

REPORT OF VISITATION FORMAT

VIRGINIA

REPORT OF VISITATION
By (name of agency)
Agency Case No.
Virginia Adoption Case No.
Chancery No. (if applicable)
(Current Date)

In The Circuit Court of (city/county)

In Re: Adoption of _____
(child's name)

Also Known As _____
(show all names by which child is known)

To Be Named _____

By _____
(male petitioner's name)

And _____
(female petitioner's name)

(street address)

(specify city or county)

To the Honorable (Judge's name), Judge of the Circuit Court of the (city/county):

An interlocutory order having been entered on (date), the (name of agency) herewith makes the following Report of Visitation, pursuant to Section 63.2-1212 Code of Virginia:

Identify the child, stating race, sex, date and place of birth, whether verified and birth registration number, name as it appears on the birth certificate, and relationship to petitioners.

Statement regarding the visits, giving the dates of the visits. State where the visits occurred and who was seen.

Paragraph reporting any changes in the home situation.

Paragraph summarizing the child's present condition and development since the initial investigation.

Report of Visitation Format (Continued)

Summary of contacts the natural family may have had with the child, petitioners or agency.

In a parental placement adoption, include any additional information obtained that pertains to the circumstances of the placement. Such information would include financial arrangements, exchange of property among the parties, and the fees paid or charged for services or related to the placement or adoption of the child.

Evaluation of the adoption and a statement concerning the court action which would appear to be in the child's best interest. The fee assessed to the petitioner is \$_____. If the report is submitted before the end of the probationary period, a statement should indicate the action to be taken at the conclusion of the probationary period and the 21 days allowed for the Commissioner's review of the report.

Respectfully submitted,

Superintendent/Director
(name of agency)

OR

John Doe
Superintendent/Director

By _____
(name and title of person signing report)

Prepared by: (caseworker's name)

NOTE: Please note that formal headings are not used in the body of the report and all copies of the report are to be signed by the Superintendent/Director or designated person above.