

North Carolina Division of Social Services

INSTRUCTIONS FOR COMPLETING FORM DSS-1808  
REPORT ON PROPOSED ADOPTION

**PURPOSE OF THE FORM:**

The Report on Proposed Adoption (DSS-1808) form must be completed by a social worker for each child for whom adoption proceedings have been initiated. The clerk of court in the county in which the adoption is filed will order the report via the Order for Report on Proposed Adoption (DSS-1807) and the Report must be completed within 60 days of receipt of the Order unless an extension is approved by the clerk of court.

The Report on Proposed Adoption (DSS-1808) is an extremely important data entry form that is keyed into the Adoption Information Management System (AIMS) to provide data to meet federal reporting requirements. To access an interactive form online visit <http://info.dhhs.state.nc.us/olm/forms/dss/dss-1808-ia.pdf>. It is therefore vital that:

1. All entries be clear, complete, and legible.
2. All items on the form are completed unless not applicable (in which case the field should be marked "N/A" to assure that the field was not overlooked).
3. All information (i.e., spelling of the names, dates of birth, etc.) is accurate and consistent with all other legal documents filed with the adoption.
4. All information should be typed. The form is available in both Microsoft Excel and Microsoft Word formats for the convenience of those preparing it.

**GENERAL INSTRUCTIONS:**

Most of the information requested is self-descriptive. When codes are required, a list is provided beside the box where the code is to be entered. White out should never be used on forms or legal documents. Errors should be struck through once and the corrections initiated by the persons signing the form.

**INSTRUCTIONS FOR SPECIFIC ENTRY FIELDS:**

Page One

1. Enter the name of the county in which the adoption proceeding is being filed.
2. Enter the special proceeding number assigned by the clerk of court.
3. Enter the FULL legal name of the petitioners as listed on the Petition for Adoption.
4. Enter the FULL name by which the adoptee is to be known if the adoption is granted and as entered on the Petition for Adoption.
5. Enter the name of the Clerk of Superior Court where the adoption proceeding has been filed and the county in which the court is located.
6. Enter the name, title, and address of the Director of the agency making the report.

**I. HISTORY OF CHILD**

**A. Placement Data for Child**

1. Enter the code which identifies the person or agency placing the child with the petitioners for the purpose of adoption. This will be the individual or agency that had custody or responsibility for the child at the time of the initiation of the adoption proceedings and who has the authority to consent to the adoption.

<u>Code</u>	<u>Value</u>
A	Public Agency – A unit of State or Local Government
B	Private Agency – A for-profit or non-profit agency or institution
C	Tribal Agency – A unit within one of the federally-recognized Indian tribes or Indian Tribal organization
D	Independent Person
E	Birth Parent
F	Other Relative

2. Specify the type of adoption as follows:

<u>Code</u>	<u>Value</u>
A	Agency (Non-Related) – the child is in agency custody and is being placed with petitioners who have no legal relationship to the child
B	Agency (Related) – the child is in agency custody and is being placed with petitioners who are legally related to the child either by blood or marriage
C	Independent/Non-Related – the child is being placed with the petitioners by an unrelated parent or guardian
D	Foreign – the child has been adopted internationally and the adoptive parents have filed to re-adopt the child in North Carolina
E	Relative – the child is being placed by the parent or guardian with a grandparent, sibling, first cousin, aunt, uncle, great-aunt, or great-uncle of the minor child
F	Stepparent – the child is being adopted by the spouse of one of his/her biological parents

**“Child previously in agency custody and eligible for Adoption Assistance?”** Indicate if the child was once in the custody of an agency and would have been eligible for adoption assistance had a determination of eligibility been made at that time. If the court granted custody or guardianship of the child to a caretaker and that child is now being adopted, the child may still be eligible for adoption assistance. Social workers should advise the prospective adoptive parents of these benefits and determine the eligibility of the child for adoption assistance via the DSS-5012 (Adoption Assistance Eligibility Checklist).

3. Fill in the name, address, and relationship of the agency, parent, or guardian identified in number one (1) above who is giving consent for the adoption.

NOTE: If this is an Independent adoption where the parents' rights were terminated previously, the worker should enter the date of the Termination of Parental Rights and the court where it was ordered in this space. An explanation is required when consent is not necessary.

4. Enter the code which identifies the location of the individual or agency identified in number one (1) above. If the location is not in North Carolina, write in the name of the state (if within the United States) or name of the country (if outside of the United States).

