



**Tennessee Department of Children's Services**  
**Adoption Record Face Sheet (Closed)**

**Case Name**

A. Child's Birth Name: \_\_\_\_\_  
 B. Adoptive Home Name: \_\_\_\_\_  
 C. Code Number: \_\_\_\_\_

D.  Order of Reference Received  
 E.  Chancery  Circuit Court  
 F. Docket Number \_\_\_\_\_

**Type of Adoption**

G.  Department of Children's Services  
 H.  Independent  Related  
 Not-Related  Step-parent

Child/Birth Family Information	Adoptive Family Information	Legal Documents / Forms	Correspondence
<input type="checkbox"/> All CPS Referrals	<input type="checkbox"/> Application for Parenting*	<input type="checkbox"/> TPR Referral*	<p>Prior to finalization of the adoption, all correspondence from the birth family is sealed in the record. This will include only letters and memoranda pertinent to child's background or medical history.</p> <p><b>Note:</b> Once the adoption is final, letters from birth relatives need to be sent separately to the Post Adoption Unit and are not to be a part of the sealed record.</p> <p><b>Note:</b> International copies of documents affiliated with an International adoption i.e., order of termination of parental rights, adoption decree issued in accordance with the law of the foreign country, order or certificate of adoption, certified translation of the decree, or order or certificate of adoption, certificate of citizenship, may be sealed in the record. The originals of these documents are to follow the child.</p>
<input type="checkbox"/> Safety Plan <input type="checkbox"/> SDM <input type="checkbox"/> FAST	<input type="checkbox"/> Adult Medical Form/Child Medical Form*	<input type="checkbox"/> All Custody Orders*	
<input type="checkbox"/> Original Birth Certificate (Child)	<input type="checkbox"/> Autobiography*	<input type="checkbox"/> All Orders Terminating Parental Rights*	
<input type="checkbox"/> Parent Birth Certificate	<input type="checkbox"/> Marriage Certificate/Divorce Decree*	<input type="checkbox"/> Guardianship Orders*	
<input type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Previous Adoption Orders*	<input type="checkbox"/> Surrenders/Medical Birth History*	
<input type="checkbox"/> Death Certificate	<input type="checkbox"/> Birth Certificate*	<input type="checkbox"/> Waiver of Interest*	
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Monthly Family Income / Expenditure Form*	<input type="checkbox"/> Putative Father Registry (2) (one at TPR and one days prior to finalization)	
<input type="checkbox"/> IV-E Eligibility*	<input type="checkbox"/> Confidentiality Agreement for Full Disclosure	<input type="checkbox"/> Efforts for Diligent Search*	
<input type="checkbox"/> Child's Medical Form (All EPSDTs and any Medical Records)	<input type="checkbox"/> Checklist for Adoptive Parents	<input type="checkbox"/> Documentation of Approval for Separation of Siblings*	
<input type="checkbox"/> Child's Medical Birth History	<input type="checkbox"/> Adoptive Contract Agreement*	<input type="checkbox"/> Significant Court Reports*	
<input type="checkbox"/> Birth Family Medical History	<input type="checkbox"/> Intent to Adopt - CS-0460		
<input type="checkbox"/> Functional Assessment / Social History	<input type="checkbox"/> Application for Adoption Assistance - CS-0930	<input type="checkbox"/> Final Order of Adoption*	
<input type="checkbox"/> CANS and Genogram	<input type="checkbox"/> Adoption Assistance Agreement - CS-0513	<input type="checkbox"/> Initial/Protective Custody Order*	
<input type="checkbox"/> Psychological Reports /Assessments (Child or Parents)	<input type="checkbox"/> Adoptive Home Narrative through Approval*	<input type="checkbox"/> All Foster Care Review Summaries	
<input type="checkbox"/> Preplacement Summary and Presentation*	<input type="checkbox"/> Adoptive Home Updates*	<input type="checkbox"/> All Quarterly Progress Reports on Children in State Custody	
<input type="checkbox"/> Casey Life Skills	<input type="checkbox"/> Merged Narrative through Finalization* (Case Notes, Family and Child up to Finalization)	<input type="checkbox"/> Legitimizing Orders*	

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.  
 Distribution: Closed Adoption Record  
 CS-0677 Rev. 04/19

	(Narrative includes documentation of discussion of AA or benefits if eligible)		
<input type="checkbox"/> Bonding Assessment/Parenting Assessments	<input type="checkbox"/> CFTM Summaries	<input type="checkbox"/> Order of Reference*	
<input type="checkbox"/> School Records*	<input type="checkbox"/> Other	<input type="checkbox"/> Petition to Adopt*	
<input type="checkbox"/> Documentation of SSI/SSA Benefits*	<input type="checkbox"/> Checklist for Preparing Adoptive Parents- CS-0900	<input type="checkbox"/> Consent to Adopt*	
<input type="checkbox"/> Intra/Interstate Correspondence Re: Relative Placement*		<input type="checkbox"/> Preliminary Court Report/Confidential Court Report*	
<input type="checkbox"/> Narrative Up to Adoptive Placement* (Case Notes, F.C., CPS, etc.)		<input type="checkbox"/> Supplemental Court Report*	
<input type="checkbox"/> CFTM Summaries		<input type="checkbox"/> Other	
<input type="checkbox"/> Other			

**\*Required Documentation**

Worker: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

*Team Leader*