies of current Pre Placement report, previous Pre Placement reports and update (if applicable) and the Post Placement Report.

NOTE: Petitioners' Medical Reports and Financial Statements must be updated if more than two (2) years old. Washington State Patrol Criminal History clearances must be updated if more than six (6) months old.

****Any adoptions with a Pre Placement report must have a FBI fingerprint check and must be updated if more than two (2) years old. See RCW 26.33.190(3) as amended by ESSB 5447, Laws 2007.**

On legal file review before final hearing, it will be noted on the court calendar if the case was not referred for the confirmation process, and you will be notified of this notation by phone prior to the hearing.

**FAMILY COURT SERVICES - ADOPTIONS
CLIENT FINANCIAL RESPONSIBILITY STATEMENT**

There is a fee for the social worker's involvement in confirming the consent of birth parent(s) and/or adoptee(s) (whether the adoption continues to finalization or not). If your case takes under three hours of the social worker's time, the fee will be \$150.00 per hour. Over three hours is billed at a flat fee of \$500.00 (Maximum Fee is \$500).

You will receive a case closure letter from Family Court Services (FCS) notifying you of the exact fee and time spent. Accordingly, a separate billing statement will be forwarded to you by the Office of Financial Management (OFM). Please submit payment at that time to OFM. The fee can be made in two payments if you choose. PLEASE DO NOT REMIT PAYMENT TO FAMILY COURT SERVICES.

In addition, if the case requires an interpreter, any costs for their interpretive services are to be borne by the petitioners.

I acknowledge that I have read the above statements. I am aware that I am responsible for any fees associated with the involvement of the FCS adoptions social worker.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Petitioner(s):

Signature

Signature

Printed Name

Printed Name

Date: _____

Pet. Phone: _____

Pet. Address: _____

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

IN RE THE ADOPTION OF)
)
)
_____)

S.C. NO.
ADOPTION SERVICE
NOTIFICATION FORM

1. Petitioners:

Address:

Telephone(s):

2. Attorney:

Address:

Telephone:

3. Homestudy Preparer:

Address:

Telephone:

4. Social Worker:

Address:

Telephone:

5. **Birth Mother:**

Address:

Telephone:

Age:

6. **Birth Father:**

Address:

Telephone:

Age:

Local Rule 93.04 (effective September 1, 2006):

(g) Confirmation of Consent. Except where legal custody of the adoptee is held by a licensed child placing agency, King County Family Court Services shall investigate and provide to the Court a report confirming the voluntariness of any consent to relinquish parental rights. No consent to relinquish parental rights shall be approved until the Court has received a report complying with this rule. The petitioner or Adoption Facilitator shall immediately notify the Adoption Service that a Consent to Relinquish Parental Rights of Consent to Adoption is anticipated and that a Confirmation of Consent report will be required.

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR THE COUNTY OF KING

NO.
NOTE FOR MOTION DOCKET
SEATTLE COURTHOUSE ONLY
(Clerk's Action Required)
(NTMTDK)

TO: THE CLERK OF THE COURT and to all other parties listed on Page 2.
PLEASE TAKE NOTICE that an issue of law in this case will be heard on the date below and the Clerk is directed to note this issue on the calendar checked below.

Calendar Date: _____ Day of Week: _____

Nature of Motion: _____

EX PARTE MOTIONS [LR 0.13] - Seattle in W325

The original of this notice must be filed at the Clerk's Office **not less than six court days** prior to requested hearing date. Motions are scheduled 9:00-11:30 a.m. & 1:30-3:45 p.m. (except as indicated):

☐ Eviction Hearing Time: 9:00 a.m. ☐ Other Ex Parte Motion Hearing Time: _____

The original of this notice must be filed at the Clerk's Office **not less than fourteen calendar days** prior to requested hearing date - *Deliver Working Papers (on accountings, contested or complex cases) to W325. Ex Parte hearings do not require confirmation.*

☐ Adoption Final Hrg. Hearing Time: 9:00: _____ 1:30: _____ (LR 93.04)

☐ Family Law Final Decree ☐ Atty to Appear Hearing Time: _____ ☐ No Attorney Hearing Time: 1:30 p.m.

☐ Probate/Grdnshp Hearing Time: 10:30 a.m. (LR 98.04, 98.16, 98.20)

FAMILY LAW MOTIONS [LFLR 6] - Seattle in W291

The original of this notice must be filed at the Clerk's Office **not less than fourteen calendar days** prior to the requested hearing date, except for Summary Judgment Motions (to be filed with Clerk 28 days in advance) *Must confirm at 296-9340 (LFLR 6). Deliver Commissioner's copies to same room number 3 lines above. SEE PAGE 2 FOR IMPORTANT NOTICE!*

☐ Domestic Motion (9:30) ☐ Sealed File Motion (1:30) ☐ Parenting Plan Modification (threshold 1:30)

RALJ READINESS CALENDAR - Seattle

The original of this notice must be filed at the Clerk's Office **not less than five court days** prior to the requested hearing date. You must bring this document and appear as scheduled. See posted signs for room number and Judge the day of your hearing. ☐ Fridays only (1:30 p.m.)

You may list an address that is not your residential address where you agree to accept legal documents.