<u>Code</u>	<u>Value</u>
A	Child was born in North Carolina
B	Child was born in a state other than North Carolina
C	Child was born outside the United States

5. Enter the date that the child was placed in the home of the petitioners **for the purpose of adoption**. The date of the placement should be:

<u>Code</u>	<u>Value</u>
A	The date of the marriage or later in stepparent adoptions.
B	The date that the agency approved adoptive placement for a foster child residing with foster parents, prospective adoptive parent, or relative, who are petitioning to adopt the child. This date should be after all legal clearances have been obtained and an approved preplacement assessment has been completed.
C	The date that the parent who is the primary caregiver signs a consent to adoption which transfers legal and physical custody to the petitioners in an independent or relative adoption.

6. Enter the appropriate code to identify whether the child had an adoptive placement prior to the current placement.

<u>Code</u>	<u>Value</u>
A	Yes
B	No

7. Enter the appropriate code to determine if the child had been in substitute care prior to his adoptive placement, and whether there were any brothers/sisters or half-brothers/half-sisters in substitute care at the same time, but not necessarily in the same home or facility. Substitute Care is defined as any placement arrangement other than in the care of the biological parents or legal guardian whether formal or informal.

<u>Code</u>	<u>Value</u>
A	Yes
B	No

8. Enter the appropriate code which identifies if the child was placed with his/her own siblings.

<u>Code</u>	<u>Value</u>
A	Yes
B	No, or not applicable
C	With some, but not all

## B. Personal History

1. Original Name of Child

Enter the child's name exactly as it appears on the birth certificate. If a child was previously adopted, the birth certificate would have been amended. Therefore, the worker should be entering information from the amended birth certificate as if that was the child's original birth family information. Enter the SIS ID# of the child also, if the child had been receiving services from the agency prior to the placement.

2. Adopted Name of Child

This should be **exactly consistent** with the name entered on the Petition for Adoption of a Minor Child (DSS-1800) or the Petition for Adoption of a Minor Child - Stepparent (DSS-5162) as the name of the child after adoption. Enter the SIS ID # assigned under the child's new adopted name, if applicable. This SIS ID # should be different from the SIS ID # in item 1 above.

3. Date of Birth

Enter the date of birth on the child's original or amended birth certificate (if the child was previously adopted in North Carolina).

4. Verified by

The worker must request a certified copy of the child's birth certificate and record the birth certificate number in this field to show proof of verification.

5. Place of Birth

The worker must record the city or town and state abbreviation where the child was born. If the child was born in North Carolina, the proper county code should be entered. If the child was born outside the United States, please enter the name of the country.

6. Race

See Race Code Sheet for the appropriate code or combination from 01-64.

7. Sex

<u>Code</u>	<u>Value</u>
A	Male
B	Female

C. Court Action

The worker completing the DSS-Report on Proposed Adoption (DSS-1808) should enter the Name and Address of any Court that has issued a Termination of Parental Rights Order, an Order of the Clerk of Superior Court allowing the adoption to proceed without the parents' consent, an Adjudication of Mental Incompetency, and/or any other applicable court orders and the dates of those orders. Certified copies of these actions should be attached.

D. Special Needs Status

All information should be completed for children who were ever in agency custody who have been determined eligible for Adoption Assistance. It is crucial that the worker complete all fields accurately and not leave any information blank. If this is not an agency adoption and/or the child has been deemed ineligible for adoption assistance, the worker should mark the fields NA.

1. Enter the appropriate code to show whether the child has been determined, in accordance with Adoption Assistance policy, to have special needs status.

<u>Code</u>	<u>Value</u>
A	Yes
B	No

2. Enter the appropriate code to show the primary basis for the special needs determination. Only one code may be entered. If more than one of these conditions exist, select the one which has the most impact on the need for adoption assistance.

<u>Code</u>	<u>Value</u>
A	Membership in a sibling group
B	Medical conditions or mental, physical or emotional disabilities
C	Need for placement with known and approved family
D	Age
E	Racial/Origin Background
F	Readoption ( <i>child received adoption assistance in prior adoption</i> )

G Other

3. If medical conditions or mental, physical or emotional disabilities contributed to the determination of special needs status, check as many of the conditions that apply. Respond to this item even if this was not the primary reason for the determination. The disability may be identified either by documentation from specialists or by the social worker working with the child.

