

**REQUEST FOR FRC TO COMPLETE REPORT OF INVESTIGATION  
FOR FINALIZATION OF DOMESTIC ADOPTION  
(OUT-OF STATE 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 required by Illinois and 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.

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 some kind of subsidy from the state in which we reside. This is something we should investigate with the agency that conducted our home study and state officials.

Parent(s) Signature(s)

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

Read and reviewed by: \_\_\_\_\_ For FRC / Date \_\_\_\_\_