

CASE COUNSELING, PLLC  
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DOCUMENT LIST

LIST OF ITEMS I NEED FOR CHILD CUSTODY AND ADOPTION EVALUATIONS

Advisement Form, Release of Information / HIPAA Forms signed. Complete Interview Packet.

YOUR'S and your ATTORNEY'S Contact Information: Phone number, email address, and address.

Copy of Driver's License. Verification of parents U.S. Birth Record or Naturalization Record, or Verification of Citizenship/Immigration status if you are a Non-Citizen.

Name, address, email address, and phone number of THREE personal character references (Non-Family Members) that have observed you and your children together as a family.

Copy of Marriage License to current spouse (if applicable)

Copy of Divorce Decrees for prior marriage / divorces (if applicable)

Verification of net monthly or annual income for both parents ( check stubs, income tax return, 1099s)

List of all immediate and extended Family Members, their ages, their addresses, and phone numbers. Which family member do you share the closest relationship with.

Provide verification of your education and professional licenses (e.g., copy of diploma, college transcripts, professional licenses, etc.,)

List past 10 years employment history, including approximate dates of employment, job title, and city or location of job. Tell me what you do to support yourself and your family (include résumé if applicable).

List past 10 years of residential history (how long did you reside at each address?)

**Verification of Your Health. Please follow the instructions highlighted in "green" bold type on page 8 of the Interview Questionnaire For Adoption Evaluations**

I request each adoption applicant to ask your physician to provide a Doctor's Statement to me or medical records to me that addresses: your current physical health; any medications you take; any history of alcohol or drug use, or treatment for alcohol or substance abuse; and any history of mental disorders, emotional instability or treatment for such. Ask your physician to mail the medical record to:  
Robin Case, P.O. Box 699, Aubrey, Texas 76227.

**Verification of Child(ren)'s Health. I only need the child who is the subject of this Adoption Evaluation.**

Please ask the child's pediatrician to provide the child's medical records or a letter addressing the child's current physical, mental, and emotional health. Is the child meeting developmental milestones? Is the child current on immunizations? Does the child have any special needs. Ask the pediatrician to mail the medical record or letter to: Robin Case, P.O. Box 699, Aubrey, Texas 76227.

Include the child's dental and eyecare records, as well.

Provide Birth Certificate and Current school report card for each child who is the subject of this Adoption Evaluation.

**Verification of Education and Social Adjustment**

Please ask the child's day care director or school (teacher or school counselor) to provide a statement to me regarding the child's social adjustment, development, and progress at day care or school, whichever is applicable. Ask the school teacher, counselor, or day care director to mail this letter to: Robin Case, P.O. Box 699, Aubrey, Texas 76227.

Verification of Health Insurance for the child(ren) who is the subject of this Adoption Evaluation. Include vision and dental insurance, if applicable.

Please ask your Physician, the Child's Pediatrician, Dentist and / or Eyecare Professional, and the School or Day Care Provider to furnish the records I requested within 10 days to avoid delaying the adoption evaluation. The medical practitioners and schools may require you to sign "their" Release of Information / HIPAA forms even though you have already signed these forms for me and have given me permission to speak with these collateral sources. Please provide a copy of this letter or explain my request to each collateral source within the first week or two of receiving this Interview Packet and encourage them to provide this information to me timely. If they have questions or need further clarification, please tell these sources they may contact me. The remainder of the documents requested will be obtained by You and will be included in your 3-ring binder. You may call or text me at (817) 845-6365 with any question you have. Preferably, I request you to email your list of questions to me at: [Robincounseling@aol.com](mailto:Robincounseling@aol.com). Thank you and I look forward to meeting with you soon.

Robin Case, LCSW-S, LMFT