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| Title | **Draft Recommended Model Forms for use under the  1993 Adoption Convention** |
| Document | **Prel. Doc. No 4 of December 2020** |
| Author | PB |
| Agenda Item | Item TBD |
| Mandate(s) | C&R No 30 of CGAP 2016; C&R Nos 15-17 of the 2015 SC 1993 Adoption |
| Objective | To approve additional Recommended Model Forms for use under the 1993 Adoption Convention |
| Action to be Taken | For Decision  For Approval  For Discussion  For Action/Completion  For Information |
| Annexes | Annex 1: Revised Draft Model Form “Statement of consent of the child to the intercountry adoption”  Annex 2: Revised Draft Model Form “Report on the child”  Annex 3: Revised Draft Model Form “Report on the prospective adoptive parents”  Annex 4: Revised Draft Model Form “Post-adoption report on the child”  Annex 5: Draft Model Form “Agreement that the adoption may proceed”  Annex 6: Draft Model Form “Certificate of conformity following the conversion of a simple adoption to a full adoption” |
| Related Documents | Prel. Doc. No 5 of May 2015 of the 2015 SC 1993 – Draft Model Forms for intercountry adoption |

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**Draft Recommended Model Forms for use under the   
1993 Adoption Convention**

Introduction

1. The Special Commission on the practical operation of the 1993 *Convention on the Protection of Children and Cooperation in respect of Intercountry Adoption* (“1993 Adoption Convention” or “Adoption Convention”) has recommended that the Permanent Bureau (PB), in consultation with Contracting Parties and non-governmental organisations, develop recommended model forms for:[[1]](#footnote-2)
2. the statement of consent of the child to the intercountry adoption (Art. 4(d)(3));
3. the report on the child (Art. 16);
4. the report on the prospective adoptive parents (Art. 15); and
5. post-adoption reports.
6. In preparation for the 2015 Special Commission meeting, the PB requested that Contracting Parties send to it any forms they currently use in relation to these issues. On the basis of the forms provided the PB prepared a *first draft* of the above model forms.
7. Following discussions at the 2015 Special Commission meeting, Members of the HCCH, Contracting Parties, and observers represented at the Special Commission were invited to submit written comments on the current drafts.[[2]](#footnote-3) In light of the comments received, the PB updated the drafts of these four model forms.
8. In addition, following another recommendation from the Special Commission,[[3]](#footnote-4) the PB has prepared a *first draft* of recommended model forms for:
9. the agreement that the adoption may proceed (Art. 17(c)); and
10. the certificate of conformity which should be issued following the conversion of an intercountry adoption from a “simple” to a “full” adoption (Art. 27).
11. These six draft model forms are attached as **Annexes 1 to 6** of this Preliminary Document.
12. Finally, once the above Model Forms are finalised, the format and the terminology of the existing and already published Model Forms (*i.e.*, the “statement of consent [of the legal parents or the legal representative of the child] to the adoption” (Art. 4(c)); the “certificate of conformity of an intercountry adoption [with the Convention]” (Art. 23); the “medical report on the child; and the “report concerning the psychological and social circumstances of the small child”) will be updated to ensure consistency and coherence across all model forms.[[4]](#footnote-5)

Objective of the Recommended Model Forms

1. The aim of the Recommended Model Forms is to create more consistency in the contents of the reports and forms and for ease of reference of Contracting Parties. In particular, the proposed draft recommended model forms may provide an example or guidance for new Contracting Parties; as well as for Contracting Parties that wish to revise or improve their current forms.
2. However, the fact that the Adoption Convention has been in force since 1995, that it has over 100 Contracting Parties, that many of them have already developed their own forms to assist them in the implementation of the Convention and that some Contracting Parties have reported that it may be too challenging to arrive to a uniform format, needs to be taken into consideration. Therefore, Contracting Parties may continue using their own forms, in particular where they are more detailed and allow for a more complete assessment of the situation.

Next steps in order to finalise the Recommended Model Forms

1. Members of the HCCH, Contracting Parties, and observers represented at the Special Commission meeting in 2015 are invited to provide further comments (if possible, in track changes) to the PB. These comments should be sent by e-mail to < secretariat@hcch.net > no later than **Monday 1 March 2021**. In light of these comments, the PB will update the Recommended Model Forms, which will be presented to the Special Commission for general discussion with the view to finalising them. The final version of the Model Forms will then be submitted to the HCCH’s Council on General Affairs and Policy (CGAP) for approval.

