

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

CERTIFICATE OF SERVICE

Clerk, Circuit Court of
(Fill in address below)

ENTER ALL INFORMATION BELOW WHEN KNOWN

RE: ADOPTION OF

PETITIONERS:

AGENCY CASE NUMBER:

VIRGINIA ADOPTION CASE NUMBER:

COURT CASE NUMBER:

I, HEREBY, CERTIFY THAT ON THE _____ DAY OF _____, 20__ IN THE COUNTY/CITY OF _____, VIRGINIA, A TRUE COPY OF THE ATTACHED REPORT WAS DELIVERED/MAILED TO THE COMMISSIONER OF SOCIAL SERVICES IN ACCORDANCE WITH SECTION

OF THE CODE OF VIRGINIA:

[63.2-1208](#) Investigation/General

[63.2-1228](#) Petition/Agency Adoption

[63.2-1242](#) Investigation/Stepparent Adoption

[63.2-1242.2](#) Investigation/Close Relative Adoption (In home less than 3 years)

[63.2-1242.3](#) Investigation/Close Relative Adoption (In home more than 3 years)

[63.2-1244](#) Investigation/Adult Adoption

[63.2-1212](#) Visitations Report

FEE ASSESSED: \$ _____

TO THE ATTORNEY: PLEASE RETURN THE REPORT TO THE CLERK OF COURT AS REQUIRED BY THE CODE OF VIRGINIA. ATTACH A CHECK PAYABLE TO CLERK OF COURT FOR FEE ASSESSED AS REQUIRED BY SECTION [63.2-1248](#). ENTRY OF FINAL ORDER OF ADOPTION IS PROHIBITED UNTIL PAYMENT OF FEES IS MADE.

TO THE PETITIONERS REPRESENTING THEMSELVES: PLEASE CONTACT THE CLERK OF THE COURT TO HAVE THE MATTER BROUGHT BEFORE THE JUDGE.

Four copies of this form are required with the following distribution:

- 1) Circuit Court
- 2) Permanency Unit, Adoption Services ([Address](#))
- 3) Attorney/Petitioner
- 4) Agency File