

# Recommended Model Forms for use under the 1993 Adoption Convention



Child

Recommended Model Form No 2

Report on the child (Art. 16)

Recommended Model Form No 2

Report on the child (Art. 16)

# Recommended Model Form No 2 Report on the child (Art. 16)

#### ARTICLE 16 OF THE 1993 ADOPTION CONVENTION

#### Article 16

- (1) If the Central Authority of the State of origin is satisfied that the child is adoptable, it shall (a) prepare a **report including** information about his or her **identity**, **adoptability**, **background**, **social environment**, **family history**, **medical history** including that of the child's family, and any **special needs** of the child; [...]
- (2) It shall transmit to the Central Authority of the receiving State its report on the child, proof that the necessary consents have been obtained and the reasons for its determination on the placement, taking care not to reveal the identity of the mother and the father if, in the State of origin, these identities may not be disclosed.

#### EXPLANATORY SECTION<sup>1</sup>

#### 1. What has been included in this Recommended Model Form?

This Form follows the content mentioned in Article 16(1) of the Convention. Namely: information about the child's identity, adoptability, background, social environment, family history, medical history including that of the child's family, and any special needs of the child.

#### 2. When should this report be drafted?

This report should be prepared once the Central Authority of the State of origin is satisfied that the child is adoptable.

Competent authorities of the relevant Contracting State should ensure that this form is preserved (see Arts 9(a), 30 and 31 of the Convention).

This Model Form may be adapted in light of domestic laws. For example, depending on States' domestic laws, some of the information appearing in this form may not be shared with prospective adoptive parents; and personal data such as names of care-givers, documents such as birth certificates, passport copies, should not be revealed until after matching has taken place. This Model Form complements any report on the child drafted previously or at the time of their placement in alternative care. It may be complemented by Recommended Model Form No 3: Medical report on the child (Art. 16) and Recommended Model Form No 4: Report concerning the psychological and social circumstances of the small child (Art. 16).

# 3. What about the protection of personal data?

Article 16(2) provides that authorities should take care "not to reveal the identity of the mother and father if, in the State of origin, these identities may not be disclosed".

Thus, each State will need to adapt the report according to the State's own requirements and restrictions relating to the law on data protection.

#### 4. Is the use of this is Model Form compulsory?

No, it is only a Recommended Model Form, which may need to be adapted by each State.

# **RECOMMENDED MODEL FORM**

# Report on the child (Art. 16)

Date of the report	
Authority / body¹ issuing the report	Name: Address:
Author(s) of the report	Name: Function: Contact details:
Sources of information upon which this report is based: e.g., interviews, counselling sessions, reports of professionals.  For each:  - list the date(s) on which they took place  - identify the person(s) present  - attach any professional reports where possible (see	 
Section J below)  Please also identify any <i>other</i> person(s) interviewed for the purposes of this report	

The responses to the questions may require the authority / body drafting this report to cooperate with different authorities and bodies in their State.

### A. IDENTITY OF THE CHILD<sup>2</sup>

1.	Full name at birth:
2.	Any other names used for the child:
3.	Date of birth:
4.	Place of birth (city and State):
5.	Gender:
6.	Language(s):
7.	Current address:

8. Chronology of child's prior residences from birth until being placed in alternative care:

From (date)	To (date)	Name and location of the residence	Name of the primary caregiver

9. Chronology of child's placement history since their placement in alternative care (beginning with the child's *current* place of residence):

From (date)	To (date)	Name and location of the alternative care placement (e.g., extended family, foster care, institution)	Name of the primary caregiver during this placement and relationship of this person to the child	Authority / body / person authorising the placement

<sup>&</sup>lt;sup>2</sup> If any of this information is not available because the child was found, please write "unknown" and provide as much detail as possible in Section B below.

### 10. Details of the birth family <u>if available and not confidential</u>:

<u>Note:</u> Article 16(2) of the 1993 Adoption Convention recalls that care must be taken <u>not</u> to reveal the identity of the child's birth mother or father in the information sent to the receiving State <u>if</u>, in the State of origin, these identities may not be disclosed.