ANNEXES

ANNEX 1  
  
REVISED DRAFT RECOMMENDED MODEL FORM  
“STATEMENT OF CONSENT OF THE CHILD TO THE INTERCOUNTRY ADOPTION”[[5]](#footnote-6)

**Article 4(d)(3) of the 1993 Adoption Convention**

Note: Before proceeding, the official attesting the consent should determine, in light of the child’s age and degree of maturity, whether meaningful consent can be obtained.

1. **STATEMENT OF CONSENT OF THE CHILD TO THE INTERCOUNTRY ADOPTION**

*Instructions for the child: [[6]](#footnote-7)*

* First, an adult should help you work through and understand what an adoption is, what an adoption means to you and what is this document.
* Then, Part A will be read aloud to you in a language that you understand. The person reading or taking your statement should make sure that you fully understand everything in this form, answering any questions you may have.
* After, please fill in any empty spaces in the “About me” section (section 1 below) or, if someone else filled it in for you, read it and make sure you agree with what they have written.
* Next, read[[7]](#footnote-8) each sentence carefully in sections 2 to 7 below. You will then be asked to explain in your own words what Part A means. If you agree, then tick the last box in section 7 to show that you have read and understood it.
* Sign this document only if you understand and agree with each sentence.
* You do not have to sign this document, and no-one should force, threaten, or in any way pressure you into signing it (*i.e.*, no one should make you feel like you have to sign it, if you do not want to).
* You should receive a copy of the completed version of document.

1. **ABOUT ME**[[8]](#footnote-9)

My name is                                (*full* *legal* *name of child)*.

I am:  male  female  other :

I was born on       (*day*) of            (*month*)       (*year*) in            (*place of birth*).

My current address is:

My mother is / was:

My father is / was:

My sisters and brothers are (names and ages):

1. **MY PROPOSED ADOPTION AND MY PROSPECTIVE ADOPTIVE PARENTS**

I understand that a decision has been made that I be adopted because (*e.g.*,loss of parents, consent of birth parents):

I know that                           (*full* *name of prospective adoptive parent(s)*) is / are asking to adopt me.

I agree to being adopted by this (these) person(s).

I understand that being adopted means that my adoptive parent(s) will become my new legal parent(s) and I will be considered to be their child (under law).

I understand that I may need to go in front of a judge in a court to be adopted.

1. **MY LEGAL RELATIONSHIP WITH MY BIRTH PARENTS**[[9]](#footnote-10)

**Section A: For a “Full Adoption”:**

I understand that my proposed adoption is a “full” adoption. I understand that this means that my birth parents                      (*full* *name of birth parents)* will no longer be my legal parents and I will no longer be legally their child.

**Section B: For a “Simple Adoption”:**

I understand that my proposed adoption is a “simple” adoption. I understand that this means that:

my birth parents                      (*full* *name of birth parents)* will still be my legal parents;

my adoptive parents                      (*full* *name of adoptive parents)* will also be my legal parents;

I will live with my adoptive parents, and they will have parental responsibility (*i.e.,* make important decisions about me and my life).

I understand that it is possible that (in the future) my simple adoption could become a full adoption. This means that my birth parents would no longer be my legal parents and that I would no longer be legally their child, and that only my adoptive parents would be my legal parents. If this happens, I will be asked whether I agree to this type of adoption.

1. **AFTER THE ADOPTION**

I understand that after the adoption I will live with                      (*full name of prospective adoptive parent(s)*) in their home in                      (*city, State*).

I agree that my name after the adoption will be                                (*full legal name after adoption*).

1. **THE INFORMATION I HAVE RECEIVED**

I have spoken about this adoption with:

a psychologist

an independent lawyer

a government official

other - please write who it was:

This person:

explained what an adoption is and what it will mean for me;

explained what it means for me to sign this document;

told me that I may change my mind about the adoption until            (*date*) and that after that date I will not be able to change my mind anymore; and

answered all of my questions.

1. **MY CONSENT**

I have not received or been promised any money, gift(s) or anything else in return for agreeing to this adoption.[[10]](#footnote-11)

No one has told me or made me feel like I must agree to this adoption. I have not been threatened, forced or in any way pressured into agreeing to this adoption.

This form was read aloud to me and I have been asked to explain in my own words what Part A of this form means.

1. **COPY OF THIS DOCUMENT**

I have received a copy of this document after I completed it.

