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|  | | **Archived Records Memo for Adoption** | | | |  |
| DATE |
| TO: **Adoption Archives**  **Adoption Program Manager** | | | | FROM: (NAME, OFFICE, REGION) | | |
| CHILD’S BIRTH NAME | | | DATE OF BIRTH | | CHILD’S ADOPTED NAME | |
| BIRTH PARENT NAME | | | | BIRTH PARENT NAME | | |
| ADOPTIVE PARENT NAME | | | | ADOPTIVE PARENT NAME | | |
| DATE OF ADOPTION DECREE | SUPERIOR COURT WHERE ADOPTION WAS FINALIZED | | | | | |
| Number of Volumes: | | | | Number of Boxes: | | |
| Redacted disclosure (USB stick) password: | | | | | | |
| **HQ Office Use Only** | | | | | | |
| All required documents in file or in file upload.  The Child and Family Medical Background Report (DCYF 13-041),  Pre Adoption Disclosure is in file upload  The Post Placement Report (DCYF 27-107)  The Adoption Decree  The Dismissal of Dependency Order  This record was sent to Headquarters without being properly prepared for archiving. The following documents were not sent in the file or in file upload.  The Child and Family Medical Background Report (DCYF 13-041)  The Child and Family Medical Background Report (DCYF 13-041) was unsigned  Pre-Adoption Disclosure was not uploaded  The Post Placement (DCYF 27-107)  The Adoption Decree  The Dismissal of Dependency Order  **Disposition:**  File Archived  E-mail or telephone call to social worker requesting missing documents  File returned to case worker for proper archiving | | | | | | |
| Number of Volumes: | | | | Number of Boxes: | | |