Please therefore <u>complete</u> (a) to (d) <u>below providing as much information about each family member</u> as domestic law permits. If identifying information cannot be provided, please provide non-identifying information to the extent that it is possible and permitted under domestic law.

#### a. Parents:

	Full Name	Date of birth / age	Place of residence	Nationality	Marital status (at the time of the child's birth; now)	Occupation	Any other information which can be provided <sup>3</sup>	If deceased, cause and date of death
Mother								
Father								
Any other legal parent								

	Legal parentage established (Yes / No)	Legal custody of the child (Yes / No)
Mother		
Father		
Any other legal parent		

<sup>3</sup> E.g., physical characteristics, personality traits, interests, birthplace.

### b. Siblings:

Full Name	Date of birth / age	Gender	Place of residence	Nationality	In need of an adoption and adoptable (Yes / No)	Any other information which can be provided4	If deceased, cause and date of death

- Please give further details if one or more sibling(s) has / have been adopted domestically or internationally previously or is / are currently being considered for adoption (together with the child or not): \_\_\_\_\_\_

## c. Grandparent(s)

Full Name	Date of birth / age	Gender	Place of residence	Nationality	Occupation	Any other information which can be provided	If deceased, cause and date of death

This may include, for example, whether they are full, half or step siblings, whether they lived together.

	d.	Other family member(s):
		- Relationship with the child:
		- Other information which can be provided (e.g., full name, date of birth or age, place of residence, nationality, occupation; if deceased, cause and date of death)
	В.	THE CHILD'S LEGAL STATUS
1.	Doe	s the child have a birth document:
		Yes – please specify which document (e.g., birth certificate, birth registration, family register):
		No <sup>5</sup> – please explain why not:
		Please specify:
		- the additional steps which must be undertaken for a birth certificate to be issued:
		- who / which authority or body is responsible for this procedure:
	Plea	se attach a copy of the child's birth document.
2.	The	child's nationality: <sup>6</sup>
	a.	Does the child possess the nationality of the State in which they are currently living:
		☐ Yes
		No – please explain why not:
		Please specify:
		- the additional steps which must be undertaken for the child to acquire this

\_\_\_\_\_

who / which authority or body is responsible for this procedure:

whether this has any impact on the child's ability to be adopted:

Please note that children who are in the process of being adopted should be provided with a birth certificate and the adoption should not proceed until the child has been provided with such a birth certificate.

Nationality refers to the legal status of an individual belonging to a sovereign State with the legal rights and protection of the sovereign State's government. In some States this legal status is referred to as 'citizenship'. References to 'nationality' should therefore be understood as including 'citizenship'.

	b.	Does the child possess another nationality:
		Yes – please identify:
		□ No
		Please attach a copy of the child's passport(s) or other proof of nationality.
3.	Parer	ntal and legal rights and responsibilities concerning the child
	a.	Please specify who / which authority has parental rights and responsibilities for the child and / or is the current legal guardian:
		Name and address:
		Please specify the relationship of this person / authority to the child:
		Please specify the date of acquisition of the parental and legal rights and responsibilities:
		Where applicable, please specify which authority appointed the legal guardian:
	b.	Please specify who $\prime$ which authority has the (full time) care of the child (e.g., custody of the child):
		Name and address:
		Please specify the relationship of this person / authority to the child:
	confi	se include a copy of any Guardianship Order(s) relating to the child (if there are issues of dentiality, a redacted copy may be provided), as well as any Placement Order(s) relating to hild, if disclosure of such Order(s) is permitted.
4.	The	circumstances which led to the child being declared adoptable: <sup>7</sup>
	a.	Was the child entrusted for adoption by their birth family ( <i>i.e.</i> , birth parents or members of the extended family) or legal guardian(s)?
		No, please go to question 4(b)
		Yes
		If yes, please complete the following information (if possible (i.e., not confidential)):
		- Name(s) and address(es) of the person(s) who entrusted the child:
		- Circumstances surrounding the entrustment of the child:

Please note that in most cases, it will only be possible to tick "yes" in either a, b, c or d (*i.e.*, it would be particularly rare that the circumstances which led to the child being declared adoptable would require "yes" being ticked more than once).

