

AGENCY ADOPTION PETITIONS

Please be advised that Agency Adoption petitions filed in Westchester County must be filed complete for processing under the DRL Art. 7, Uniform Rules-Trial Courts Sec. 205.53 and Local Practice requirements. The attached list is provided to assist you in filing a complete package as required by this Court. *Please coordinate your submissions with those of the Agency.*

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**Please provide the following information when filing:**

Adoption of \_\_\_\_\_ DOB \_\_\_\_\_ pl. \_\_\_\_\_  
Date Adoptive Child placed with Adoptive Parent(s) \_\_\_\_\_

Adoptive Parent(s) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Attorney \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_ Return Env. \_\_\_\_\_

Child to be known as \_\_\_\_\_

Agency \_\_\_\_\_  
\_\_\_\_\_

Atty for the Child \_\_\_\_\_  
\_\_\_\_\_

**FOR COURT USE ONLY:**

**Date sent for docketing:** \_\_\_\_\_

**Date Attorney given docket #:** \_\_\_\_\_

**Finalization date:** \_\_\_\_\_ **Agency Notified:** \_\_\_\_\_

**Atty for the Child Notified:** \_\_\_\_\_

AGENCY PETITIONS  
Attorney Submissions

**Received Date:**

\_\_\_\_\_ Petition, signed, dated and properly verified

\_\_\_\_\_ Agreement of Adoption and Consent,  
Adoptive Parents \_\_\_\_\_ *signed and Notarized*  
Agency Director \_\_\_\_\_ *signed and Notarized*

\_\_\_\_\_ Affidavit of Financial Disclosure *including attorney fees, agency fees, costs and disbursements*

\_\_\_\_\_ Supplemental Affidavit, *signed by adoptive parents and attorney*

\_\_\_\_\_ Order of Adoption *with caption completed*

\_\_\_\_\_ Report of Adoption (Albany) or Notification of Order of Adoption (NYC)

\_\_\_\_\_ Consent of Child over 14 years of age

\_\_\_\_\_ Affidavit Identifying the Parties, *signed by the Attorney*

\_\_\_\_\_ Attorney's Affirmation of Legal Services

\_\_\_\_\_ OCA Form \_\_\_\_\_ OCA Affirmation of Mailing\* *or*  
Postcard Receipt \_\_\_\_\_ \*

\_\_\_\_\_ Affidavit of Marital History from Adoptive Parents *signed and notarized*

\_\_\_\_\_ Original or Certified Copy of marriage certificate and/or Domestic Partnership Agreement;

\_\_\_\_\_ Divorce Decree & if applicable, Findings of Fact (certified copy) \_\_\_\_\_ death certificate (orig) \_\_\_\_\_

\_\_\_\_\_ Affidavit from Back-Up Guardian, if AP over 60 yrs old

\*Please note that pursuant to an Administrative Order of the Chief Administrative Judge of the Courts passed in October 2003, Section 205.53(b)(7) of the Uniform Rules for the Family Court was amended to alleviate the need for attorneys to wait for receipt of the OCA postcard receipt in order to finalize an adoption. Instead, the attorney now has the alternative of simply affirming in writing that the original was submitted to OCA.

AGENCY PETITIONS CONTD.

**Agency Submissions**

- \_\_\_\_\_ Certified copy or original birth certificate of adoptive child
- \_\_\_\_\_ Doctor's Note. MUST BE less than six months old *from the date of finalization*  
\_\_\_\_\_ adoptive child \_\_\_\_\_ AM \_\_\_\_\_ AF
- \_\_\_\_\_ Verified Schedule
- \_\_\_\_\_ Affidavit of Agency Fees or \_\_\_\_\_ Subsidy
- \_\_\_\_\_ Acknowledgment that AP have received child's medical records
- \_\_\_\_\_ Original or Certified Copy of:
  - TPR \_\_\_\_\_ BF \_\_\_\_\_ BM \_\_\_\_\_
  - Surrender \_\_\_\_\_ BF \_\_\_\_\_ BM \_\_\_\_\_
  - Other \_\_\_\_\_
- \_\_\_\_\_ Affidavit of No Appeal
- \_\_\_\_\_ Child Abuse Clearances (NO OLDER THAN 1 YEAR )  
\_\_\_\_\_ AM \_\_\_\_\_ AF  
ADULT OVER 18 in Household \_\_\_\_\_
- \_\_\_\_\_ Criminal Clearances (NO OLDER THAN 1 YEAR)  
\_\_\_\_\_ AM \_\_\_\_\_ AF  
ADULT OVER 18 in Household \_\_\_\_\_
- \_\_\_\_\_ Completed Putative Father Registry Form
- \_\_\_\_\_ Affidavit of Denial from AP re: drugs, alcohol, abuse and neglect, criminal history

Date of HOME STUDY \_\_\_\_\_