



**REPORT TO THE COURT**  
 ND DEPARTMENT OF HUMAN SERVICES  
 CHILDREN AND FAMILY SERVICES  
 SFN 771 (Rev. 05-2006)

<b>RE: PETITION OF</b>
<b>TO ADOPT</b>
<b>TO BE KNOWN AS</b>

**I. PETITIONERS**

Father:	Mother:
Address:	Address:
Birthdate:	Birthdate:
Birthplace:	Birthplace:
Education:	Education:
Occupation:	Occupation:
Race:	Race:
Religion:	Religion:
Health:	Health:
Date of Present Marriage:	Place of Present Marriage:

**II. HOUSING AND FINANCES**

Description of Housing:	Value:
Annual Income:	Real Estate Value:
Savings and Investments:	Total Indebtedness:
Life Insurance:	Health Insurance:
Source of Information of Above Data:	

**III. CHILDREN OTHER THAN ADOPTEE**

Name:	Birthdate:

**IV. THE CHILD TO BE ADOPTED**

Birth Name:		Sex:
Birthdate:	Birthplace:	Race:
Special Need:		
Legal Custodian, Date and Court:		
Date Placed with Petitioners:	Relationship:	
Medical Exam Results:		
Examining Physician:	Date:	
Source of Information of Above Data:		

**V. CHILD'S BIRTH PARENTAGE**

Birth Mother:	Birth Father:
Birthdate:	Birthdate:
Race:	Race:
Consent:	Consent:
Source of Information of Above Data:	

**VI. ATTORNEY FOR PETITIONER**

Name:	Address:		
	City:	State:	Zip Code:

**VII. SUMMARY**

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**VIII. RECOMMENDATION**

Name of Agency:	
Agency recommends the legal adoption of (Birth Name):	
Adoptee will be known as (Adoptive Name):	
Recommendation made by (Worker):	
Date:	Title:
Supervisor Signature:	
Date:	Title:

**VII. SUMMARY (cont)**

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