Sign: _____ Print/Type Name: _____

WSBA # _____ (if attorney) Attorney for: _____

Address: _____ City, State, Zip _____

Telephone: _____ Date: _____

Party requesting hearing must file motion & affidavits separately along with this notice. List names, addresses and telephone numbers of all parties requiring notice (including Guardian Ad Litem) on page 2. Serve a copy of this notice of hearing, with motion documents, on all parties. **DO NOT USE THIS FORM TO SET HEARINGS BEFORE CHIEF CIVIL JUDGE OR THE ASSIGNED JUDGE FOR THE CASE.**

LIST NAMES AND SERVICE ADDRESSES FOR ALL NECESSARY PARTIES REQUIRING NOTICE

Name _____
 Service Address: _____
 City, State, Zip _____
 WSBA# _____ Atty For: _____
 Telephone #: _____

Name _____
 Service Address: _____
 City, State, Zip _____
 WSBA# _____ Atty For: _____
 Telephone #: _____

Name _____
 Service Address: _____
 City, State, Zip _____
 WSBA# _____ Atty For: _____
 Telephone #: _____

Name _____
 Service Address: _____
 City, State, Zip _____
 WSBA# _____ Atty For: _____
 Telephone #: _____

Name _____
 Service Address: _____
 City, State, Zip _____
 WSBA# _____ Atty For: _____
 Telephone #: _____

Name _____
 Service Address: _____
 City, State, Zip _____
 WSBA# _____ Atty For: _____
 Telephone #: _____

IMPORTANT NOTICE REGARDING FAMILY LAW CASES

IF YOU ARE THE PERSON SCHEDULING THIS MOTION, you must confirm this hearing by calling the Family Law Motions Coordinators at 296-9340 between 2:30 p.m. three (3) court days before the hearing and 12:00 p.m. (noon) two (2) court days prior to the hearing.

IF YOU OBJECT TO THIS MOTION, under King County Superior Court Rule LFLR 5, your response and accompanying paperwork **must be in writing** and must be delivered, not later than by 12:00 p.m. (noon) of four (4) weekdays (not including court holidays) prior to the hearing to:

- 1) the Superior Court Clerk in Room E609 (the originals go to the Clerk);
- 2) all parties' attorneys (or directly to any party who does not have an attorney); and,
- 3) the Family Law Motions Coordinators in Room W291.

Any statements of a party or witness must be signed, dated and sworn to under penalty of perjury, and must contain the state and city where signed.

The moving party's reply is due by noon two court days prior to the hearing. Check-in time is 9:00 am for morning hearings and 1:15 p.m. for afternoon hearings.

THIS IS ONLY A PARTIAL SUMMARY OF THE LOCAL RULES. ALL PARTIES ARE ADVISED TO CONSULT WITH AN ATTORNEY.

The **KING COUNTY COURTHOUSE** is in Seattle, Washington at 516 Third Avenue.

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR THE COUNTY OF KING

NO.
NOTE FOR MOTION DOCKET
KENT REGIONAL JUSTICE CENTER ONLY
(Clerk's Action Required) (NTMTDK)

TO: THE CLERK OF THE COURT and to all other parties listed on Page 2:
PLEASE TAKE NOTICE that an issue of law in this case will be heard on the date below and the Clerk is directed to note this issue on the calendar checked below.

Calendar Date: _____ Day of Week: _____

Nature of Motion: _____

EX PARTE MOTIONS [LR 0.13] - RJC Room 1J

The original of this notice must be filed at the Clerk's Office not less than six court days prior to requested hearing date for these calendars. Motions are scheduled 9:00-11:30 a.m. in Courtroom 1J (except as indicated):

☐ Eviction Hearing Time: 9:00 a.m. ☐ Other Ex Parte Motion Hearing Time: _____

The original of this notice must be filed at the Clerk's Office not less than fourteen calendar days prior to requested hearing date - *Deliver Working Papers (on accountings, contested or complex cases) to the Judges Mailroom 2D at RJC. Ex Parte hearings do not require confirmation.*

☐ Adoption Final Hrg. Hearing Time: 1:30 p.m. (LR 93.04)

☐ Family Law Final Decree ☐ Atty to Appear Hearing Time: _____ ☐ No Attorney Hearing Time: 1:30 p.m.

☐ Probate/Grdnshp Hearing Time: 10:30 a.m. (LR 98.04, 98.16, 98.20)

FAMILY LAW MOTIONS [LFLR 6] - RJC in 1G

The original of this notice must be filed at the Clerk's Office not less than fourteen calendar days prior to the requested hearing date, except for Summary Judgment Motions (to be filed with Clerk 28 days in advance). *Must confirm at (206) 205-2550 (LFLR 6).* Deliver Commissioner's copies to A1222 RJC. **SEE PAGE 2 FOR IMPORTANT NOTICE!**

☐ Domestic Motion 9:30 a.m. daily

☐ Sealed File Motion 1:30 p.m. Mon, Wed, Thur, Fri

☐ Parenting Plan Modification (threshold) 1:30 p.m. Mon, Wed, Thur, Fri

You may list an address that is not your residential address where you agree to accept legal documents.

Sign: _____ Print/Type Name: _____

WSBA # _____ (if attorney) Attorney for: _____

Address: _____ City, State, Zip _____

Telephone: _____ Date: _____

Party requesting hearing must file motion & affidavits separately along with this notice. List names, addresses and telephone numbers of all parties requiring notice (including Guardian Ad Litem) on page 2. Serve a copy of this notice of hearing, with motion documents, on all parties.