**I declare that I have fully understood the above statements and I agree to this adoption.**

Done at                      on

City, State Date

Signature or mark of the child:

1. **DECLARATION OF WITNESS(ES)** (where required by national law)

To be completed if the witness is also in charge of counselling the child about the adoption and duly informing the child of the effects of the adoption and their consent (Art. 4(d)(1) Adoption Convention)

**I** (*full name*) **of** (*full address*) **hereby declare and certify that:**

1. I am:

a licensed psychologist

a member of the bar of

a government official (*please specify your title*)

other (*please specify*)

1. I am not acting for any other person in this adoption case and I have no known connection

with any other party in this case.

1. I have seen the following document(s)                 (*name documents*) and I am

satisfied as to the identity of the child providing their consent to this adoption.

1. I have explained to                 (*child’s full name*):

the nature and effect of adoption under the law of the State of origin and the law of the receiving State;

the nature and effect of their consent to the adoption;

the circumstances under which the consent may be withdrawn before it becomes irrevocable; and

the date upon which their consent will become irrevocable.

I am satisfied that the child understands this information.

1. I am satisfied thatthe child :

has received appropriate and sufficient counselling and information about this adoption; and

has had ample opportunity to read (or have read to the child) and ask questions about the “Statement of Consent” (Part A above) and any accompanying information.

1. I am not aware of any mental, emotional or physical unfitness of the child to give consent.
2. I have asked the child whether they had received or had been promised any money, gift(s)

or anything else in return for agreeing to this adoption (apart from the normal benefits of an adoption, such as a home, friends, material support, etc.) and the child said no.

1. I have asked the child whether there had been any attempt to threaten, force or in any way

pressure them into providing their consent to this adoption and the child said no.

1. **On**           *(date)* **at**                     *(city, State)***, I witnessed that**                (*child’s full name*):

**read** [or was read to the child],[[11]](#footnote-12) **the “Statement of Consent” (Part A above)**;

**received an explanation on the “Statement of Consent” (Part A above) and understood it, and**

**signed** [or placed their mark],[[12]](#footnote-13) **and thereby gave their consent to this adoption.**

Done at                      on

City, State Date

Signature of witness:

For any other witness(es)

**I**                (*full name*) **of** (*full address*) **hereby declare and certify that:**

I have no known connection with any party in this case;

I have seen the following document(s)                 (*name documents*) and I am satisfied as to the identity of the child providing their consent to this adoption.

1. With regard to                (*child’s full name*) I am not aware of:

any mental, emotional or physical unfitness of the child to give consent;

any promise of money, gift(s) or anything else in return for the child’s consent to this adoption (apart from the normal benefits of an adoption, such as a home, friends, material support, etc.);

any attempt to threaten, force or in any way pressure the child into providing their consent to this adoption.

1. **On**           *(date)* **at**                     *(city, State)***, I witnessed that**                (*child’s full name*):

**read** [or was read to the child],[[13]](#footnote-14) **the “Statement of Consent” (Part A above);**

**received an explanation on the “Statement of Consent” (Part A above) and understood it, and**

**signed** [or placed their mark],[[14]](#footnote-15) **and thereby gave their consent to this adoption.**

Done at                      on

City, State Date

Signature of witness(es):

1. **CERTIFICATION OF THE AUTHORITY / PERSON AUTHORISED TO ATTEST THE CONSENT**

Name:

Title:

Authority:

1. I hereby certify that                 (*child’s full name*) appeared before me on this date and that I read aloud the “Statement of Consent” (Part A above) to the child. I have witnessed any questions of the child being answered, and the child has explained in their own words what Part A of this form means. The child then read[[15]](#footnote-16) and signed[[16]](#footnote-17) the “Statement of Consent” in my presence.
2. I hereby certify that the witness(es) named above appeared before me on this date, witnessed my reading aloud to the child of the “Statement of Consent”, witnessed any questions of the child being answered, witnessed the child fully explaining in their own words what Part A of this form means, witnessed the child reading themselves the “Statement of Consent”,[[17]](#footnote-18) witnessed the signature[[18]](#footnote-19) of the child, and signed the “Declaration of Witness(es)” document (Part B above) in my presence. (*If not applicable, please delete.*)

Done at                      on

City, State Date

Signature / Seal:

ANNEX 2  
  
REVISED DRAFT RECOMMENDED MODEL FORM  
“REPORT ON THE CHILD”[[19]](#footnote-20)

**Article 16 of the 1993 Adoption Convention**

|  |  |
| --- | --- |
| Date of the report |  |
| Authority / body issuing the report | Name:  Address: |
| Author 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 *other* person(s) interviewed for the purposes of this report. |  |