-		vities that have been undertaken to try to prevent the entrustment of the child (in ree text field which follows each answer, please provide as much detail as possible):
		Home visits (please indicate the purpose of the home visit(s), e.g., for educational support, for parenting support):
		Counselling sessions:
		Social and psychological support:
		Economic support:
		Other. Please specify:
	•	on who entrusted the child was under 18 years old <sup>8</sup> at the time, please specify lar measure taken to assist this person:
Was	the ch	nild found?
	No, p	please go to question 4(c)
	Yes	
If yes	s, pleas	se provide the following information:
-		ils concerning the place where the child was found ( <i>e.g.</i> , city, address, nature of tion):
-	The	date on which the child was found:
-	The	approximate age of the child when found:
-		name(s) and address(es) of the person(s) who found the child and / or reported child abandoned:
-	The	circumstances surrounding the finding of the child:
-	pare decl	evidence of abandonment (e.g., an abandonment certificate or note by birth nt(s)/guardian(s), if available, as well as a copy of the decision of an authority aring the child abandoned or judgment of abandonment, if disclosure is nitted):
-		activities that have been undertaken in order to try to find the child's birth family ne free text field which follows each answer, please provide as much detail as ible):
		Interviews with neighbours, local people etc.
		Investigation by police or other relevant agencies
		Social media announcements
		Television announcements
		Radio announcements

Or under the age of majority if majority is attained <u>after</u> 18 years old.

		Newspaper advertisements
		Picture posters
		Announcements at public meetings
		Other. Please specify:
		Please summarise the information obtained from these activities:
	-	The period during which these activities were undertaken:
	-	If no activity has been undertaken, please explain the reasons why:
C.		the parental rights and responsibilities of the child's legal (birth) parents / legal tian(s) removed by a court or other competent public authority:
		No, please go to question 4(d)
		Yes (please include any proof of termination of previously held parental rights and responsibilities; as well as a copy of the decision, if disclosure of such decision is permitted)
	If yes	, please complete the following information:
	-	Name and address of the court / public authority which issued the decision:
	-	Date of the final decision:
	-	If possible ( <i>i.e.</i> , <u>not confidential</u> ), please briefly describe the reasons for the decision ( <i>e.g.</i> , abandonment, abuse, neglect):
	-	Please specify whether the birth parents / other legal guardian(s) agreed with this decision:
d.	Are a	ll legal (birth) parents <sup>9</sup> deceased:
		No, please go to question 4(e)
		Yes, please attach a copy of their death certificates
e.		ne of the circumstances presented in (a), (b), (c) or (d) led to the child being declared table, please explain under which circumstances the child was declared adoptable:

<sup>9</sup> Please note that the legal parents may not always be the birth parents.

#### 5. Adoptability of the child10

a. The following consents (as applicable) to the child's intercountry adoption have been obtained in accordance with Article 4 of the 1993 Adoption Convention:<sup>11</sup>

<u>Note</u>: Article 16(2) of the 1993 Adoption Convention requires that the Central Authority of the State of origin transmits to the Central Authority of the receiving State <u>proof</u> that the necessary consent(s) have been obtained.

i.	Cons	ent(s) of the legal (birth) parents:
		Yes. Please provide any details possible and attach a copy to this report:
		No. Please specify why (e.g., efforts to obtain the consent and any known reasons why it could not be obtained):
		Not applicable. Please specify why:
ii.	Cons	ent(s) of any legal guardian(s) of the child:12
		Yes. Please provide any details possible and attach a copy to this report:
		No. Please specify why ( <i>e.g.</i> , efforts to obtain the consent and any known reasons why it could not be obtained):
		Not applicable. Please specify why:
iii.		ent(s) of any relevant public authority / body or other person ( <i>e.g.</i> , Mayor, Chiefage): <sup>13</sup>
		Yes. Please provide any details possible and attach a copy to this report:
		No. Please specify why:
		Not applicable. Please specify why:

See further <u>Guide to Good Practice No 1</u>, Chapter 7.2.1.