DO NOT USE THIS FORM TO SET HEARINGS BEFORE CHIEF CIVIL JUDGE OR THE ASSIGNED JUDGE FOR THE CASE.

LIST NAMES AND SERVICE ADDRESSES FOR ALL NECESSARY PARTIES REQUIRING NOTICE

Name _____
 Service Address: _____
 City, State, Zip _____
 WSBA# _____ Atty For: _____
 Telephone #: _____

Name _____
 Service Address: _____
 City, State, Zip _____
 WSBA# _____ Atty For: _____
 Telephone #: _____

Name _____
 Service Address: _____
 City, State, Zip _____
 WSBA# _____ Atty For: _____
 Telephone #: _____

Name _____
 Service Address: _____
 City, State, Zip _____
 WSBA# _____ Atty For: _____
 Telephone #: _____

Name _____
 Service Address: _____
 City, State, Zip _____
 WSBA# _____ Atty For: _____
 Telephone #: _____

Name _____
 Service Address: _____
 City, State, Zip _____
 WSBA# _____ Atty For: _____
 Telephone #: _____

IMPORTANT NOTICE REGARDING FAMILY LAW CASES

IF YOU ARE THE PERSON SCHEDULING THIS MOTION, you must confirm this hearing by calling the Family Law Motions Coordinators at 296-9340 between 2:30 p.m. three (3) court days before the hearing and 12:00 p.m. (noon) two (2) court days prior to the hearing.

IF YOU OBJECT TO THIS MOTION, under King County Superior Court Rule LFLR 5, your response and accompanying paperwork **must be in writing** and must be delivered, not later than by 12:00 p.m. (noon) of four (4) weekdays (not including court holidays) prior to the hearing to:

- 1) the Superior Court Clerk in Room E609 (the originals go to the Clerk);
- 2) all parties' attorneys (or directly to any party who does not have an attorney); and,
- 3) the Family Law Motions Coordinators in Room W291.

Any statements of a party or witness must be signed, dated and sworn to under penalty of perjury, and must contain the state and city where signed.

The moving party's reply is due by noon two court days prior to the hearing. Check-in time is 9:00 am for morning hearings and 1:15 p.m. for afternoon hearings.

THIS IS ONLY A PARTIAL SUMMARY OF THE LOCAL RULES. ALL PARTIES ARE ADVISED TO CONSULT WITH AN ATTORNEY.

The **KING COUNTY COURTHOUSE** is in Seattle, Washington at 516 Third Avenue.

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR THE COUNTY OF KING

NO.
NOTE FOR MOTION DOCKET
KENT REGIONAL JUSTICE CENTER ONLY
(Clerk's Action Required) (NTMTDK)

TO: THE CLERK OF THE COURT and to all other parties listed on Page 2:
PLEASE TAKE NOTICE that an issue of law in this case will be heard on the date below and the Clerk is directed to note this issue on the calendar checked below.

Calendar Date: _____ Day of Week: _____

Nature of Motion: _____

EX PARTE MOTIONS [LR 0.13] - RJC Room 1J

The original of this notice must be filed at the Clerk's Office not less than six court days prior to requested hearing date for these calendars. Motions are scheduled 9:00-11:30 a.m. in Courtroom 1J (except as indicated)

☐ Eviction Hearing Time: 9:00 a.m. ☐ Other Ex Parte Motion Hearing Time: _____

The original of this notice must be filed at the Clerk's Office not less than fourteen calendar days prior to requested hearing date - *Deliver Working Papers (on accountings, contested or complex cases) to the Judges Mailroom 2D at RJC.*
Ex Parte hearings do not require confirmation.

☐ Adoption Final Hrg. Hearing Time: 1:30 p.m. (LR 93.04)

☐ Family Law Final Decree ☐ Atty to Appear Hearing Time: _____ ☐ No Attorney Hearing Time: 1:30 p.m.

☐ Probate/Grdnshp Hearing Time: 10:30 a.m. (LR 98.04, 98.16, 98.20)

FAMILY LAW MOTIONS [LFLR 6] - RJC in 1G

The original of this notice must be filed at the Clerk's Office not less than fourteen calendar days prior to the requested hearing date, except for Summary Judgment Motions (to be filed with Clerk 28 days in advance). *Must confirm at (206) 205-2550 (LFLR 6).* Deliver Commissioner's copies to A1222 RJC. **SEE PAGE 2 FOR IMPORTANT NOTICE!**

☐ Domestic Motion 9:30 a.m. daily

☐ Sealed File Motion 1:30 p.m. Mon, Wed, Thur, Fri

☐ Parenting Plan Modification (threshold) 1:30 p.m. Mon, Wed, Thur, Fri

You may list an address that is not your residential address where you agree to accept legal documents.

Sign: _____ Print/Type Name: _____

WSBA # _____ (if attorney) Attorney for: _____

Address: _____ City, State, Zip _____

Telephone: _____ Date: _____

Party requesting hearing must file motion & affidavits separately along with this notice. List names, addresses and telephone numbers of all parties requiring notice (including Guardian Ad Litem) on page 2. Serve a copy of this notice of hearing, with motion documents, on all parties.

DO NOT USE THIS FORM TO SET HEARINGS BEFORE CHIEF CIVIL JUDGE OR THE ASSIGNED JUDGE FOR THE CASE.