<u>Code</u>	<u>Value</u>
A	<b>Mental Retardation</b> – Significantly sub-average general cognitive and motor functioning existing concurrently with deficits in adaptive behaviors manifested during the developmental period that adversely affect a child/youth's socialization and learning.
B	<b>Blind or Visually Impaired</b> – Having visual impairment that may significantly affect educational performance or development.
C	<b>Deaf or Hard of Hearing</b> – A hearing impairment, whether permanent or fluctuating, that adversely affects educational performance; a communication disorder such as stuttering, impaired articulation; a language impairment or voice impairment that adversely affects educational performance.
D	<b>Physically Disabled</b> – A physical condition that adversely affects the child's day-to-day functioning, such cerebral palsy, spine bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities.
E	<b>Emotionally Disturbed</b> – A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree; an inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behaviors or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or tendency to develop physical symptoms or fears associated with personal problems. The term includes persons who are schizophrenic or autistic. The term does not include persons who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed.
F	<b>Learning Disability</b> – A disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to use mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, mental retardation, or environmental, cultural or economic disadvantage.
G	<b>HIV</b>
H	<b>Other Medically Diagnosed Condition</b> – Clinically diagnosed disabling conditions other than those listed above.

E. Adoption Subsidy/Financial Support

1. Adoption Assistance Benefits

- (a) Enter the appropriate code to show whether the adoptive parents have signed an Adoption Assistance Agreement.

<u>Code</u>	<u>Value</u>
A	Yes
B	No

If an Agreement was signed, enter the date of the signature and the funding code under which the assistance will be paid.

(b) Enter the funding source

<u>Code</u>	<u>Value</u>
A	Title IV-E
B	Title IV-B
C	SAF (State Adoption Fund) (Use for Private Agency Only)

Enter the amount of the cash assistance payment.

2. Enter the appropriate code to show whether non-recurring costs of adoption expenses will be or have been paid on behalf of the child with special needs.

<u>Code</u>	<u>Value</u>
A	Yes
B	No

3. Enter the appropriate code to show whether the child is a recipient of SSI benefits.

<u>Code</u>	<u>Value</u>
A	Yes
B	No

4. Enter the appropriate code to show whether the child has been determined to be eligible for Title XIX (Medicaid).

<u>Code</u>	<u>Value</u>
A	Yes
B	No

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

### A. Birth Father

1. Name of Birth Father (or Last Adoptive Father)

Enter the full legal name of the birth father (or last adoptive father). If the child was previously adopted, the birth certificate should have been amended. Therefore, the worker should be entering information from the amended birth certificate as if that was the child's original birth family information.

2. Address

Enter the birth father's (or last adoptive father's) full address. If the whereabouts are unknown, the worker should write WHEREABOUTS UNKNOWN.

3. Date of Birth

Enter the date of birth of the birth father (or last adoptive father). If the information is unknown, the worker should write UNKNOWN above the box.

4. Place of Birth

Enter the place of birth of the birth father (or last adoptive father). If the information is unknown, the worker should write UNKNOWN in the box.

5. Race

See Race Code Sheet for the appropriate code or combination from 01-64.

6. Nationality

Enter the name of the nation or country to which the parent belongs by origin, birth, or naturalization.

7. Education

(a) Highest Grade Completed

<u>Code</u>	<u>Value</u>
01-18+	1 <sup>st</sup> grade through post college education

(b) GED

<u>Code</u>	<u>Value</u>
Yes	Birth/last adoptive father has a GED
No	Birth/last adoptive father does not have a GED

(c) College

<u>Code</u>	<u>Value</u>
Yes	Birth/last adoptive father attended college
No	Birth/last adoptive father did not attend college

(d) Vocational/Technical School

<u>Code</u>	<u>Value</u>
Yes	Birth/last adoptive father attended Voc/Tech School
No	Birth/last adoptive father did not attend Voc/Tech School

8. Occupation

Enter the appropriate occupation code

<u>Code</u>	<u>Value</u>
A	Unknown
B	Unemployed
C	Professional
D	Supervisor/Manager/Proprietor
E	Clerical/ Sales/Crafts
F	Service/Laborer/Farmer
G	Military
H	Clergy
I	Trade
J	Retired
K	Student
L	Disabled

9. Marital Status

If the birth father was married to the birth mother at any time, it is crucial for the worker completing the Report on Proposed

Adoption (DSS-1808) to determine the date of marriage and/or divorce to rule out the possibility of a legal father. (The legal father is the man who is/was married to the mother and the child was born during the marriage or within 280 days after they divorced or after they separated pursuant to a written separation agreement or court order.)