<sup>&</sup>lt;sup>11</sup> *Ibid.* Chapter 2.2:3 and Recommended Model Form No 1: Statement of consent of the legal parents or the legal representative of the child to the adoption.

<sup>12</sup> If applicable, as required by the domestic legislation.

<sup>&</sup>lt;sup>13</sup> If applicable, as required by the domestic legislation.

	iv.	Conse	ent of the child to <u>being adopted in general</u> ( <b>not</b> to the specific adoption): <sup>14</sup>
			Yes. Please provide any details possible and attach a copy to this report:
			No. Please specify why:
			Not applicable. Please specify why ( <i>e.g.</i> , consent not required by law because of the child's age):
	V.	Other	
			Yes. Please specify by whom, provide any details possible and attach a copy to this report:
			No. Any comments:
b.	The c	:hild's p	osycho-social adoptability <sup>15</sup>
	-		and address of the authority responsible for ensuring that the child is <u>psycholy</u> adoptable:
	-		ion ( <i>e.g.</i> , psychologist, social worker, counsellor) of the person responsible for sing the child's psycho-social adoptability:
	-		e briefly explain the process that has been undertaken to ensure that the child cho-socially adoptable:
C.	Decis	sion cor	ncerning the child's adoptability
	-		of the decision by the competent authority concerning the adoptability of the
	-	Name	and address of the competent authority:
			Administrative authority:
			Judicial authority:

- First, general consent prior to the child being considered for adoption. It is important that they consent to being adopted generally (*i.e.*, in order for the child to be mentally prepared to the idea of a possible adoption, but also in order to prevent situations where a child is declared adoptable while that child refuses to be adopted).
- Second, <u>consent to a specific adoption</u>, after the child has been matched with prospective adoptive parents. Indeed, a general consent does not fulfil the requirement under Art. 4(d)(1) of the Convention, as this requirement for consent must be given in light of the particular prospective adoption. For further information, see G. Parra-Aranguren, Explanatory Report on the 1993 Adoption Convention ("Explanatory Report"), para. 161: "[T]he consent of the child, having regard to his or her age and maturity, shall be given not to the adoption in general, but for the specific adoption in a particular case, since it would be against his or her fundamental rights to have the child adopted without even knowing who the adoptive parents are going to be".

Taking this into consideration, the consent referred to in this section refers to the *first* consent and <u>not</u> to the consent required under Art. 4 of the 1993 Adoption Convention.

The child's psycho-social adoptability is usually determined by the assessment that the child will benefit from a family environment (and will be able to adapt to such an environment), that the child understands what an adoption entails and that the child considers that it would be in their best interests to be adopted. See further <u>Guide to Good Practice No 1</u>, Chapter 7.2.1.

<sup>&</sup>lt;sup>14</sup> Consent should, ideally, be obtained at two stages of the adoption:

#### Please attach a copy of the declaration of adoptability of the child to this report.

C.	THE P	RINCIPLE	OF	SUBSIDIARITY	(Art.	4(b)	of	the	1993	Adoption
	Conver	ntion)								

1.	What efforts have been made to reintegrate the child into their family and why did these efforts not succeed:
2.	What efforts have been made to place the child in their extended family in the State of origin and why did these efforts not succeed:
3.	What efforts have been made to place the child in other families in the child's State of origin (e.g. through domestic adoption or foster care) (subsidiarity):
4.	Reasons for the <u>relevant competent authority</u> determining, after giving due consideration to the possibilities for placement of the child within the State of origin, that intercountry adoption is in the child's best interests (please include an explanation as to what efforts were made to place the child domestically and why <i>domestic</i> adoption was not considered a suitable option for the child subsidiarity):

#### D. THE CHILD'S FAMILY HISTORY<sup>16</sup>

- 1. Please provide general information on the ethnic, social, religious, cultural and family background of the child (e.g., values and traditions of the family, any cultural practices): \_\_\_\_\_\_
- 2. Have there been any reports of neglect or abuse in the family: \_\_\_\_\_\_
- 3. What efforts have been made to place siblings together (if applicable and if appropriate in the particular case) and if siblings were not placed together, please explain why: \_\_\_\_\_\_
- 4. Since the child has been in an alternative care placement (if applicable), what visits have the birth family or community members made to the child and what type of relationship has been maintained: \_\_\_\_\_\_
- 5. Please include any report on the birth parents; a genogram or family tree with last known geographic locations of the child's family members; as well as any items (or copy of such items) left by the birth parents or extended family to the child (*e.g.*, a letter, clothes, documents), if disclosure of such items is permitted.