LIST NAMES AND SERVICE ADDRESSES FOR ALL NECESSARY PARTIES REQUIRING NOTICE

Name _____
 Service Address: _____
 City, State, Zip _____
 WSBA# _____ Atty For: _____
 Telephone #: _____

Name _____
 Service Address: _____
 City, State, Zip _____
 WSBA# _____ Atty For: _____
 Telephone #: _____

Name _____
 Service Address: _____
 City, State, Zip _____
 WSBA# _____ Atty For: _____
 Telephone #: _____

Name _____
 Service Address: _____
 City, State, Zip _____
 WSBA# _____ Atty For: _____
 Telephone #: _____

Name _____
 Service Address: _____
 City, State, Zip _____
 WSBA# _____ Atty For: _____
 Telephone #: _____

Name _____
 Service Address: _____
 City, State, Zip _____
 WSBA# _____ Atty For: _____
 Telephone #: _____

IMPORTANT NOTICE REGARDING FAMILY LAW CASES

IF YOU ARE THE PERSON SCHEDULING THIS MOTION, you must confirm this hearing by calling the Family Law Motions Coordinators at (206) 205-2550 between 2:30 p.m. three (3) court days before the hearing and 12:00 p.m. (noon) two (2) court days prior to the hearing.

IF YOU OBJECT TO THIS MOTION, under King County Superior Court Local Family Law Rule 6, your response and accompanying paperwork **must be in writing** and must be delivered, not later than by 12:00 p.m. (noon) of four (4) weekdays (not including court holidays) prior to the hearing to:

- 1) the Superior Court Clerk in Room 2C (the originals go to the Clerk);
- 2) all parties' attorneys (or directly to any party who does not have an attorney); and,
- 3) the Family Law Motions Coordinators in Room A1222.

Any statements of a party or witness must be signed, dated and sworn to under penalty of perjury, and must contain the state and city where signed.

The moving party's reply is due by noon two court days prior to the hearing. Check-in time is 9:00 a.m. for morning hearings and 1:15 p.m. for afternoon hearings.

THIS IS ONLY A PARTIAL SUMMARY OF THE LOCAL RULES. ALL PARTIES ARE ADVISED TO CONSULT WITH AN ATTORNEY.

The **REGIONAL JUSTICE CENTER** is in Kent, Washington at 401 Fourth Avenue North.

IN THE MATTER OF THE ADOPTION

)
)
)
)
)
)
)
)

) ORDER TERMINATING PARENT-
) CHILD RELATIONSHIP

This Matter came on regularly before the Court on the Adoption petition of _____ and _____

IT IS HEREBY ORDERED that the parent-child relationship
between the child, _____, and _____

_____ is terminated, divesting the child and his/her parents of all legal rights, powers, privileges, immunities, duties and obligations provided by law with respect to each other except past due child support obligations owed by the parent, and further, the Indian Child Welfare Act and Soldiers & Sailors Relief Act do/do not apply to this proceeding.

DONE IN OPEN COURT this _____ day of _____, 20____

JUDGE/COURT COMMISSIONER

Presented by:

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

In re the Adoption of _____)
) No.
)
A person under the age of eighteen.) FINDINGS OF FACT AND
) CONCLUSIONS OF LAW
)
)
)

THIS MATTER came on regularly for hearing in this Court upon the petition for the adoption of the above-named child. The Court has reviewed the favorable Post-Placement Report on file and has considered the testimony presented and the files and records herein, and makes the following:

FINDINGS OF FACT

1. Petitioner. The Petitioner(s) desire(s) to adopt _____ as _____ own child
(original name of child) (his/her/their)
and _____ able and willing to care for the child, and the
(is/are)
adoption is in the best interests of the child. The child is now
in the custody of the Petitioner(s) in the City of _____
County of _____, State of _____.

2. Child. _____ is a _____,
(original name of child) (male/female)
child was born on _____, in the City of _____,
(date of birth)

County of _____, State of _____.

_____ was born to _____.
(he/she) (name of birthmother) (his/her)

_____ is _____.
(father/alleged father) (name of father/alleged father)

3. Termination of Mother-Child Relationship. The
termination of the parent-child relationship between the child and
the child's birth mother, _____, is based
(name of birth mother)
upon the fact that that birth mother: (Check the section which
applies)

_____ executed a Consent to Adoption which
is on file herein, and that her Consent
to Adoption was approved by order of
this Court dated _____.

_____ was served _____ with
(personally/by publication)
notice of the filing of a petition to terminate
her parent-child relationship with the child
and her parent-child relationship was
terminated by order of this court dated _____.

4. Termination of Father-Child Relationship. The
termination of the parent-child relationship between the child and
the child's birth father, _____, is based
(name of father)

upon the fact that that birth father: (Check the section which
applies)

_____ executed a Consent to Adoption which
is on file herein, and that his Consent
to Adoption was approved by order of
this court dated _____.

_____ was served _____ with
(personally/by publication)
notice of the filing of a petition to terminate
his parent-child relationship with the child
and his parent-child relationship was
terminated by order of this court dated _____.

