



Tennessee Department of Children's Services Closed Adoption Record Checklist

Case Information

- A. Child's Birth Name: _____
- B. Adoptive-Parent's Name(s): _____
- C. Child's Adoptive Person/Record ID: _____

- D. ☐ Order of Reference Received
- E. ☐ Chancery Court ☐ Other: _____
☐ Circuit Court
- F. Adoption Court Docket Number _____

Type of Adoption

- G. ☐ Department of Children's Services
☐ Licensed Child Placing Agency
- H. ☐ Independent ☐ Relative
☐ Non-Relative ☐ Step-parent

Please select to verify all applicable documents listed below are in the DCS Electronic Adoption Record or in the Adoption Agency Hardcopy Adoption Record:

Child/Birth Family Information	Adoptive Family Information	Legal Documents / Forms	Correspondence
<input type="checkbox"/> All CPS Referrals	<input type="checkbox"/> Foster Home Application for Parenting *	<input type="checkbox"/> TPR Petitions *	<p>Prior to finalization of the adoption all correspondence from the birth family is sealed in the hardcopy record. This will include only letters and memoranda pertinent to child's background or medical history.</p> <p>*Required Documentation for sealed record</p> <p>Note: original documents such as original birth certificates, cards, letters, and photos that are from an electronic adoption record for a DCS child/youth should be collected and sent by certified mail to the Post Adoption Records Unit to be placed in a hard copy sealed file and stored separately.</p> <p>Note: Once the adoption is final, letters from birth relatives need to be sent separately to the Post Adoption Records Unit and are not to be a part of the sealed record.</p> <p>Note: 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"/> 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"/> Birth Certificate	<input type="checkbox"/> Surrenders	
<input type="checkbox"/> Death Certificate	<input type="checkbox"/> Confidentiality Agreement for Full Disclosure *	<input type="checkbox"/> Waiver of Interest *	
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Checklist for Preparing Adoptive Parents *	<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"/> Intent to Adopt Placement Agreement*	<input type="checkbox"/> Efforts for Diligent Search *	
<input type="checkbox"/> Child's Medical Information (All Comprehensive Medical Examinations and any Medical Records) *	<input type="checkbox"/> Application for Adoption Assistance	<input type="checkbox"/> Documentation of Approval for Separation of Siblings *	
<input type="checkbox"/> Child's Medical Birth Records History *	<input type="checkbox"/> Adoption Assistance Agreement	<input type="checkbox"/> Other Significant Court Reports *	
<input type="checkbox"/> Birth Family Medical History	<input type="checkbox"/> Adoptive Home Narrative through Approval*	<input type="checkbox"/> Previous Adoption 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
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<input type="checkbox"/> Genogram	<input type="checkbox"/> Adoptive Home Updates*	<input type="checkbox"/> Final Order of Adoption *	Original Documents for the closed adoption record: <input type="checkbox"/> Photographs <input type="checkbox"/> Birth certificate <input type="checkbox"/> Letters <input type="checkbox"/> Cards _____ <input type="checkbox"/> Other _____ Note: Post Adoption staff will print case recordings from a DCS closed adoption electronic record when unsealed and redact identifying information per TCA requirements.
<input type="checkbox"/> CANS	<input type="checkbox"/> Private Agency Home Study *	<input type="checkbox"/> All Foster Care Review Summaries	
<input type="checkbox"/> Psychological Reports / Assessments (Child or Parents)	<input type="checkbox"/> Other	<input type="checkbox"/> All Quarterly Progress Reports on Children in State Custody	
<input type="checkbox"/> Preplacement Summary and Presentation*		<input type="checkbox"/> Legitimizing Orders *	
<input type="checkbox"/> Life Skills Assessment		<input type="checkbox"/> Order of Reference *	
<input type="checkbox"/> Bonding Assessment/Parenting Assessments		<input type="checkbox"/> Petition to Adopt *	
<input type="checkbox"/> School Records*		<input type="checkbox"/> Consent to Adopt *	
<input type="checkbox"/> Documentation of SSI/SSA Benefits*		<input type="checkbox"/> Preliminary Court Report/Confidential Court Report *	
<input type="checkbox"/> Intra/Interstate Correspondence Re: Relative Placement*		<input type="checkbox"/> Supplemental Court Report *	
<input type="checkbox"/> CFTM Summaries		<input type="checkbox"/> Other	
<input type="checkbox"/> Other			

Documentation Verified by Adoption/Permanency Specialist to close adoption record:

Specialist: _____ Date: _____

Documentation Verified by Post Adoption Specialist to register and seal closed adoption record:

Specialist: _____ Date: _____

Documentation Verified by Post Adoption Specialist in the unsealed requested adoption record:

Specialist: _____ Date: _____