1. **IDENTITY OF THE CHILD**[[20]](#footnote-21)
2. Full name at birth:
3. Date of birth:
4. Place of birth (city and State):
5. Gender:
6. Ethnicity:
7. Language(s):
8. Religion (if applicable):
9. Current address:
10. Chronology of child’s placement history (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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Details of the birth family if available and not confidential:

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

*Please therefore complete (a) to (e) below providing as much information about each family member as national law permits (e.g., full name, date of birth or age, place of residence, nationality, occupation). If possible, please also include details of any deceased family members and provide the cause of death.*

1. Mother:
2. Father:
3. Siblings:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Date of birth | Gender | In need of an adoption and adoptable | Any other information which can be provided |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* 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):

1. Grandparent(s):
2. Other family member(s):

* Relationship with the child:
* Other information which can be provided:

1. **THE CHILD’S LEGAL STATUS**
2. **Does the child have a birth certificate:**

Yes – please attach it to this report.

No – 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:

1. **The child’s nationality**
2. 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 nationality:
  + who / which authority or body is responsible for this procedure:
  + whether this has any impact on the child’s ability to be adopted:

1. Does the child possess another nationality:

Yes – please identify:

No

1. **Parental rights and responsibilities concerning the child**
2. 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:

1. Please specify who / 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:

1. **The circumstances which led to the child being declared adoptable**
2. **Was the child entrusted for adoption by their birth family (*i.e.*, birth parents or members of the extended family) or legal guardian(s):**

Yes

No, please go to question 4(b)

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:
* Activities that have been undertaken to try to prevent the entrustment of the child (*in the free text field which follows each answer, please provide as much detail as possible*):

Home visits:

Counselling sessions:

Social and psychological support:

Economic support:

Other. Please specify:

If the person who entrusted the child was under 18 years old at the time, please specify any particular measure taken to assist this person:

1. **In the case that the child was found, is there identifying information regarding their birth family:**

Yes

No, please go to question 4(c)

If yes, please provide the following information:

* Details concerning the place where the child was found (*e.g.*, city, address, nature of location):
* The date on which the child was found:
* The approximate age of the child when found:
* The name(s) and address(es) of the person(s) who found the child and / or reported the child abandoned:
* The circumstances surrounding the finding of the child:
* Any evidence of abandonment:
* The activities that have been undertaken in order to try to find the child’s birth family (*in the free text field which follows each answer, please provide as much detail as possible*):

Interviews with neighbours, local people etc.

Social media announcements

Television announcements

Radio announcements

Newspaper advertisements

Picture posters

Announcements at public meetings

Other. Please specify:

* The period during which these activities were undertaken:
* If no activity has been undertaken, please explain the reasons why:

1. **Were the parental rights and responsibilities of the child’s legal (birth) parents / legal guardian(s) removed by a court or other competent public authority:**

Yes

No, please go to question 4(d)

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.e.*, not confidential), please briefly describe the reasons for the decision (*e.g.*, abandonment, abuse, neglect):
* Please specify whether the birth parents / other legal guardian(s) agreed with this decision:

1. **Are all legal (birth) parents deceased:**

Yes

No, please go to question 4(e)

1. **Neither (a), (b), (c) nor (d) above apply,** please explain:
2. **Adoptability of the child**[[21]](#footnote-22)
   1. **The following consents (as applicable) to the child’s intercountry adoption have been obtained in accordance with Article 4 of the Adoption Convention:**[[22]](#footnote-23)

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

* + 1. Consent(s) of the legal (birth) parents:

Yes. Please provide any details possible:

Not applicable. Please specify why:

* + 1. Consent(s) of any legal guardian(s) of the child:

Yes. Please provide any details possible:

Not applicable. Please specify why:

* + 1. Consent(s) of any relevant public authority / body or other person (*e.g.*, Mayor, Chief of village)

Yes. Please provide any details possible:

Not applicable. Please specify why:

* + 1. Other:

Yes. Please specify by whom and provide any details possible:

No. Any comments:

* 1. **The child’s psycho-social adoptability[[23]](#footnote-24)**
* Name and address of the authority responsible for ensuring that the child is psycho-socially adoptable:
* Please briefly explain the process that has been undertaken to ensure that the child is psycho-socially adoptable:
  1. **Decision concerning the child’s adoptability**
* Date of the decision by the competent authority concerning the adoptability of the child:
* Name and address of the competent authority:

Administrative authority:

Judicial authority:

1. **THE CHILD’S MEDICAL HISTORY, HEALTH AND DEVELOPMENT – please provide a separate Medical Report on the child (*e.g.*, complete the Model Form “Medical Report on the Child” and its s****upplement**[[24]](#footnote-25) **or similar)**

In addition to the separate Medical Report on the child, please provide a brief medical history of close family members:

1. **THE CHILD’S SPECIAL NEEDS**

*You may wish to cross-refer to the Medical Report on the Child (see Section C above) in this section.*

1. Does the child have any special needs:

Yes – please provide a detailed description and explanation, including how these needs have arisen and been identified:

Medical - physical:

Medical, psychiatric or psychological:

Behavioural / social:

Educational (*e.g.,* learning disabilities):

Other (please specify):

No. Any comments:

1. Name and address of the authority responsible for identifying the child’s specials needs:
2. What is the current treatment plan to address the child’s special needs and what progress has been made thus far:
3. Has the child received any special support regarding their special needs:
4. Is any additional support required which has not yet been provided:
5. **THE CHILD’S FAMILY HISTORY AND THE PRINCIPLE OF SUBSIDIARITY**
6. Please provide general information on the social, cultural and family background of the child (*e.g.,* values and traditions of the family, any cultural practices):
7. Have there been any reports of neglect or abuse in the family:
8. What efforts have been made to reintegrate the child into their family and why did these efforts not succeed:
9. What efforts have been made to place the child in their extended family and why did these efforts not succeed (subsidiarity):
10. What efforts have been made to place the child in other families in the child’s community or other communities in the country (subsidiarity):
11. What efforts have been made to place siblings together (if applicable):
12. 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:
13. **THE CHILD’S CURRENT ENVIRONMENT**
14. Type of placement:

* Please describe the child’s current placement:
* Please specify if the child is currently placed with any siblings:
* Please provide details about the child’s adjustment to their current place of residence:

1. Type of schooling (if applicable):

* Date schooling started:
* Overall performance, milestones achieved (including any significant grades achieved):
* Strengths and weaknesses:

1. Activities (*e.g.,* physical activities / sport, cultural activities, social activities, games / toys):
2. Favourite and least preferred activities:
3. Relationship with care providers / teachers:
4. Relationships with peers and friends:
5. Names of the children and adults with whom the child has developed strong relationships:
6. Any behavioural or social issues:
7. Information concerning the child’s ethnic, religious and cultural background:
8. **VIEWS CONCERNING THE POSSIBILITY THAT THE CHILD IS ADOPTED INTERCOUNTRY**
9. Reasons for the relevant competent authority 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 *domestic* adoption was not considered a suitable option for the child - subsidiarity):
10. Views of the birth family and / or other current caregiver(s) regarding the possibility to be adopted intercountry:
11. 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 perspective of being separated from their siblings (if applicable), other significant family members or persons:

1. **PREPARATION OF THE CHILD FOR INTERCOUNTRY ADOPTION**
2. Name of the person(s) in charge of the child’s preparation for intercountry adoption:
3. Please explain the process which is being / has been undertaken to prepare the child for the intercountry adoption:
4. Has the child received counselling:

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:

1. **ADDITIONAL COMMENTS / RECOMMENDATIONS**

Any other comments / recommendations:

1. **CHECKLIST OF DOCUMENTS TO ATTACH TO THIS REPORT (as applicable)**

Where possible, please attach the following documents to this report:

The child’s birth certificate

A copy of the child’s passport(s) or other proof of nationality / citizenship

Proof of any required consent(s) to the child’s adoption

Death certificates of persons who had parental rights and responsibilities over the child (if applicable)

Proof of termination of previously held parental rights and responsibilities (if applicable)

The declaration of adoptability of the child

A **recent** Medical Report on the child (*i.e.*, the completed “Medical Report on the Child”[[25]](#footnote-26) and its supplement, or similar)

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)

Photographs or videos of the child

If disclosure of the following documents is permitted by national law (*i.e.*, if the following documents are not confidential), please also attach:

Any decision of an authority removing the rights / responsibilities of the birth parents and / or legal guardian(s)

Any Guardianship Order(s) relating to the child

Any Placement Order(s) relating to the child

1. **CERTIFICATION OF THE AUTHORITY / PERSON AUTHORISED TO COMPLETE THE REPORT**

Name:

Title:

Authority:

I hereby certify that the present report is true, correct and complete.