5. Additional Alleged or Presumed Father(s). (Complete if applicable):

A. Name, Address and Age. That the following persons
were also alleged or presumed fathers of the child:

<u>Name</u>	<u>Address</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Consents. That the following persons who were
alleged or presumed fathers of the child each executed a Consent
to Adoption which is on file herein of and that the Consent to
Adoption of each was approved by this court:

C. Involuntary Termination. That each of the following
persons, alleged or presumed to be fathers of the child, was
served, either personally or by publication, with notice of the
filing of a petition to terminate his parent-child relationship
with the child. The parent child relationship of each was
involuntarily terminated by order of this court:

<u>Name</u>	<u>Method of Service</u>	<u>Date of Order</u>
_____	_____	_____
_____	_____	_____

6. Name Change. The Petitioner(s) request(s) that the Court in this proceeding change and establish the child's name to be _____.
(child's new name)

7. Guardian Ad Litem. Any guardian ad litem appointed for any person herein has filed a report supporting the adoption of the child by the Petitioners.

8. Indian Child Welfare Act. The Indian Child Welfare Act, 25 U.S.C. Sec. 1901 et seq., _____ apply to this proceeding.
(does/does not)

9. Soldiers and Sailors Civil Relief Act. The Soldiers and Sailors Civil Relief Act of 1940, 50 U.S.C. Sec. 501 et seq., _____ not apply to this proceeding.
(does/does not)

From the foregoing Findings of Fact, the Court makes the following:

CONCLUSIONS OF LAW

1. That this Court has jurisdiction of the persons of the above-named child and of the subject matter.

2. That all necessary consents to adoption are valid or have been dispensed with and the parent-child relationship between the above-named child and the child's biological, alleged and legal parents has been terminated.

3. That the Petitioner(s), _____
(name of Petitioner or
_____, _____ suitable and reliable to be
Petitioners) (is/are)

charged with the custody of the child, _____ financially
(is/are)
able and willing to support the child and to furnish the child
with a suitable home, care and education, and that the proposed
adoption is in the best interest of the child.

4. That the Petitioner(s) _____ entitled to a Decree of
(is/are)
Adoption and that the Decree of Adoption should change and
establish the name of the child to be _____
(child's new name)
_____ State Department of Social and Health
(state of child's birth)
Services/Vital Records to issue a birth certificate showing the
Petitioner(s) as the child's _____
(mother/father/mother and father)

DONE IN OPEN COURT this _____ day of _____, 20____.

JUDGE/COURT COMMISSIONER

Presented by:

Petitioner/Attorney for Petitioner(s)

WSBA Number of Attorney:_____

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON FOR KING COUNTY

In re the Adoption of)	
_____)	NO.
)	
A person under age eighteen.)	DECREE OF ADOPTION
_____)	
)	

THIS MATTER came on regularly for hearing in this Court upon the Petition of _____ for the adoption of the above-named child. The Court has reviewed the favorable Post-Placement report on file, and heard the testimony of Petitioners, and has examined the files and records herein. Having entered its Findings of Fact and Conclusions of Law; now therefore,

IT IS HEREBY ORDERED that the petition of _____ to adopt the above-named child (name or petitioner or petitioners) is hereby granted; and

IT IS FURTHER ORDERED that the name of the above-named child is changed and established to be _____ and (child's new name) the _____ State Department of Social and Health (state of child's birth) Services/Vital Records is ordered and directed/authorized and

requested to issue a birth certificate for the child showing

_____ as the child of _____
(him/her) (name of Petitioner or Petitioner(s))

IT IS ORDERED that the Clerk of this Court shall issue one certified copy of this decree for the use of the Washington State Department of Social and Health Services, Vital Records, and shall issue _____ additional certified copies to the
(number desired)

Petitioner or the Petitioner's undersigned attorney.

ADOPTION SUMMARY

1. Full original name of child: _____
2. Full new name of child: _____
3. Date of Birth of child: _____
4. Place of birth: _____ Hospital, City of _____,
County of _____,
State of _____
5. Name of Petitioner(s): _____
6. Petitioner(s) _____
(is/are) (a single person/husband & wife)
7. The Indian Child Welfare Act _____ apply.
(does/does not)
8. The Soldiers and Sailors Civil Relief Act of 1940 _____
_____ apply.
(does/does not)

DONE IN OPEN COURT this _____ day of _____, 20____.

Presented by:

JUDGE/COURT COMMISSIONER

Petitioner/Attorney for Petitioner(s)
WSBA Number of Attorney:

INSTRUCTIONS

Why information is needed and legal authority:

According to RCW 26.33.300, an Adoption Data Card must be completed and filed with the clerk of the court on behalf of the petitioner for each individual adopted. Under the federal requirements of the Adoption and Foster Care Analysis and Reporting System (AFCARS), the State must report on all adoptions which occurred since October 1, 1994, and in whose adoption Title IV-B/IV-C agency has had any involvement. AFCARS reports on all other adoptions are encouraged but are voluntary. Reports on the following adoptions are mandated:

- a. All children adopted who had been in foster care under the responsibility and care of the Department of Social and Health Services (DSHS) and who were subsequently adopted whether special needs or not and whether subsidies are provided or not.
- b. All special needs children who were adopted in the State of Washington, whether or not they were in the public foster care system prior to their adoption and for whom non-recurring expenses were reimbursed.
- c. All children adopted for whom an adoption assistance payment or service is being provided based on arrangements made by or through DSHS.

SECTION I. CHILD INFORMATION

Item 1 – 5 Self-explanatory.

Item 6 In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child.

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: a person whose ancestry is any of the black racial groups of Africa.

American Indian/Alaskan Native: a person having origins in any of the original peoples of North or South America (including Central American) and who maintains tribal affiliation or community attachment.

