

## Unrelated Adoption Investigation Procedure

- In unrelated adoption cases, OACCA is most often appointed as investigator. If so, after you have filed your adoption case and you have sent the relevant documents to the GAL, then OACCA will conduct its investigation of the prospective adoptive parents. This is done in two parts, the first part being the criminal background investigation via fingerprinting and the second is the intake and home study.
  - See Procedure for Crim Background Check document for fingerprinting instructions
- First, to initiate the intake and home study investigation, you, the attorney, must contact OACCA to establish they have been appointed by the court as investigator in your case. You will need to send OACCA the adoption petition, Affidavit for Investigator, any indigent orders (i.e. CLSP or 298 Order) and the Interim Order appointing them as investigator.
- Next, your client will need to provide OACCA with the following completed documents
  - Fee
    - If client is on Social Security or SSI, there is a flat \$50
    - If the client is not supported by Social Security or SSI, you must determine the fee in accordance to OACCA's sliding scale. See Fee Schedule in Appendix
  - Marriage Certificate and/ or Divorce Decree
    - If the adoptive parent is married, but separated, "An Affidavit of Married but Separated Person" is requested
  - A copy of the past 3 years' IRS Tax Returns, form 1040 (first page only)
  - Three personal reference letters from anyone that is not related to the adoptive parent, examples include pastor, neighbor, family friends
  - A letter from current employer which states position, length of employment and salary. If adoptive parent is self-employed, two business references are required.
  - Child's birth certificate
  - Physician statements for ALL ADULTS residing in the adoptive parent's home, see Appendix for form
  - Pediatrician statements for ALL CHILDREN, not just those to be adopted, residing in the adoptive parent's home, see Appendix for form
  - School reports for ALL CHILDREN, not just those seeking to be adopted, residing in the adoptive parent's home, see Appendix for form
  - If adoptive parent is the child's guardian, guardianship papers must be provided.
- Note: All documents must be in English; if documents are in another language, they must be sent to OACCA with an official translation
- Have client send all requisite documents and fee to:
  - Nancy Kewin, Adoption Supervisor
  - Office of Adoptions & Child Custody Advocacy
  - 69 W. Washington St., Suite 818
  - Chicago, IL 60602
  - Phone: 312.603.0550; Fax: 312.603.9909
- Confirm with OACCA that client has sent all requisite documents
- Once all documents are received and criminal background check is complete, OACCA will contact the client and arrange for interview and home study.
- OACCA is also authorized to take the consent of any parent. However, they charge a fee of \$100. To avoid this, you can still bring a parent before the Court for a consent
- OACCA will not contact you to inform that the investigation is completed. Their investigation report is also confidential and not made available to you. Only the Court and GAL receive copies.

## **DOCUMENTS REQUIRED AT TIME OF ADOPTIVE PARENTS' INTERVIEW**

1. A receipt from Cook County Sheriff's Office. You will receive this receipt once you are fingerprinted. You must be fingerprinted before The Office of Adoption and Child Custody Advocacy' interview can begin.

### **Fingerprint procedure**

- Call 312-603-6190 to schedule an appointment. Fingerprints are done at the Daley Center, Room 702. You can also call our office at 312-603-0550 to schedule a fingerprint appointment.
  - If adoptive parents have been fingerprinted **within the last year** while working with an agency, they may bring a letter from that agency indicating the date of the fingerprinting and a statement that neither adoptive parent has a criminal record.
  - Fees for fingerprinting:
    - \$10 for a single adoptive parent (check should be written to Cook County Sheriff)
    - \$15 for a couple (check should be written to Cook County Sheriff)
    - \$39.25 fee for each parent (check should be written to Illinois State Police)
    - \$78.50 for a couple (check should be written to Illinois State Police) (The two checks should be tendered to the Cook County Sheriff)
    - \$50 fee for processing (**Money Orders only**). The money order should be made to the **Cook County Department of Supportive Services**.
- 2. A \$150 deposit, non-refundable, payable to **Cook County Department of Supportive Services**. (Unless Adoptive Parent(s) are on Public Aid or SSI.)
- 3. Marriage certificate and/or Divorce Decree. (If child support was required as a part of the decree for another dependent; evidence of current child support payment is needed.) **If the adoptive parent is married but separated, "An Affidavit of Married but Separated Person" is requested.**
- 4. **A copy of the past three years' IRS Tax Returns, form 1040, (first page only).**
- 5. Three personal reference letters from anyone that is not related to adoptive parents.
- 6. A letter from current employer(s) giving position, length of employment and salary. If self-employed, two business references.
- 7. If adoptive child is already placed in the home, birth certificate and recent doctor's statement on child.
- 8. **Physician/Pediatrician statements on all parties residing in the adoptive parent(s)' home.**
- 9. **If adoptive parent(s) are guardian(s) of the child, guardianship papers must be provided.**

**NOTE: All documents (i.e., birth certificate, marriage certificate, etc.), must be in English. If the documents are in another language, the documents must be translated and notarized.**

