

SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

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

(Docket)(File) No. \_\_\_\_\_

REPORT OF  
INVESTIGATION  
(Private-Placement)

TO THE \_\_\_\_\_ COURT OF THE COUNTY OF \_\_\_\_\_ ;

Pursuant to the order for investigation dated the \_\_\_\_ day of \_\_\_\_\_ from the Honorable  
\_\_\_\_\_ Judge of the \_\_\_\_\_ Court, I, \_\_\_\_\_, have  
investigated the allegations set forth in the petition herein and any statements contained in the  
affidavits required by the Domestic Relations Law. On the basis of such investigation, I respectfully  
submit the following report:

1. The marital status, family members and history, religious affiliation, if any, of the adoptive  
parent(s) and adoptive child are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_;

2. The physical and mental health of the adoptive parent(s) and adoptive child are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_;

3. The adoptive parent(s) have an income of and own the following property: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The following fees, compensation or other remuneration have been paid or agreed upon with  
respect to the placement of the child for adoption:

To the birth parent: \_\_\_\_\_

To the attorney for the birth parent: \_\_\_\_\_

To agency: \_\_\_\_\_

To attorney for agency: \_\_\_\_\_

To attorney for adoptive parent: \_\_\_\_\_

Other (specify): \_\_\_\_\_

5. The adoptive parent(s) (has)(have) not been (a) respondent(s) in any proceeding involving children alleged to be neglected, abandoned, abused, delinquent or in need of supervision except:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_;

6. The following other facts relations to the familial, social, emotional and financial circumstances or the adoptive parent(s) may be relevant to a determination of adoption: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
Investigator

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Signature of Attorney, if any

\_\_\_\_\_  
Attorney's Name (Print or Type)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attorney's Address and Telephone Number