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Item 7 Self-explanatory

Item 8 Use the State definition of special needs as it pertains to a child eligible for an adoption subsidy.

Item 9 Check the factor or condition for categorization as special needs. Check all that apply.

Item 10 Check the factor or condition as defined by the State and clinically diagnosed by a qualified professional. Check all that apply.

Item 11 Date child was placed with adoptive family, either on foster or adoptive basis.

Item 12 Date child was placed in foster care following most recent removal from birth family.

SECTIONS II. BIRTH PARENT INFORMATION

Item 1 Enter the year of birth for each birth parent. If the exact year of birth is unknown, enter an estimated year of birth.

Item 2 Race: see instructions and definitions under SECTION I., Item 6.

Item 3 Self-explanatory.

Item 4 Self-explanatory.

Item 5 Enter the month, date, and year of termination of parental rights (TPR), voluntary relinquishment or death of birth mother or father.

SECTIONS III. PETITIONERS INFORMATION

Item 1 Enter the year of birth for each petitioner. If the exact year of birth is unknown, enter an estimated year of birth.

Item 2 Self-explanatory.

Item 3 Race: see instructions and definitions under SECTION I., Item 6.

Item 4 Self-explanatory.

Item 5 Self-explanatory.

SECTION IV. ADOPTION PLACEMENT INFORMATION

- Item 1 Indicate the location of the individual or agency that had custody or responsibility for the child at the time of initiation of adoption proceedings.
- Item 2 Indicate the individual or agency which placed the child for adoption.
- Public agency: a unit of State or local government.
- Private agency: a for-profit or non-profit agency or institution.
- Public DSHS & Private Agency: a DSHS agency and a private agency.
- Birth parent: the parent(s) placed the child directly with the adoptive parent(s)
- Independent Person: a doctor, a lawyer, or some other individual.
- Tribal agency: a unit within one of the Federally recognized Indian Tribes or Indian Tribal Organization.
- Item 3 Indicate the prior relationship(s) the child had with the adoptive parent(s).
- Stepparent: spouse of the child's birth mother or birth father.
- Other relative of child: a relative of the birth parents through blood or marriage.
- Foster parent: the child was placed in a non-relative foster family home with a family that later adopted him or her. The placement could have been for the purpose of either adoption or foster care.
- Non-relative: adoptive parent fits into none of the categories above.
- Item 4 (a) Enter "yes," if this child was adopted with a signed adoption support agreement;
- (b) If a monthly financial payment is being paid mark yes;
- (c) Enter the amount of the monthly maintenance;
- (d) If the child is eligible for medical services under Title XIX or XX (state or federal) mark yes;
- (e) If the adoption support claimed by the state is reimbursement under Title IV-E mark yes. (ask adoption support program manager if you don't know the answer).
- Item 5 Self-explanatory.

SECTION V AND VI. AGENCY OR INDIVIDUAL COMPLETING POST PLACEMENT REPORT AND INDIVIDUAL COMPLETING DATA CARD

All items are self-explanatory.

SECTION VII COURT INFORMATION

All items are self-explanatory.

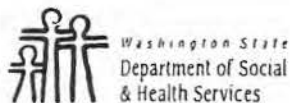
TO ORDER THIS FORM:

Use the DSHS 17-011(X) Forms and Publications Request form or your office letterhead providing the following information:

Complete office name, mail stop and/or street address – (NO POST OFFICE BOXES) city, state, and zip code.

Name and telephone number of requestor (and person receiving the order if different). Orders must include the form number (10-114(X), title, and quantity requested. Please include the exact number of forms you need.

Mail your request to DSHS Forms and Publications Warehouse, MS 45816, PO Box 45816, Olympia, WA 98504-5816, Fax to 360-664-0597, or email to Forms&Pubfororders@dshs.wa.gov. If you have Outlook or Exchange e-mail systems then you can utilize the DSHS 17-011 Word 7 version on the intranet to order the form. It can be automatically sent by using the send buttons on the bottom of the form (does not work with GroupWise).



DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CHILDREN'S ADMINISTRATION

Return To:
ADOPTIONS
PO BOX 45713, OLYMPIA
WA 98504-5713

ADOPTION DATA CARD

According to RCW 26.33.300, an Adoption Data Card must be completed and filed with the clerk of the court on behalf of the petitioner for each individual adopted. No amended birth certificate will be issued until the data card has been completed and filed with the Department of Social and Health Services (DSHS). Data collection will be used to provide statewide adoption statistics.

I. CHILD INFORMATION

1. PLACE OF BIRTH (County/Country/Alien status):		2. STATE:
3. U.S. CITIZEN AT TIME OF PLACEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	4. DATE OF BIRTH:	5. SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
6. RACE (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander	7. IS THIS PERSON OR THEIR PARENT/GUARDIAN CONSIDER THEM TO BE SPANISH/HISPANIC/LATINO? <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Mexican/Mexican American/Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Other Spanish/Hispanic/Latino	
8. DOES THIS CHILD HAVE SPECIAL NEEDS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine	9. SPECIAL NEEDS BASIS (Check all that apply): <input type="checkbox"/> Not applicable <input type="checkbox"/> Medical conditions or mental, physical, or emotional disabilities. <input type="checkbox"/> Age <input type="checkbox"/> Racial/origin background <input type="checkbox"/> Part of Sibling group <input type="checkbox"/> Other:	
10. MEDICAL CONDITIONS OF MENTAL, PHYSICAL, OR EMOTIONAL DISABILITIES (Check all that apply): <input type="checkbox"/> Mental retardation <input type="checkbox"/> Visual/hearing impaired <input type="checkbox"/> Physical disability <input type="checkbox"/> Emotional disability <input type="checkbox"/> Other medical disability:		
11. DATE CHILD WAS PLACED IN HOME OF PETITIONERS:	12. DATE OF INITIAL FOSTER CARE PLACEMENT:	

