

D.R.L.; §§111-a, 112(3)
S.S.L. § 384

Form 1-B
(Verified Schedule-
Agency)
12/97

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 natural mother of the adoptive child are:

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

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

* (and attached herto is a copy of the document signed by the administrator of the interstate compact for the placement of children of the State of New York or his designee, that such placement complied with the provisions of the compact.)

5. ** (a) The consent to this adoption by _____ ,
natural mother of the adoptive child, (is attached hereto) (is unnecessary for the following reasons:)

** (b) The consent to this adoption by _____ ,
natural father of the adoptive child, (is attached hereto) (is unnecessary for the following reasons:)

6. The natural parent(s) of the adoptive child (has) (have) not requested this agency to return
the adoptive child to the natural parent(s) within thirty days of the execution and delivery of an
instrument of surrender to an authorized agency (except)

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

Date:

Authorized Agency

By _____

Title

Petitioner

Print or type name

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address and Telephone Number

* See D.R.L. Sec. 112 (3); delete if inapplicable.

** Omit if inapplicable