Done at                      on

City, State Date

Signature / Seal:

ANNEX 3  
  
REVISED DRAFT RECOMMENDED MODEL FORM  
“REPORT ON THE PROSPECTIVE ADOPTIVE PARENTS”[[26]](#footnote-27)

**Article 15 of the 1993 Adoption Convention**

|  |  |
| --- | --- |
| Date of the report |  |
| Authority / body issuing the report | Name:  Address: |
| Author of the report | Name:  Function:  Contact details: |
| Sources of information upon which this report is based: *e.g.*, individual / joint interviews, home visits, reports of professionals. For each:   * list the date(s) on which they took place * identify the persons present * attach the reports of professionals, where possible (see Section J below)   Please also identify any *other* persons interviewed for the purposes of this report. |  |

1. **IDENTITY OF THE PROSPECTIVE ADOPTIVE PARENTS[[27]](#footnote-28)**

|  |  |  |
| --- | --- | --- |
|  | **Prospective adoptive parent (1)** | **Prospective adoptive parent (2)** |
| 1. **General information** | | |
| Full name |  |  |
| Date of birth |  |  |
| Place of birth (city and State) |  |  |
| Gender |  |  |
| Nationality(ies) |  |  |
| Native language |  |  |
| Any other languages (indicate level) |  |  |
| Religion (if applicable) |  |  |
| Highest level of education |  |  |
| Current employment | Occupation:  Employer:  Employment status (*e.g.*, full-time, part-time):  Date of start of service: | Occupation:  Employer:  Employment status (*e.g.*, full-time, part-time):  Date of start of service: |
| 1. **Contact information** | | |
| Address |  | |
| Telephone number(s) |  |  |
| E-mail address(es) |  |  |
| Any other contact information |  |  |
| 1. **Civil / marital status of the prospective adoptive parents** | | |
| Please indicate the civil / marital status of the prospective adoptive parent(s) | Married – please provide the place and date of the marriage:  Other legally registered partnership – please provide the date of civil registration:  *De facto* relationship (*i.e.*, not legally registered, if recognised in the prospective adoptive parents’ place of habitual residence) - please specify when the relationship commenced and when cohabitation commenced:  Single: | |
| Has / have the prospective adoptive parent(s) been married previously? If so, please specify for how long and include the year of the divorce. | No  Yes: | No  Yes: |
| 1. **Other person(s) living with the prospective adoptive parents** | | |
| Do any children currently live with the prospective adoptive parents? | Yes – For each of them, please specify:   * Full name: * Date of birth: * Nationality(ies): * Whether they are biological, step-children or adopted children (including date of adoption decision and State of origin, where relevant): * Whether they are living full-time or part-time with the prospective adoptive parents:   No | |

|  |  |  |
| --- | --- | --- |
| Do any other persons currently live with the prospective adoptive parents? | Yes – please specify their:   * Full name: * Date of birth: * Nationality(ies): * Relationship with prospective adoptive parent(s): * Reason for living with the prospective adoptive parent(s): * Whether they are living full-time or part-time with the prospective adoptive parents: * How long they have been living with the prospective adoptive parent(s):   No | |
| Does / do the prospective adoptive parent(s) have biological children who are not living with them at all (*i.e.*, not even part-time)? | Yes - please explain why:  No. | Yes - please explain why:  No. |

1. **DETERMINATION OF THE PROSPECTIVE ADOPTIVE PARENTS’ ELIGIBILITY AND SUITABILITY TO ADOPT (ART. 5(a))**
2. Which authority / body / person has determined that the prospective adoptive parents are “eligible and suited” to adopt:

Name of authority / body / person (if a person, please include title / function):

Date of determination:

*Note: please attach any decision / certificate / declaration of eligibility and suitability to adopt which the competent authority / body / person has issued (see Section J below)*

1. Please specify for what length of period this determination is valid:

Indefinitely, but certain documents upon which it is based are subject to periodic updating (*e.g.*, the home study report is updated periodically) – *please specify*:

For a finite period – please specify the period:

Other – please specify:

1. Please specify whether this is a determination of eligibility and suitability to adopt for all profiles of children from all States of origin (*i.e.*, a general determination) or whether it is limited to certain profiles of children and / or certain States of origin only:

*Note: Section H below requests information regarding the characteristics of the children for whom these prospective adoptive parents are suited to care. This question relates only to whether the determination of eligibility and suitability to adopt is limited in any way.*

It is a **general** determination for all profiles of children from all States of origin:

It is a **limited** determination for specific profiles of children and / or specific States of origin only – please specify:

Other – please specify:

1. Please describe:
   1. the process which has been undertaken in order to reach this determination:
   2. the sources of information which have been relied upon - *please provide as much detail as possible and / or attach this information to this Report if possible (see section J below)*:

Interviews with the prospective adoptive parents:

Interviews with any child(ren) in the family home:

Interviews with significant other persons:

Medical reports on the prospective adoptive parents:

Psycho-social assessments of the prospective adoptive parents:

Criminal / child protection / other background checks of the prospective adoptive parents or others living in the home:

Family profile / life story of the prospective adoptive parents:

References:

Application form of prospective adoptive parents:

Other – please specify:

1. Please add any other comment concerning the determination of the prospective adoptive parents’ eligibility and suitability to adopt:
2. **PROSPECTIVE ADOPTIVE PARENTS’ BACKGROUND, INCLUDING FAMILY HISTORY**

**Note**: **if a “Home Study Report” or similar is attached to this report and covers all the issues set out below, you may simply refer to it and proceed to Section D below.**

|  |  |  |
| --- | --- | --- |
|  | **Prospective adoptive parent (1)** | **Prospective adoptive parent (2)** |
| Please list any other significant members of each prospective adoptive parent’s family – *e.g.*, parents, siblings, aunts, uncles, cousins |  |  |
| Describe the quality of the relationships of each prospective adoptive parent with these other family members |  |  |
| Describe each prospective adoptive parent’s general experience of childhood  Please include any history of violence or addiction within the family or social network and any trauma suffered |  |  |
| Does either prospective adoptive parent have any specific religious, ethnic or cultural practices? |  |  |
| What are the social activities of each prospective adoptive parent (*e.g.*, hobbies, interests)? |  |  |
| For each prospective adoptive parent what are the professional / employment backgrounds (if applicable) and future ambitions concerning their careers / work plans? |  |  |

|  |  |  |
| --- | --- | --- |
| Do the prospective adoptive parents (or any others living in the home) have any history of:   * being abusive (whether physically or psychologically); or * addiction or substance abuse?[[28]](#footnote-29) * criminal activities?   In the case of an affirmative response to any of the above, please provide evidence of rehabilitation[[29]](#footnote-30) |  |  |
| Please add any other relevant comments concerning the background of each of the prospective adoptive parents |  |  |

1. **MEDICAL HISTORY AND CURRENT HEALTH OF THE PROSPECTIVE ADOPTIVE PARENTS**

***Note****:* ***if a full Medical and / or Psychological Report in relation to each prospective adoptive parent is attached to this report and covers all the issues set out below, you may simply refer to it and proceed to Section E below.***

|  |  |  |
| --- | --- | --- |
|  | **Prospective adoptive parent (1)** | **Prospective adoptive parent (2)** |
| Please provide a brief medical history for each prospective adoptive parent |  |  |
| Describe the current physical health of each prospective adoptive parent, including:   * whether they are currently suffering from any illness or condition; * any physical disability; * any treatment currently being received |  |  |
| Describe the current psychiatric and psychological health of each prospective adoptive parent, including:   * any current diagnoses (*e.g.*, personality disorder, mental illness); * any treatment currently being received |  |  |
| Are there any hereditary diseases or congenital abnormalities in the prospective adoptive parents’ families?  Are there any mental illnesses or depression in the prospective adoptive parents’ families? |  |  |
| Is either prospective adoptive parent infertile? |  |  |
| Please add any other relevant comments concerning the medical history or current health of each prospective adoptive parent |  |  |

1. **SOCIAL ENVIRONMENT OF THE PROSPECTIVE ADOPTIVE PARENTS**

*Note: if a “Home Study Report” or similar is attached to this report and covers all the issues set out below, you may simply refer to it and proceed to Section F below.*

|  |  |  |
| --- | --- | --- |
|  | **Prospective adoptive parent (1)** | **Prospective adoptive parent (2)** |
| Please briefly describe the financial resources of the prospective adoptive parents, including:   * Income * Assets (*e.g.*, savings, properties) * Any debts |  |  |
| What is the current work schedule of each prospective adoptive parent? Are there plans to change it after the adoption?  Please specify working hours, days off per year, *etc*. |  |  |
| Please describe the home of the prospective adoptive parents |  | |
| Please describe the prospective adoptive parents’ neighbourhood (*e.g.*, rural or urban, schools available, medical care facilities, security) |  | |
| Please provide details on the opinion of relatives and friends concerning the proposed adoption |  | |