II. BIRTH PARENT INFORMATION

MOTHER'S INFORMATION	FATHER'S INFORMATION
1. YEAR OF BIRTH:	1. YEAR OF BIRTH:
2. RACE (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander	2. RACE (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander
3. IS THIS PERSON OR THEIR PARENT/GUARDIAN CONSIDER THEM TO BE SPANISH/HISPANIC/LATINO? <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Mexican/Mexican American/Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Other Spanish/Hispanic/Latino	3. IS THIS PERSON OR THEIR PARENT/GUARDIAN CONSIDER THEM TO BE SPANISH/HISPANIC/LATINO? <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Mexican/Mexican American/Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Other Spanish/Hispanic/Latino
4. MARITAL STATUS AT TIME OF BIRTH: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Unable to determine	4. MARITAL STATUS AT TIME OF BIRTH: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Unable to determine
5. TERMINATION OF PARENTAL RIGHTS (TPR): <input type="checkbox"/> Court ordered TPR date: _____ <input type="checkbox"/> Date of Voluntary Relinquishment: _____ <input type="checkbox"/> Date of Death: _____	5. TERMINATION OF PARENTAL RIGHTS (TPR): <input type="checkbox"/> Court ordered TPR date: _____ <input type="checkbox"/> Date of Voluntary Relinquishment: _____ <input type="checkbox"/> Date of Death: _____

III. PETITIONER(S) INFORMATION

PETITIONER 1 INFORMATION		PETITIONER 2 INFORMATION	
1 YEAR OF BIRTH:	2 SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	1 YEAR OF BIRTH:	2 SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
3 RACE (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander		3 RACE (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander	
4 IS THIS PERSON OR THEIR PARENT/GUARDIAN CONSIDER THEM TO BE SPANISH/HISPANIC/LATINO? <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Mexican/Mexican American/Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Other Spanish/Hispanic/Latino		4 IS THIS PERSON OR THEIR PARENT/GUARDIAN CONSIDER THEM TO BE SPANISH/HISPANIC/LATINO? <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Mexican/Mexican American/Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Other Spanish/Hispanic/Latino	
5. MARITAL STATUS AT TIME OF BIRTH: <input type="checkbox"/> Married Couple <input type="checkbox"/> Single Man <input type="checkbox"/> Unmarried Couple <input type="checkbox"/> Single Woman		5. MARITAL STATUS AT TIME OF BIRTH: <input type="checkbox"/> Married Couple <input type="checkbox"/> Single Man <input type="checkbox"/> Unmarried Couple <input type="checkbox"/> Single Woman	

IV. ADOPTION PLACEMENT INFORMATION

1 LOCATION OF AGENCY/INDIVIDUAL WITH CUSTODY WHEN PETITION FILED: <input type="checkbox"/> Within state <input type="checkbox"/> Another state <input type="checkbox"/> Another country	2 AGENCY/INDIVIDUAL WHICH PLACED CHILD FOR ADOPTION: <input type="checkbox"/> Public agency <input type="checkbox"/> Private agency Name: _____ <input type="checkbox"/> Public DSHS and private agency PA Name: _____	3. CHILD'S RELATIONSHIP TO ADOPTIVE PARENTS: <input type="checkbox"/> Stepparent <input type="checkbox"/> Other relative of child <input type="checkbox"/> Foster Parent of child <input type="checkbox"/> Non-related
4 ADOPTION SUPPORT INFORMATION:		
a. Is there a signed adoption support agreement, if no, skip to number 5.		YES NO <input type="checkbox"/> <input type="checkbox"/>
b. Is monthly maintenance (state or federal) being received?		<input type="checkbox"/> <input type="checkbox"/>
c. Enter the amount of monthly maintenance: \$ _____		
d. Is Title XIX/XX medical being received?		<input type="checkbox"/> <input type="checkbox"/>
e. Is the child I-VE eligible?		<input type="checkbox"/> <input type="checkbox"/>
5. PLACEMENT INFORMATION (TO BE COMPLETED IF DSHS ADOPTION):		
Was child in state funded foster care prior to adoptive placement?		YES NO <input type="checkbox"/> <input type="checkbox"/>
Was child placed with own (birth) siblings in this adoptive home?		<input type="checkbox"/> <input type="checkbox"/>
Was child in prior adoptive or pre-adoptive placement?		<input type="checkbox"/> <input type="checkbox"/>

V. AGENCY OR INDIVIDUAL COMPLETING POST PLACEMENT REPORT (CHECK ONE)

<input type="checkbox"/> Department of Social and Health Services (DSHS)	<input type="checkbox"/> Court employee	<input type="checkbox"/> Report not completed
<input type="checkbox"/> Washington Private Child Placement Agency	<input type="checkbox"/> Other court appointed individual	

