

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.