

PROBATE COURT OF \_\_\_\_\_ COUNTY, ALABAMA

IN THE MATTER OF  
THE ADOPTION PETITION OF

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Case Number \_\_\_\_\_

**Post-Placement Investigative Report Form**

(Ala. Code §26-10E-19(i) (1975))

(Do not include copies of documents previously submitted with the Pre-Placement Investigative Report)

1. \_\_\_\_\_, the individual performing the Post-Placement Investigative Report, under the authority of: agent.

The Department of Human Resources

A licensed child-placing agency

A social worker licensed as provided by Ala. Code §34-30-3 (1975)

2. Petitioner(s)

(Name/DOB)

\_\_\_\_\_

3. Date Adoptee Placed in Petitioner(s) Home:

\_\_\_\_\_

4. Date of Pre-Placement Interview: \_\_\_\_\_

5. Date of Post-Placement Observation of Adoptee in the Petitioner(s) home: \_\_\_\_\_

(must be within 45 days of placement in Petitioner(s) home)

6. Biography(ies) of Petitioner(s), include medical and social history(ies):

\_\_\_\_\_  
\_\_\_\_\_

7. List any other circumstances which may be relevant to the placement of the adoptee with the Petitioner(s):

\_\_\_\_\_

8. Why do the biological parents or legal parents, if living, desire to be relieved of the care, support, and guardianship of the adoptee?

\_\_\_\_\_

9. Have the biological parents or legal parents abandoned the adoptee or why are they unsuitable to have custody of the adoptee?

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10. The medical and mental health histories of the adoptee's biological parent are as follows:

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11. All copies of any order, judgment, and/or decree affecting the custody of the adoptee or any children of the petitioner(s) are attached.

12. All Letters of Suitability Received     date last updated \_\_\_\_\_

FBI: date received \_\_\_\_\_, date updated \_\_\_\_\_

ABI: date received \_\_\_\_\_, date updated \_\_\_\_\_

13. Child Abuse/Neglect Registry clearances received for all household members 14 years of age or older from any state in which any petitioner or household member has resided for five years or more, list each member of the household:

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date received \_\_\_\_\_, date updated \_\_\_\_\_

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14. National Sex Offender Public Registry: date received \_\_\_\_\_, date updated \_\_\_\_\_

15. County Criminal Records Completed (from each county the petitioner(s) have resided for the two years prior to the anticipated date of finalization of the adoption):

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16. The anticipated costs and expenses related to the adoption

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17. Six reference letters, four unrelated, two related (if there are two petitioners, one related reference letter by a member of each petitioner's family): Attached

18. Medical reports on all individuals living in the home, including letters for any prescribing doctors for any controlled substance prescriptions: Attached

19. Financial Worksheet or a Copy of the Previous Year's Tax Return: Attached

20. Copies of Petitioner(s) birth certificates and marriage licenses if applicable:

Attached     N/A

21. Copies of current pet vaccinations, Attached  N/A
22. Copies of any divorce decrees, Attached  N/A
23. Copies of death certificates if applicable, Attached  N/A
24. Verification of supervisory visits, Attached  NA
25. Home Safety Inspection indicating that the home of the Petitioner(s) is safe for the adoptee: date \_\_\_\_\_
26. ICPC Check list has been completed Attached  N/A
27. List any property owned by the adoptee:

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28. Updated medical and mental health histories of the adoptee have been completed and provided to the Petitioner(s):

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(Signature of Affiant)

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

I, the undersigned authority, in and for said County and State, hereby certify that \_\_\_\_\_ whose name is signed to the foregoing and who is known to me, who acknowledged before me on this day, that the statements contained herein are true and correct and (s)he executed the same voluntarily on the day the same bears date.

Given under my hand this the \_\_\_ day of \_\_\_\_\_, 20\_\_.

(AFFIX NOTARY SEAL)

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Notary Public  
My Commission expires: \_\_\_\_\_

**STATE OF ALABAMA**

**COUNTY OF \_\_\_\_\_**

I, the undersigned authority, in and for said County and State, hereby certify that \_\_\_\_\_, whose name, as \_\_\_\_\_ (title) of \_\_\_\_\_ (entity name), a \_\_\_\_\_ corporation, is signed to the foregoing instrument, and who is known to me, acknowledges before me on this day that the statements contained herein are true and correct and (s)he has full authority to execute the same, and that (s)he is voluntarily doing so on the day that bears date.

Given under my hand this the \_\_\_ day of \_\_\_\_\_, 20 \_\_\_.

(AFFIX NOTARY SEAL)

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_