

SUPPLEMENTARY REPORT OF INVESTIGATION  
(OR VISITATION) FORMAT

VIRGINIA

In The Circuit Court of (city/county)

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

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):

The (name of agency) having submitted a Report of Investigation (or  
Visitation) on (date) makes the following Supplementary Report:

Optional Paragraph: The child to be adopted 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 (child'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 child to the  
petitioners).

Supplementary Report of Investigation (or Visitation) (Continued)

Text: Include additional information. Formal headings are not used in the body of the report.

Agency's Recommendation: If there is no change, repeat the recommendation made in the prior report. Include the amount of the fee assessed.

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 all copies of the report are to be signed by the Superintendent/Director or designated person as shown above.**