

REPORT OF INVESTIGATION  
FORMAT IN AN ADULT ADOPTION

VIRGINIA

In The Circuit Court of (city and county)

REPORT OF INVESTIGATION  
BY (name of agency)  
Agency Case No.  
Virginia Adoption Case No.  
Chancery No. (if applicable)  
(current date)

In Re: Adoption of \_\_\_\_\_  
(adoptee's name)

Also Known As \_\_\_\_\_  
(show all names by which adoptee 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):

The (name of agency) having received an order of reference to make an investigation in the above styled case, pursuant to Section 63.1-219.50 Code of Virginia, makes the following report:

The subject of the adoption petition is a (race and sex) born (date of birth) in (place of birth) (state whether birth information has been verified and show birth registration number, if available). He/she is identified as (adoptee's name) on his/her birth certificate. He/she is not related to the petitioners by blood or marriage (or state the relationship of the adoptee to the petitioners).

## Report of Investigation Format (Continued)

### Suitability of the petitioners to adopt:

Ages, races, educational background, date of marriage, (state whether verified), sex and ages of children.

Former marriages, place, date, method of termination (state whether verified), ages and whereabouts of children of former marriages.

Employment of the petitioners, all income, savings, investments, insurance, debts, including mortgage and time payments, and real estate owned.

Description of the home and community, members of the household, relationships, and housekeeping standards.

Religion of the petitioners, personality, community activities, and physical and mental health. Medicals are required in non-relative placements.

Petitioners as observed by references.

### Condition of the adoptee:

Name, age, education, employment, marital status, hobbies, health condition, confirmed by medical statement in non-relative placements. Physical, mental and emotional development. Relationship with petitioners, other members of the household, and peers.

The adoptee's reason for wanting the adoption to occur.

### Separation from natural parents:

Physical description of all parents, ages, races, educational backgrounds, employment, physical and mental health history, and personality. Names of the natural parents not to be used.

### Consent:

State who consents, by what authority and in what manner. Only the consent of the adoptee is required in an adult adoption.

Report of Investigation Format (Continued)

Circumstances of the placement:

State when and how the adoptee came to live in the home, if applicable. State any fees paid to person(s) or agencies that assisted in the placement.

Evaluate the suitability of the adoption.

Agency's Recommendation:

Suggested wording for final order: The (name of agency) recommends that the final order of adoption be entered in accordance with Code Section 63.2-1213.

Suggested wording for amount of fee assessed: The (name of agency) recommends that the petitioners be assessed a fee in the amount of \$\_\_\_\_\_, or recommends that no fee be assessed to the petitioners.

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)