ADOPTION FEES EFFECTIVE 12/01/2007

UNDER-\$10,000.00.....	\$50.00
\$10,000.00-\$14,999.00.....	\$75.00
\$15,000.00-\$19,999.00.....	\$125.00
\$20,000.00-\$24,999.00.....	\$225.00
\$25,000.00-\$29,999.00.....	\$325.00
\$30,000.00-\$34,999.00.....	\$475.00
\$35,000.00-\$39,999.00.....	\$675.00
\$40,000.00-\$44,999.00.....	\$775.00
\$45,000.00-\$49,999.00.....	\$925.00
\$50,000.00-\$59,999.00.....	\$1,025.00
\$60,000.00-\$69,999.00.....	\$1,225.00
\$70,000.00-\$79,999.00.....	\$1,325.00
\$80,000.00-\$89,999.00.....	\$1,525.00
\$90,000.00-\$99,999.00.....	\$1,675.00
\$100,000.00-\$149,999.00.....	\$2,025.00
\$150,000.00-\$199,999.00-----	\$2,525.00
\$200,000.00 AND ABOVE-----	\$3,025.00

BIRTH PARENT INTERVIEW AND CONSENT-----	\$100.00 PER HOUR
ADULT ADOPTEE INQUIRY-----	\$100.00
INTAKE ADOPTION INTERVIEW-----	\$150.00
FINGERPRINTS-----	\$50.00



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16<sup>th</sup> Dist.  
17<sup>th</sup> Dist.

Physician's Report on  
Adoptive Parents

Name of Patient \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Date of Examination \_\_\_\_\_

1. Are there any concerns in this patient's health history? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What is the overall general health of this patient's conditions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are there any medical or psychological conditions that may limit this  
patient's conditions ability to parent? \_\_\_\_\_  
If so, what are they? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name of Physician: \_\_\_\_\_  
Signature of Physician: \_\_\_\_\_  
Address of Office: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date: \_\_\_\_\_

Please mail to above address to the attention of \_\_\_\_\_

Rev. 4/2007

THE BOARD OF COMMISSIONERS  
TODD H. STROGER, PRESIDENT

OFFICE OF ADOPTION AND CHILD  
CUSTODY ADVOCACY

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17<sup>th</sup> Dist.



PEDIATRICIAN'S REPORT

Child's Name: \_\_\_\_\_

Sex: Male/Female: \_\_\_\_\_ Date of birth: \_\_\_\_\_

PHYSICAL CHARACTERISTICS:

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

List any observable physical abnormalities: \_\_\_\_\_

Health History

Immunizations & Date Given: \_\_\_\_\_

Diphtheria/Pertussis/Tetanus: \_\_\_\_\_

Measles/Mumps/Rubella: \_\_\_\_\_

Polio: \_\_\_\_\_

Whooping Cough: \_\_\_\_\_

TB: \_\_\_\_\_

Illness & Treatment to date: \_\_\_\_\_

Is the overall development of this child satisfactory? \_\_\_\_\_

If no, why? \_\_\_\_\_

Do you have any concerns about the parents' ability to care for the child(ren)? \_\_\_\_\_

If so what are they? \_\_\_\_\_

Print Physician's Name \_\_\_\_\_

Date \_\_\_\_\_

Physician's signature required \_\_\_\_\_

Address/phone Stamp \_\_\_\_\_

\_\_\_\_\_  
(Caseworker)

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Office Of Adoption And Child Custody Advocacy  
69 West Washington Street-Room #818  
Chicago, Illinois 60602  
(312)603-0550 Fax (312)603-9909  
**SCHOOL REPORT**

**\*\* Note :** Please have the school return this form directly to our office.  
It will be unacceptable if it is submitted by either parent.

Name of the Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Child living with: \_\_\_\_\_  
Child's Home Address: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Parent's address: \_\_\_\_\_

Name of the School: \_\_\_\_\_ Grade : \_\_\_\_\_  
School Address & Telephone #: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_  
Absences: \_\_\_\_\_ Frequent: \_\_\_\_\_ Seldom: \_\_\_\_\_ No. of absences: \_\_\_\_\_  
Reasons: \_\_\_\_\_  
Tardiness: \_\_\_\_\_ Frequent: \_\_\_\_\_ Seldom: \_\_\_\_\_ Reasons: \_\_\_\_\_

General Appearance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavior and Social Adjustment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cooperation of Parent(s) and/or Step-parents or Guardian(s): \_\_\_\_\_

Information about this child's home or family relationship which has bearing on his attitudes and behavior: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of child's problem, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACHIEVEMENTS IN SCHOOL SUBJECTS

List of subjects and grades as noted on Child's report card, and level of Achievements:

<u>Subject</u>	<u>Grade</u>	<u>Level of Achievement</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

This child is /is not working up to his academic capacity: Comments : \_\_\_\_\_

Specify disabilities that limit achievement: \_\_\_\_\_

Social work: \_\_\_\_\_

Psychological evaluation: \_\_\_\_\_

Speech correction: \_\_\_\_\_ Counseling: \_\_\_\_\_ Remedial Math: \_\_\_\_\_ Remedial reading: \_\_\_\_\_

Special classes in: \_\_\_\_\_ Tutoring in: \_\_\_\_\_

Particular educational placement or service the school recommends: \_\_\_\_\_

A personal contact with us is / is not indicated: \_\_\_\_\_

Is Contact with Case Worker necessary \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the other Parent receive school information \_\_\_\_\_ Yes \_\_\_\_\_

Please return To:

OFFICE OF ADOPTION AND CHILD  
CUSTODY ADVOCACY  
ANGELA M. BAILEY  
DIRECTOR  
69 West Washington  
Suite 818  
Chicago, Illinois 60602  
(312) 603-0550 Fax: (312) 603-9909

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel.# \_\_\_\_\_

(rev. 3/07 mat)