

**PETITIONS FOR CERTIFICATION
AS QUALIFIED ADOPTIVE PARENTS**

Please be advised that Certification petitions filed in Westchester County must be filed complete for processing under Art. 7, DRL, 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.

This is a proceeding for Certification as Qualified Adoptive Parents pursuant to DRL section 115-d. *Please note that home studies submitted to the Court must be clearly marked with the name of the petitioners and the docket number assigned to the case by this Court. All home studies must have been conducted by a Licensed, Certified Social Worker. The Court does not provide lists of approved licensed social workers.*

Please provide the following information when filing:

Certification of _____
Address _____
Phone No. _____

Attorney _____

Address _____

Phone No. _____ Env. _____

~ FOR COURT USE ONLY ~

Date Referred to Probation _____

Probation Approval Received _____

CERTIFICATION CHECKLIST
REQUIRED DOCUMENTS

Received Date

_____ Petition for Certification as Qualified Adoptive Parents (*Form 22*)
_____ Attorney's Affirmation of Legal Fees
_____ Conditional Order of Certification as Qualified Adoptive Parents
(*Form 25*)
_____ Order of Certification as Qualified Adoptive Parents (*Form 24*)

ADDITIONAL REQUIRED DOCUMENTS

_____ Homestudy by a Licensed, Certified Social Worker
Must be accompanied with:
_____ Affidavit & Report of Disinterested Person (*Form 24*)

CRIMINAL CLEARANCES

_____ AM Mailed _____ Returned _____
AF Mailed _____ Returned _____

CHILD ABUSE CLEARANCES (DSS Form 3937)
Form must be signed and dated!

_____ AM Mailed _____ Returned _____
AF Mailed _____ Returned _____
Returned for Correction _____

_____ Financial Statement AND most recent Federal and State income tax
returns

_____ Original or Certified copy of Marriage Certificate and/or
Certificate of Domestic Partnership

_____ Original or Certified copy of Judgement of Divorce (if applicable)

_____ Health Statements for Adoptive Parent(s)

For Court Use only - Date of Doctor's Note

_____ AM and/or _____ AF

CERTIFICATION CHECKLIST

NOTES
