

Adoption Agency Background Checklist and Certification

This is the background checklist and certification that an adoption agency (including private placement agencies and the Division of Child Protection and Permanency) shall provide to the court pursuant to R. 5:10-8(b).

Adoptive parent #1 -- Demographic information:

Name (Last, First Middle)			Aliases, Nicknames or prior names
Gender	Race	Date of Birth	Social Security Number
Current Address			
Prior addresses from last 5 years			
Income			Education
Health status			Marital/civil union/domestic partnership status
Citizenship status (if not U.S., attach documentation)			

Adoptive parent #1 -- Background check information:

CARI check	Date requested	Date of results returned
Name of person conducting check (if different than undersigned worker)		
Description of results (Include incident date(s), case/complaint numbers, date(s) of disposition and current status of each result) -- Attach a waiver for each item.		

State fingerprint check	
Date requested	Date of results returned
Name of person conducting check (if different than undersigned worker)	
Description of results (Include incident date(s), case/complaint numbers, date(s) of disposition and current status of each result) -- Attach a waiver for each item.	

Federal fingerprint check	
Date requested	Date of results returned
Name of person conducting check (if different than undersigned worker)	
Description of results (Include incident date(s), case/complaint numbers, date(s) of disposition and current status of each result) -- Attach a waiver for each item.	

Other information that may impact approval of the home

Adoption Agency Background Checklist and Certification

Adoptive parent #2 -- Demographic information:

Name (Last, First Middle)			Aliases, Nicknames or prior names
Gender	Race	Date of Birth	Social Security Number
Current Address: <input type="checkbox"/> Same as adoptive parent #1			
Prior addresses from last 5 years			
Income		Education	
Health status		Marital/civil union/domestic partnership status	
Citizenship status (if not U.S., attach documentation)			

Adoptive parent #2 -- Background check information:

CARI check	Date requested	Date of results returned
Name of person conducting check (if different than undersigned worker)		
Description of results (Include incident date(s), case/complaint numbers, date(s) of disposition and current status of each result) -- Attach a waiver for each item.		

State fingerprint check

Date requested	Date of results returned
Name of person conducting check (if different than undersigned worker)	
Description of results (Include incident date(s), case/complaint numbers, date(s) of disposition and current status of each result) -- Attach a waiver for each item.	

Federal fingerprint check

Date requested	Date of results returned
Name of person conducting check (if different than undersigned worker)	
Description of results (Include incident date(s), case/complaint numbers, date(s) of disposition and current status of each result) -- Attach a waiver for each item.	

Other information that may impact approval of the home

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Adoption Agency Background Checklist and Certification

Other adult #1 (age 18 or older) -- Demographic information:

Name (Last, First Middle)		Aliases, Nicknames or prior names	
Gender	Race	Date of Birth	Social Security Number
Current Address: <input type="checkbox"/> Same as adoptive parent #1			
Prior addresses from last 5 years			
Citizenship status (if not U.S., attach documentation)			

Other adult (age 18 or older) -- Background check information:

CARI check	Date requested	Date of results returned
Name of person conducting check (if different than undersigned worker)		
Description of results (Include incident date(s), case/complaint numbers, date(s) of disposition and current status of each result) -- Attach a waiver for each item.		

State fingerprint check	
Date requested	Date of results returned
Name of person conducting check (if different than undersigned worker)	
Description of results (Include incident date(s), case/complaint numbers, date(s) of disposition and current status of each result) -- Attach a waiver for each item.	

Federal fingerprint check	
Date requested	Date of results returned
Name of person conducting check (if different than undersigned worker)	
Description of results (Include incident date(s), case/complaint numbers, date(s) of disposition and current status of each result) -- Attach a waiver for each item.	

Other information that may impact approval of the home

Certification of Adoption Agency Employee(s)

I, the undersigned, certify that:

1. Considering all criminal, domestic violence or child abuse records known to me, it is in the best interest of the child that the adoption be finalized.
2. The agency will retain in its file all supporting documentation that is the basis of this background checklist form.
3. This completed background checklist form and the agency's consent to adopt have been provided together to the attorney representing the adoptive parent(s).
4. The foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.

Name of adoption agency: _____

Date

Signature

(Optional)

Name and title of worker

Date

Signature

(Optional)

Name and title of supervisor

Date

Signature

Name and title of other worker(s) named above who conducted checks