10. Date and Verification of Death of Birth (last adoptive) Father; and

11. Cause of Death

The worker must obtain a certified copy of the death certificate to verify the date and cause of death of the birth father (or previous adoptive father) and attach it to the Report on Proposed Adoption (DSS-1808).

12. Date of Birth (last adoptive) Father's Legal Clearance

The worker must enter the date of the birth father's (or previous adoptive father's) legal clearance by a court-ordered Termination of Parental Rights, or Voluntary Consent or Relinquishment, or Death, or Date of Judicial Termination that he is not the father, or the Date that a Clerk of Superior Court entered an Order that his consent to the adoption was not needed.

13. Date Preplacement Assessment Provided to Birth /Last Adoptive Father

If a child is placed directly with adoptive parents by a birth father who has signed the Consent to Adoption by Parent, Guardian ad Litem, or Guardian (DSS-1802) before completion of the adoptive family's Pre-Placement Assessment, he must be provided with a copy of the Pre-Placement Assessment when completed. **Note: Only an unmarried father may sign a Consent or Relinquishment prior to the birth of the child.** The provision of the Pre-Placement Assessment is documented on the Certificate of Delivery of Preplacement Assessment (DSS-5219). The birth father then has a five day revocation period from the date he receives the Pre-Placement Assessment, which is the date entered in this field.

## B. Legal Father

Name of Legal Father

Enter the full legal name of the child's legal father. The legal father is the man who is/was married to the mother and the child was born during the marriage or within 280 days after they divorced or after they separated pursuant to a written separation agreement or court order.

Date of Clearance of the Legal Father

The worker must enter the date of the legal father's legal clearance by a court-ordered Termination of Parental Rights, or Voluntary Consent or Relinquishment, or Death, or Date of Judicial Termination that he is not the father, or the Date that a Clerk of Superior Court entered an Order that his consent to the adoption was not needed.

## C. Birth Mother

1. Name of Birth Mother (or Last Adoptive Mother)

Enter the full legal name of the birth mother (or last adoptive mother). If the child was previously adopted, the birth certificate should have been amended. Therefore, the worker should be entering information from the amended birth certificate as if that was the child's original birth family information.

2. Address

Enter the birth mother's (or last adoptive mother's) full address. If the whereabouts are unknown, the worker should write WHEREABOUTS UNKNOWN.

3. Date of Birth

Enter the date of birth of the birth mother (or last adoptive mother). If the information is unknown, the worker should write UNKNOWN above the box.

4. Place of Birth

Enter the place of birth of the birth mother (or last adoptive mother). If the information is unknown, the worker should write UNKNOWN in the box.

5. Race

See Race Code Sheet for the appropriate code or combination from 01-64 which identifies the race of the mother.

6. Nationality

Enter the name of the nation or country to which the birth (last adoptive) mother belongs by origin, birth, or naturalization.

7. Education

(b) Highest Grade Completed

<u>Code</u>	<u>Value</u>
01-18+	1 <sup>st</sup> grade through post college education

(b) GED

<u>Code</u>	<u>Value</u>
Yes	Birth/last adoptive mother has a GED
No	Birth/last adoptive mother does not have a GED

(c) College

<u>Code</u>	<u>Value</u>
Yes	Birth/last adoptive mother attended college
No	Birth/last adoptive mother did not attend college

(e) Vocational/Technical School

<u>Code</u>	<u>Value</u>
Yes	Birth/last adoptive mother attended Voc/Tech School
No	Birth/last adoptive mother did not attend Voc/Tech School

8. Occupation

Enter the appropriate occupation code

<u>Code</u>	<u>Value</u>
A	Unknown
B	Unemployed
C	Professional
D	Supervisor/Manager/Proprietor
E	Clerical/ Sales/Crafts
F	Service/Laborer/Farmer
G	Military
H	Clergy
I	Trade
J	Retired
K	Student
L	Disabled

9. Enter the code which identifies the marital status of the birth mother at the time of the child's birth.

<u>Code</u>	<u>Value</u>
A	Unknown
B	Single
C	Divorced
D	Married to Birth Parent
E	Married to Legal Parent
F	Married – Spouse not Legal or Birth Parent
G	Married to Adoptive Spouse
H.	Widowed

10. Marriages of Birth Mother

Enter the mother's current and previous spouse information in the appropriate boxes. It is crucial that all information be verified by obtaining copies of marriage licenses, divorce decrees and other court documents.

11. Date and Verification of Death of Birth Mother; and

12. Cause of Death

The worker must obtain a certified copy of the death certificate to verify the date and cause of death of the birth mother (or previous adoptive mother) and attach it to the Report on Proposed Adoption (DSS-1808).

