IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF _____

In the Matter of the Adoption of:	)	Case. No. _____
	)	☐ AMENDED (New or Modified
	)	information indicated by bold print)
	)	
	)	ADOPTION SUMMARY AND
_____	)	SEGREGATED INFORMATION
A Minor Child.	)	STATEMENT

The Adoption Summary and Segregated Information Statement and the attached exhibits are confidential and may not be inspected or copied except as otherwise provided in ORS 109.305 to ORS 109.410 or ORS 109.425 to 109.507. The Adoption Summary and Segregated Information Statement and the attached exhibits must be segregated from other records, papers, and files in the record of this adoption case .

1. Petitioners

Names: _____
Permanent address:_____
Telephone number: _____

2. Minor Child

Current full name: _____
Proposed adoptive name: _____
Date/place of birth: _____
☐ Additional page attached; see section labeled "paragraph 2 continued."

3. Persons Whose Consent is Required (eg., birth parents)

Name: _____
Permanent address: _____
Telephone number: _____

Name: _____
Permanent address: _____
Telephone number: _____

4. Person or Entity For Whom Written Consent Waived/Not Required/Substituted

(*for example, DHS or an out of state agency acting as parent; a noncustodial parent who has not appeared after being properly served; a husband who is not the father pursuant to ORS 109.070 or judicial determination; the court has found the parent has deserted or neglected the child under ORS 109.324; or the court has found adoption is in the child's best interest and the parent is in prison or has been adjudged to be a person with mental illness or intellectual disability under ORS 109.322*)

Name: _____
Relationship to child: _____
Address: _____

Name: _____
Relationship to child: _____
Address: _____

5. Uniform Child Custody Jurisdiction and Enforcement Act Information

Child's present address or whereabouts: _____
_____

List the places where the minor child has lived in the past five years and the names of the people he or she lived with at that time.

Dates (From/To)	County, State	Parents/Caretaker	Current Address of Parent/Caretaker

☐ Additional page attached; see section labeled "paragraph 5 continued."

I have not participated in another proceeding about the custody or visitation of the child,
☐ except as follows:

Name of Court	State	Case No.	Date	Result

I do not know of any other proceeding that could affect the current proceeding (including enforcement proceedings and domestic violence, custody, parenting time, protective orders, termination of parental rights and adoptions), pending in this or any other state ☐ except for:_____

(identify court, case number and type of proceeding)

I do not know of any person (not a party to this case) who has physical custody of the child or who claims the right to legal or physical custody of the child, or parenting time or visitation with the child ☐ except for: _____

(List name and address)

6. Adoption Agency (if applicable)

Name: _____
Address: _____
Telephone number: _____

7. Attorney for Petitioners

Name: _____
Address: _____
Telephone: _____
Bar no. _____

8. Attorney for person whose consent to the adoption is required under ORS 109.321 (usually birth parent)

Name: _____
Address: _____
Telephone: _____
Bar no. _____

9. Type of adoption

- ☐ Private agency
- ☐ Nonrelated independent adoption
- ☐ Determination of validity of an adoption in a foreign nation under ORS 109.385
- ☐ Relative independent adoption
- ☐ Stepparent independent adoption *(may check more than one box)*
- ☐ Independent adoption involving one petitioner who retains parental rights
- ☐ Out of state public agency adoption
- ☐ DHS consenting adoption under ORS 109.325
- ☐ Other: _____

10. Exhibits

- ☐ Home study (or written evidence it has been approved) unless waived
- ☐ Adoption report
- ☐ Medical history of minor child and biological parents

I understand that an amended version of this form must be filed when any of the information above changes or becomes ascertainable or known, prior to the entry of the adoption judgment.

Under penalty of perjury, I swear or affirm that the information provided in this Adoption Summary and Information Statement is true and correct.

DATED: _____ _____
Signature

STATE OF OREGON)
) ss.
County of _____)

SIGNED AND SWORN to (or affirmed) before me on (date) _____ by

_____.

_____
NOTARY PUBLIC/Court Clerk
My Commission Expires: _____

Submitted by:

_____
Name Address

_____
Telephone Number Fax Number (if any)

_____
E-mail Address Oregon State Bar No.

Please fill out if you are representing yourself without an attorney:

Certificate of Document Preparation. You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- ☐ I selected this document for myself, and completed it without paid assistance.
- ☐ I paid or will pay money to _____ for assistance in preparing this form.

_____
Signature