

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of the Adoption of
A Child Whose First Name is

(Docket) (File) No.

VERIFIED SCHEDULE
(Agency)

TO THE COURT:

1. I, _____, am a duly constituted official of _____, the authorized agency whose principal office is at _____, and who ☐ has custody of ☐ is placing the adoptive child named in the caption of this proceeding for adoption.

2. On information and belief, the full name, date and place of birth of the adoptive child are:
[Attach certified copy of birth certificate]

3a. On information and belief, the full name and last known address of the birth mother of the adoptive child are:

3b. On information and belief, the full name and last known address of the birth father of the adoptive child are:

4. This agency obtained custody of the adoptive child in the following manner:

5. [Applicable to *Interstate Compact on Placement of Children* cases]: The administrator of the *Interstate Compact for the Placement of Children* of the State of New York or his or her designee, has certified that such placement complied with the provisions of the compact. A true copy of the signed document is attached and made a part of this schedule.

6. [Check applicable box(es)]:

(a) The consent to this adoption by [specify]: _____, birth mother of the adoptive child, ☐ is attached hereto ☐ is unnecessary for the following reasons [specify]: _____

(b) The consent to this adoption by [specify]:
birth father of the adoptive child, ☐ is attached hereto ☐ is unnecessary for the following reasons
[specify]:

7. [Extra-judicial surrenders ONLY; delete applicable box; skip paragraph if inapplicable]:

☐ [Applicable to child surrendered from foster care, pursuant to Soc. Serv. Law §383-c]:

The birth parent(s) of the adoptive child ☐ has/have ☐ has/have not requested this agency
to return the adoptive child to the birth parent(s) within 45 days of the execution and delivery of an
instrument of surrender to an authorized agency, ☐ except [specify, if applicable]:

☐ [Applicable to child surrendered who was NOT in foster care, pursuant to Soc. Serv. Law
§384]: The birth parent(s) of the adoptive child ☐ has/have ☐ has/have not requested this agency to
return the adoptive child to the birth parent(s) within 30 days of the execution and delivery of an
instrument of surrender to an authorized agency, ☐ except [specify, if applicable]:

8. Attached hereto and made a part hereof is a document setting forth all available
information comprising the adoptive child's medical history.

9. [Applicable if there is a Post-adoption Contact Agreement; attach true copy]:

☐ On [specify date]: _____, at the time of the approval of the surrender
of the child, the Family Court, [specify]: _____ County, approved the attached Post-adoption
Contact Agreement as being in the child's best interests. The agreement was consented to in writing by
the following [specify]:
Adoptive parent(s) [specify]:
Birth parent(s) [specify]:
Adoptive child's law guardian [specify]:
Sibling(s) or half-sibling(s) over the age of 14, if contact is with siblings or half-siblings [specify]:

Date:

Authorized Agency

By _____

Title

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address and Telephone Number

VERIFICATION

STATE OF NEW YORK)
 ss.:
COUNTY OF)

being duly sworn,
deposes and says:

That (he) (she) is a duly constituted official of the above-named authorized agency, to wit, its

;

That (he) (she) has read the foregoing Schedule and knows the contents thereof; that the same is true to (his) (her) own knowledge except as to matters therein stated to be alleged on information and belief and that as to those matters (he) (she) believes it to be true.

Agency Official

Sworn to before me this
day of , .

(Deputy) Clerk of the Court
Notary Public