

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. _____, 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

I am a duly authorized representative of the Petitioner Agency in the above-entitled proceeding and affirm this ___ day of _____, ____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that I am acquainted with the facts and circumstances of the above-entitled proceeding and believe the above statements are true to my own knowledge, except as to those matters stated to be alleged on information and belief and as to those matters I believe them to be true. I understand that this document may be filed in an action or proceeding in a court of law.

Signature / Print or type name

Agency and Title