

**REQUEST FOR FRC TO COMPLETE REPORT OF INVESTIGATION
FOR FINALIZATION OF DOMESTIC ADOPTION
(ILLINOIS FAMILIES)**

I/We, _____ and _____ ,
(print name) (print name)

the prospective adoptive parent(s) of _____, born on _____
(print name of child) (print dob)

have informed Family Resource Center of the following:

(Adoptive parent(s) must initial one of the following two responses)

_____/____ I/We have no concerns [e.g., physical, medical, psychological, family, legal, personal, etc.] that might keep me/us from proceeding with the finalization of the adoption of the above-named child. Therefore, we request that Family Resource Center provide whatever documents are required by our attorney and/or the court that would allow for the finalization of this adoption. I/we understand that once this has been done, post-placement supervision by Family Resource Center for this adoption has been completed.

_____/____ I/We, for the reason(s) stated below, do not wish to finalize the adoption of the above-named child at this time. At this time I/we are not requesting Family Resource Center to prepare a Report of Investigation to my/our attorney until I/we have informed FRC in writing of my/our decision to finalize this adoption. I/we understand that post-placement supervision agreed to by Family Resource Center for this adoption has been completed and that additional fees may be required for additional post-placement visits, if required or requested by our attorney, the Illinois Department of Children and Family Services or the court, prior to the finalization of this adoption.

The reasons or concerns that keep me/us from proceeding with the finalization of this adoption at this time are: (use additional paper if necessary)

Adoptive parent(s) must initial the following in order for FRC to complete materials associated with the finalization of this adoption:

_____/____ FRC has advised me/us that if I/we suspect or believe that this child has or may have complex special medical or social needs that they may be eligible for a "non-ward" subsidy. We have been advised that if this child has special needs we should discuss our concerns with our attorney prior to finalizing this adoption. We have been advised that once an adoption is finalized obtaining any kind of subsidy for special needs conditions may not be possible.

Parent(s) Signature(s)

Name Date

Name Date

Read and reviewed by: _____ For FRC / Date _____