13. Date of Birth/Last Adoptive Mother's Legal Clearance

The worker must enter the date that the birth mother's (or previous adoptive mother's) legal clearance by a court-ordered Termination of Parental Rights, or Voluntary Consent or Relinquishment, or Death, or the Date that a Clerk of Superior Court entered an Order that her consent to the adoption was not needed.

13. Date Preplacement Assessment Provided to Birth/Last Adoptive Mother

If a child is placed directly with adoptive parents by a birth mother who has signed the Consent to Adoption by Parent, Guardian ad Litem, or Guardian (DSS-1802) before completion of the adoptive

family's Pre-Placement Assessment, she must be provided with a copy of the Pre-Placement Assessment when complete. The provision of the Pre-Placement Assessment is documented on the Certificate of Delivery of Preplacement Assessment (DSS-5219). The birth mother then has a five day revocation period from the date she receives the Pre-Placement Assessment, which is the date entered in this field.

**III. HISTORY OF ADOPTIVE PARENTS**

**A. Adoptive Father**

Complete only if listed as a petitioner in the adoption proceeding.

1. Name of Adoptive Father

Enter the full legal name of the adoptive father.

2. Date of Birth

Enter the date of birth of the adoptive father.

3. Place of Birth

Enter the place of birth of the adoptive father.

4. Race

See Race Code Sheet for the appropriate code or combination from 01-64.

5. Nationality

Enter the name of the nation to which the parent belongs by origin, birth, or naturalization.

6. Education

(a) Highest Grade Completed

<u>Code</u>	<u>Value</u>
01-18+	1 <sup>st</sup> grade through post college education

(b) GED

<u>Code</u>	<u>Value</u>
Yes	Adoptive father has a GED
No	Adoptive father does not have a GED

(c) College

<u>Code</u>	<u>Value</u>
Yes	Adoptive father attended college
No	Adoptive father did not attend college

(b) Vocational/Technical School

<u>Code</u>	<u>Value</u>
Yes	Adoptive father attended Voc/Tech School

No Adoptive father did not attend Voc/Tech School

8. Occupation

(a) Enter the appropriate occupation code

<u>Code</u>	<u>Value</u>
A	Unknown
B	Unemployed
C	Professional
D	Supervisor/Manager/Proprietor
E	Clerical/ Sales/Crafts
F	Service/Laborer/Farmer
G	Military
H	Clergy
I	Trade
J	Retired
K	Student
L	Disabled

(b) Annual Income

Enter the adoptive father's annual income.

9. Marital Status

<u>Code</u>	<u>Value</u>
A	Single
B	Divorced
C	Married to Biological Parent
D	Married to Adoptive Spouse
E	Widowed
F	Married, Spouse not joined in Proceeding

10. Marriages of Adoptive Father

Enter the adoptive father's current and previous spouse information in the appropriate boxes. All information should be verified by observing certified copies of marriage licenses, divorce decrees and other court documents.

11. Relationship to Adoptee

Enter the code which describes the relationship between the adoptive father and the child being adopted. If they are related, write in the method used to verify the relationship. If relationship is that of a Foster Parent, enter code "e" instead of "a" –Not Related".

<u>Code</u>	<u>Value</u>
A	Not related
B	Biological Parent
C	Other Relative
D	Stepparent
E	Foster Parent
F	Grandparent
G	Great Grandparent
H	Uncle

B. Adoptive Mother

Complete only if listed as a petitioner in the adoption proceeding.

1. Name of Adoptive Mother

Enter the full legal name of the adoptive mother including the maiden name (if married). This information will be used to verify the accuracy of the Report to Vital Records (DSS-1815) and the Department of Vital Records will not accept the Report without a maiden name.

2. Date of Birth

Enter the date of birth of the adoptive mother.

3. Place of Birth

Enter the place of birth of the adoptive mother.

4. Race

See Race Code Sheet for the appropriate code or combination from 01-64.

5. Nationality

Enter the name of the nation or country to which the parent belongs by origin, birth, or naturalization.