IV. INDIVIDUAL COMPLETING FORM

NAME: _____	TELEPHONE NUMBER: _____
ADDRESS: _____	CITY: _____ STATE: _____ ZIP CODE: _____

THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

SIGNATURE: _____

VII. COURT INFORMATION (TO BE COMPLETED BY THE COURT)

PETITION NUMBER:	DATE PETITION FILED:	FINAL DECREE GRANTED:	COUNTY:	COUNTY CODE:
COURT CLERK OR DESIGNEE'S SIGNATURE: _____				

TO ORDER THIS FORM:

Mail your request to DSHS Forms and Publications Warehouse, MS 45816, PO Box 45816, Olympia, WA 98504-5816, Fax to 360-664-0597, or email to DSHS_Forms&Pubfororders@dshs.wa.gov. If you have Outlook or Exchange e-mail systems then you can use the DSHS 17-011 Word 7 version on the intranet. It can be automatically sent by using the send buttons on the bottom of the form (does not work with GroupWise).

How to Obtain a Birth Certificate Following an Adoption for a Child Born in Washington State

The following is information on how to obtain a new birth certificate following an adoption for a person born in Washington State.

In-State Adoption – Please send the following:

1. A **certified** copy of the adoption decree. You may obtain this from the clerk of the court in which the adoption was granted. The adoption decree must include the following information:
 - Adoptee's **full original name**
 - Adoptee's **full new name, if changed**
 - Adoptee's **date and place of birth**
 - **Full name of each petitioner**
 - Whether the petitioner(s) is/are: **husband and wife, step-parent, domestic partners or a single parent**
2. A *completed* Application for Adoption Registration (PDF)
3. The fee of \$15.00 for processing the request
4. The fee of \$20.00 for each certified copy of the amended birth certificate
5. CHS Mail-in Request Form (PDF). This application must be completed with the adoptee's name and the adoptive parents' names.

Statutory References:

R.C.W. 26.33
R.C.W. 70.58
WAC 440-40-095



Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

APPLICATION for ADOPTION REGISTRATION

Type or Print in Ink

Child – Original Birth Certificate Information

Child's First Name	Child's Date of Birth (MM/DD/YYYY) / /
Middle Name	City of Birth
Last Name	State of Birth
Name of Hospital or Location where Child was Born	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male

Mother's Name Before First Marriage (First/Middle/Last)

Father's Name, if Known (First/Middle/Last)

Adoptive Parent(s)

This information will be used to create a new birth certificate even if one parent is the natural parent.

Mother's Name or Other Parent Before First Marriage (First/Middle/Last)

Mother's Date of Birth (MM/DD/YYYY) / /	State or Country of Birth
--	---------------------------

Father's Name or Other Parent (First/Middle/Last)

Father's Date of Birth (MM/DD/YYYY) / /	State or Country of Birth
--	---------------------------

Child's New Name

Child's New First Name	Child's New Middle Name	Child's New Last Name
------------------------	-------------------------	-----------------------

Legal Information

This is a:			
<input type="checkbox"/> Stepparent	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Married Couple Adoption	<input type="checkbox"/> Domestic Partner

Attorney's Name (First/Middle/Last)	Attorney's Phone Number ()
-------------------------------------	--------------------------------

Attorney's Street Address

City	State	Zip
------	-------	-----

Final Date of Decree (MM/DD/YYYY) / /	County of Decree	Cause Number
--	------------------	--------------

Mailing Address

Send Certified Copy of New Birth Certificate to:	Current Parent(s) Mailing Address:
Name	Name
Address	Address
City, State, Zip	City, State, Zip

CENTER FOR HEALTH STATISTICS MAIL-IN REQUEST FORM

Requestor's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____ Email Address _____

Birth Certificates EXACT INFORMATION REQUIRED

_____ Certified Birth Certificates x \$20.00 _____ Paternity Filing Fee x \$15.00

_____ Heirloom Birth Certificates x \$40.00 _____ Adoption Filing Fee x \$15.00

_____ Obtain Certified Letter Verifying Paternity Status x \$35.00 (with photocopy of parent ID)

Name on Record (first middle & last) _____

Exact Date of Birth _____ City or County of Birth _____

Father's (first middle & last) Name (or "not named") _____

Mother's (first middle & MAIDEN LAST) Name _____

Death Certificates

_____ Certified Death Certificates x \$20.00

Name on Record _____

Approximate Date of Death _____ Date of Birth (if known) _____

City or County of Death _____ Spouse (if known) _____

Marriage & Divorce Certificates

_____ Marriage Certificates x \$20.00 _____ Divorce Certificates x \$20.00

Husband's Name _____

Wife's Maiden Name _____

Approximate Date of Marriage _____ Licensing County _____

Approximate Date of Divorce _____ Filing County _____

Acceptable forms of payment:

Check or MO

Payable to DOH

Mail to:



PO Box 9709

Olympia WA 98507-9709

(360) 236-4300

Total # of Certified Copies _____ x \$20.00

Total # of Heirloom Copies _____ x \$40.00

Total # of Filing Fees (only for paternity or adoption) _____ x \$15.00

Total # of Certified Paternity Letters _____ x \$35.00

Signature is required on Express Mail and Federal Express Delivery

First Class Mail (allow 2-3 weeks for delivery) ☐ no additional charge

Express Mail Delivery (street address or PO Box) \$18.30 ☐

Federal Express Delivery (street address only) \$15.00 ☐

Fed Ex to AK/HI/Canada/Mexico (street address only) \$25.00 ☐

TOTAL AMOUNT DUE \$ _____