<sup>&</sup>lt;sup>16</sup> If any of this information is not available because the child was found, please write "unknown" and provide as much detail as possible.

### E. THE CHILD'S MEDICAL HISTORY, HEALTH AND DEVELOPMENT

Please provide a separate Medical Report on the child (e.g., complete Recommended Model Form No 3: "Medical report on the child" and its supplement<sup>17</sup> or any other medical report (e.g., lab reports, x-rays, MRIs), using, if possible, the ICD norm<sup>18</sup>) that is not older than six months at the time of this report. Please also include a full body photo of the child and a report on the child's developmental milestones.

In addition to the separate Medical Report on the child:

-	please provide a brief $\frac{\text{medical history}}{\text{medical history}}$ of immediate family members, including the current health of the child's birth parents and possible genetic and $/$ or hereditary conditions that may impact the child: $^{19}$
-	please provide a brief <u>prenatal history</u> :

#### F. THE CHILD'S SPECIAL NEEDS

You may wish to cross-refer to the Medical Report on the Child in the section above.

1.	Does	the ch	nild have any special needs: <sup>20</sup>
			- please provide a detailed description and explanation, including how these needs been identified:
			Medical - physical:
			Medical, psychiatric or psychological:
			Behavioural / social:
			Educational (e.g., learning disabilities):
			Other (please specify):

<sup>&</sup>lt;sup>17</sup> See Recommended Model Form No 3: Medical report on the child (Art. 16) and Recommended Model Form No 4: Report concerning the psychological and social circumstances of the small child (Art. 16).

<sup>&</sup>lt;sup>18</sup> International Statistical Classification of Diseases and Related Health Problems (ICD). This classification is available at <a href="https://www.who.int/classifications/classification-of-diseases">www.who.int/classifications/classification-of-diseases</a>.

<sup>&</sup>lt;sup>19</sup> If any of this information is not available because the child was found, please write "unknown" and provide as much detail as possible.

<sup>&</sup>quot;Children with special needs are those who may be: suffering from a behaviour disorder or trauma, physically or mentally disabled, older children (usually above 7 years of age), or part of a sibling group" (see <u>Guide to Good Practice No 1</u>, Section 7.3.1).

		No. Any comments:
2.		ne and address of the authority responsible for identifying the child's specials needs:
3.	Wha	
4.	Has	the child received any special support regarding their special needs:
5.	Is an	y additional support required which has not yet been provided:
	G.	THE CHILD'S CURRENT ENVIRONMENT <sup>21</sup>
1.	Туре	e of placement:
	-	Please describe the child's current placement:
	-	Please specify if the child is currently placed with any siblings, or if the child has any contact with siblings or birth family members and if so, what type of contact and how often:
	-	Please provide details about the child's adjustment to their current place of residence:
	-	Describe the child's relationship with the persons in their life ( <i>e.g.</i> , birth family, including birth parents, siblings, extended family, foster family, social workers, care providers):
	-	Are any birth family members and / or significant persons in the child's life willing to maintain any type of openness / contact post-adoption, or willing to have their information shared so the child and adoptive parents may maintain a relationship / contact with them. If so, please provided further details:
2.	Туре	e of schooling (if applicable):
	-	Date(s) of schooling:
	-	Overall performance, milestones achieved (including any significant grades achieved):
	-	Strengths and weaknesses:
3.	Activ	vities (e.g., physical activities / sport, cultural activities, social activities, games / toys):
4.	Favo	ourite and least preferred activities:

Please provide information that is not older than six months at the time of this report.