6. Education

(c) Highest Grade Completed

<u>Code</u>	<u>Value</u>
01-18+	1 <sup>st</sup> grade through post college education

(b) GED

<u>Code</u>	<u>Value</u>
Yes	Adoptive mother has a GED
No	Adoptive mother does not have a GED

(c) College

<u>Code</u>	<u>Value</u>
Yes	Adoptive mother attended college
No	Adoptive mother did not attend college

(d) Vocational/Technical School

<u>Code</u>	<u>Value</u>
Yes	Adoptive mother attended Voc/Tech School
No	Adoptive mother did not attend Voc/Tech School

8. Occupation

(a) Enter the appropriate occupation code

<u>Code</u>	<u>Value</u>
A	Unknown
B	Unemployed
C	Professional
D	Supervisor/Manager/Proprietor
E	Clerical/ Sales/Crafts
F	Service/Laborer/Farmer
G	Military
H	Clergy
I	Trade
J	Retired
K	Student
L	Disabled

(b) Annual Income

Enter the adoptive mother's annual income.

9. Marital Status

<u>Code</u>	<u>Value</u>
A	Single
B	Divorced
C	Married to Biological Parent
D	Married to Adoptive Spouse
E	Widowed
F	Married, Spouse not joined in Proceeding

10. Marriages of Adoptive Mother

Enter the adoptive Mother's current and previous spouse information in the appropriate boxes. All information should be verified by observing certified copies of marriage licenses, divorce decrees and other court documents.

11. Relationship to Adoptee

Enter the code which describes the relationship between the adoptive father and the child being adopted. If they are related, write in the method used to verify the relationship. If relationship is that of a Foster Parent, enter code "e" instead of "a" –Not Related".

<u>Code</u>	<u>Value</u>
A	Not related
B	Biological Parent
C	Other Relative
D	Stepparent
E	Foster Parent
F	Grandparent
G	Great Grandparent
H	Aunt
I	Grand Aunt

C. Home of Adoptive Parents

1. County of Residence at Time of Filing of Adoption Petition  
Enter the county in which the family resided when the petition for adoption was filed.
2. Enter the current mailing address of the adoptive parents including street and number, post office box number, rural free delivery number, city, state and zip.
3. Enter the home and work number of the adoptive parents. Include area codes.

**D. Fees**

The worker should enter the type and amount of all expenses, fees, or other charges incurred, paid, or to be paid in connection with the adoption **that can reasonably be ascertained by the agency**. For example, the worker should list the known county filing fee, his or her understanding of the amount of legal fees, fees for the preplacement assessment or report to the court, etc. These amounts do not have to be verified. The actual amounts will be listed by the petitioners on the Affidavit of Fees (DSS-5191).

**E. Narrative Report of the Adoption Study**

The worker must include a narrative report that explains the worker's findings as a result of the adoption study and includes a finding concerning the suitability of the petitioner(s) and the petitioner's home for the adoptee. Judgmental and labeling language should be avoided. It is important to remember that information contained in this narrative will assist the Clerk of Superior Court in determining his/her decision as to whether entry of the decree of adoption is in the child's best interest. It is also important to remember that this is a **post-placement** report and that stating "see Pre-Placement Assessment" is not an acceptable substitution for the narrative report.

A suggested outline is as follows:

- I. Adoptee
  - Descriptive information such as grade level, hobbies, health (physical and mental), and developmental information.
  - Does the child have an age appropriate understanding of adoption?
  - What is the child's relationship with the birth parent(s)?
  - What is the child's relationship with the petitioner?
- II. Petitioner(s)
  - Does the petitioner have an understanding of the social and legal issues surrounding adoption?
  - Describe the petitioner(s) marriage in terms of compatibility, communication skills, etc.
  - Discuss reason for termination of any previous marriages, especially if dysfunctional.
  - How has the previous marriage impacted the person and the present relationship?
  - Discuss disciplinary measures and how parenting is shared, if appropriate.
- III. Occupation and Finances
  - Discuss length of employment and job satisfaction.
  - Discuss any concerns with the petitioner(s) finances.
- IV. Home Environment
  - Is the home adequate in space to meet the needs of the family? Describe.
- V. Criminal Record Check (If Mandated)

VI. References

A simple statement such as "three references were checked: all were positive" is sufficient. No names are to be used, as references are confidential.

VI. Agency's Recommendation of Placement

The worker, DSS Director, or authorized representative of a licensed adoption agency must sign the last page of the Report on Proposed Adoption (DSS-1808) form. The Clerk of Superior Court will enter the filing information and sign the form at the bottom. The agency must submit the report in duplicate to the Clerk of Superior Court.

Upon entry of the Decree of Adoption, the clerk will send one copy of this form as a part of the entire adoption packet to the NC Division of Social Services office within 10 days of entry of the decree. One copy of the signed Report on Proposed Adoption (DSS-1808) will be returned to the agency that completed the form.