Relationships with peers and friends:	5.	Relationship with care providers / teachers:	
Any behavioural or social development issues:	6.	Relationships with peers and friends:	
9. Please include any professional reports concerning the child (e.g., psychological reports, schoor educational reports, reports on the child's life), as well as photographs and / or videos of the child in their current environment.  H. PREPARATION AND VIEWS OF THE CHILD CONCERNING THE POSSIBILITY OF BEING ADOPTED INTERCOUNTRY  1. Name and function of the person(s) in charge of the child's preparation for intercountry adoption intercountry adoption:  2. Please explain the process which is being / has been undertaken to prepare the child for a intercountry adoption:  3. Has the child received counselling:  4. Yes – please provide details, including the type of professional providing the counselling:  5. No – please explain why not:  6. No – please explain why not:  7. How did the child react to the possibility to be adopted intercountry:  8. How did the child react to the possibility of being separated from their siblings applicable), other significant family members or persons:  8. And DITIONAL COMMENTS / RECOMMENDATIONS	7.		
or educational reports, reports on the child's life), as well as photographs and / or videos of the child in their current environment.  H. PREPARATION AND VIEWS OF THE CHILD CONCERNING THE POSSIBILITY OF BEING ADOPTED INTERCOUNTRY  1. Name and function of the person(s) in charge of the child's preparation for intercountry adoption intercountry adoption:  2. Please explain the process which is being / has been undertaken to prepare the child for a intercountry adoption:  3. Has the child received counselling:  4. Yes - please provide details, including the type of professional providing the counselling the number of sessions / frequency, and the length of the counselling:  No - please explain why not:  No - please explain why not:  How did the child react to the possibility to be adopted intercountry:  How did the child react to the possibility of being separated from their siblings applicable), other significant family members or persons:  I. ADDITIONAL COMMENTS / RECOMMENDATIONS	8.		
1. Name and function of the person(s) in charge of the child's preparation for intercountry adoptio	9.	or educational reports, reports on the child's life), as well as photographs and / or videos of	
Please explain the process which is being / has been undertaken to prepare the child for a intercountry adoption:			
intercountry adoption:	1.		ion:
Yes – please provide details, including the type of professional providing the counselling the number of sessions / frequency, and the length of the counselling:  No – please explain why not:  No – please explain why not:  How did the child react to the possibility to be adopted intercountry:  What is the child's understanding of the consequences of an intercountry adoption:  How did the child react to the possibility of being separated from their siblings applicable), other significant family members or persons:  ADDITIONAL COMMENTS / RECOMMENDATIONS  1. Describe the type of family that could meet the needs of the child:	2.		an
the number of sessions / frequency, and the length of the counselling:  No - please explain why not:  The child's views and / or perception regarding the possibility to be adopted intercountry:  How did the child react to the possibility to be adopted intercountry:  What is the child's understanding of the consequences of an intercountry adoption:  How did the child react to the possibility of being separated from their siblings applicable), other significant family members or persons:  I. ADDITIONAL COMMENTS / RECOMMENDATIONS  1. Describe the type of family that could meet the needs of the child:  Describe the type of family that could meet the needs of the child:	3.	Has the child received counselling:	
No – please explain why not:  The child's views and / or perception regarding the possibility to be adopted intercountry:  - How did the child react to the possibility to be adopted intercountry:  - What is the child's understanding of the consequences of an intercountry adoption:  - How did the child react to the possibility of being separated from their siblings applicable), other significant family members or persons:  I. ADDITIONAL COMMENTS / RECOMMENDATIONS  1. Describe the type of family that could meet the needs of the child:		the number of sessions / frequency, and the length of the counselling:	ing,
- How did the child react to the possibility to be adopted intercountry: What is the child's understanding of the consequences of an intercountry adoption: How did the child react to the possibility of being separated from their siblings applicable), other significant family members or persons:  I. ADDITIONAL COMMENTS / RECOMMENDATIONS  1. Describe the type of family that could meet the needs of the child:			
- What is the child's understanding of the consequences of an intercountry adoption:  - How did the child react to the possibility of being separated from their siblings applicable), other significant family members or persons:  I. ADDITIONAL COMMENTS / RECOMMENDATIONS  1. Describe the type of family that could meet the needs of the child:	4.	The <u>child's views and / or perception</u> regarding the possibility to be adopted intercountry:	
- How did the child react to the possibility of being separated from their siblings applicable), other significant family members or persons:  I. ADDITIONAL COMMENTS / RECOMMENDATIONS  1. Describe the type of family that could meet the needs of the child:			
applicable), other significant family members or persons:  I. ADDITIONAL COMMENTS / RECOMMENDATIONS  1. Describe the type of family that could meet the needs of the child:		- What is the child's understanding of the consequences of an intercountry adoption:	
Describe the type of family that could meet the needs of the child:  1. Describe the type of family that could meet the needs of the child:			3 (if
		I. ADDITIONAL COMMENTS / RECOMMENDATIONS	

# J. CHECKLIST OF DOCUMENTS TO ATTACH TO THIS REPORT (as applicable)

Wher	e possible, please attach the following documents to this report:
	The child's birth document (e.g., birth certificate, birth registry, family register)
	A copy of the child's passport(s) or other proof of nationality
	Any evidence of abandonment (e.g., an abandonment certificate or note by birth parent(s)/guardian(s), if available)
	Proof of any required consent(s) by persons ( $e.g.$ , the birth parents), institutions and/or authorities, to the child's adoption
	Death certificates of legal (birth) parents (if applicable)
	Proof of termination of previously held parental rights and responsibilities (if applicable) (e.g., court order, decision)
	The declaration of adoptability of the child
	A recent ( <i>i.e.</i> , not older than 6 months) Medical Report on the child ( <i>i.e.</i> , the completed "Medical report on the child" <sup>22</sup> and its supplement, or any other medical report ( <i>e.g.</i> , lab reports, x-rays, MRIs), using, if possible, the ICD norm <sup>23</sup> ), and a report on the child's developmental milestones.
	Medical information regarding the child's mother, father and siblings (or other significant family members, as applicable)
	Any other professional reports concerning the child ( $e.g.$ , psychological reports, school or educational reports, reports on the child's life)
	Any report on the birth parents
	Genogram or family tree with last known geographic locations of the child's family members
	Photographs (including a full body photo of the child) and $\prime$ or videos of the child in their current environment
	closure of the following documents is permitted by domestic law (i.e., if the following documents of confidential), please also attach:
	Any decision of an authority removing the rights $\prime$ responsibilities of the birth parents and $\prime$ or legal guardian(s)
	Any decision of an authority declaring the child abandoned / judgment of abandonment

<sup>&</sup>lt;sup>22</sup> See Recommended Model Form No 3: Medical report on the child (Art. 16) and Recommended Model Form No 4: Report concerning the psychological and social circumstances of the small child (Art. 16).

International Statistical Classification of Diseases and Related Health Problems (ICD). This classification is available at <a href="https://www.who.int/classifications/classification-of-diseases">www.who.int/classifications/classification-of-diseases</a>.

40	RECOMMENDED MODEL FORMS FOR USE UNDER THE 1993 ADOPTION CONVENTION
	Any Guardianship Order(s) relating to the child (if there are issues of confidentiality, a redacted copy may be provided)
	Any Placement Order(s) relating to the child
	Any items (or copy of such items) left by the birth parents or extended family to the child ( $e.g.$ , a letter, clothes, documents).
lf (a) c	document(s) exist(s) but could not be attached to this report, please explain why:
	K. CERTIFICATION OF THE AUTHORITY / PERSON AUTHORISED TO COMPLETE THE REPORT
Name	e:
	e:
Title:	
Title: Autho	
Title: Autho	 prity:

Signature / Seal: \_\_\_\_\_

## **HCCH - Permanent Bureau**

Churchillplein 6b 2517 JW The Hague Netherlands

Tel.: +31 70 363 3303 Fax: +31 70 360 4867 secretariat@hcch.net www.hcch.net



Hague Conference on Private International Law Conférence de La Haye de droit internationa privé Conferencia de La Haya de Derecho Internacional Privado