1. **PROSPECTIVE ADOPTIVE PARENTS’ REASONS FOR INTERCOUNTRY ADOPTION AND THEIR INTERCOUNTRY ADOPTION PLAN**

*Note: if a “Home Study Report” or similar is attached to this report and covers all the issues set out below, you may simply refer to it and proceed to Section G below.*

|  |  |
| --- | --- |
|  | **Prospective adoptive parents (1) and (2)** |
| 1. **Motivation to adopt a child from another country** | |
| Please provide a brief description of the prospective adoptive parents’ reasons for wanting to adopt, and particularly their wish to adopt a child from another country |  |
| 1. **Counselling and preparation undertaken** | |
| Have the prospective adoptive parents had any counselling in relation to the prospective adoption? |  |
| Have the prospective adoptive parents participated in any training course(s) to prepare for adoption, particularly an *intercountry* adoption?  If so, please specify whether:   * the course(s) was / were general or specific to certain profiles of children or States of origin; and / or * whether one or both prospective adoptive parents participated in them. |  |
| 1. **The plan for post-adoption** | |
| What is the plan for the family adjustment following the adoption (*e.g.*, registration in day care or school, daily routine, parental leave)?  Please describe childcare arrangements which have been (or will be) made and who may be involved (*e.g.*, is someone other than the prospective adoptive parents expected to be a regular caregiver?) |  |
| Please specify whether arrangements have been discussed if something should happen to the prospective adoptive parents (*e.g.*, guardianship) |  |
| Please describe where it is envisaged that the adopted child will live within the home (*e.g.*, will the adopted child have their own room or share with siblings)? |  |
| Please specify what, if any, post-adoption services have been identified to support these prospective adoptive parents |  |
| What is the prospective adoptive parents’ attitude towards communicating the fact of the adoption and the child’s origins to the child? |  |
| What is the prospective adoptive parents’ attitude towards the possibility of the child maintaining links with their biological family? |  |
| If the prospective adoptive parent is single, what is their attitude towards communicating to the child the reason for the absence of a second parent? |  |

**For an INTRA-FAMILY / RELATIVE ADOPTION, please specify:**

|  |  |  |
| --- | --- | --- |
|  | **Prospective adoptive parent (1)** | **Prospective adoptive parent (2)** |
| 1. **Description of relationship** | | |
| What is the legal relationship between the child(ren) and the prospective adoptive parents (*e.g.*, aunt / niece, grandparent / grandchild)? |  |  |
| What kind of relationship do the prospective adoptive parents already have with the child(ren) (*e.g.*, length and nature of time spent together)? |  |  |
| 1. **Motivation to adopt the particular child** | | |
| Provide a brief description of the prospective adoptive parents’ reasons for wishing to adopt the child(ren) |  |  |
| What successes and challenges have already been encountered in establishing a parent-child relationship with the child(ren)? |  |  |

1. **ABILITY OF THE PROSPECTIVE ADOPTIVE PARENTS TO UNDERTAKE AN INTERCOUNTRY ADOPTION**

*Note: if a “Home Study Report” or similar is attached to this report and covers all the issues set out below, you may simply refer to it and proceed to Section H below.*

|  |  |  |
| --- | --- | --- |
|  | **Prospective adoptive parent (1)** | **Prospective adoptive parent (2)** |
| 1. **The personalities of the prospective adoptive parents** | | |
| Please provide a brief description of the personality of each prospective adoptive parent |  |  |
| What is their outlook on life and what are their key values? |  |  |
| What is their capacity to cope with (1) change and (2) stress within the family? |  |  |
| How have they coped with infertility (if applicable)? |  |  |
| Describe the relationship between the prospective adoptive parents |  | |
| Describe the relationship between the prospective adoptive parents and any existing children (if applicable) |  | |
| 1. **The parenting skills of the prospective adoptive parents** | | |
| Please provide a brief description of any previous parenting experience of either prospective adoptive parent |  |  |
| What is each prospective adoptive parent’s understanding of children’s needs and development? |  |  |
| What is each prospective adoptive parent’s vision of their role as a parent? |  |  |
| What is each prospective adoptive parent’s vision of *their* *partner’s* *role* as a mother or father? |  |  |
| What is each prospective adoptive parent’s approach to discipline and education? |  |  |
| What is each prospective adoptive parent’s expectation regarding raising an adopted child?  Explain how they appreciate the different needs of an adopted child |  |  |
| How prepared are the prospective adoptive parents to deal with any issues that may arise after the adoption (*e.g.*, adjustment issues, post-traumatic stress, issues concerning ethnicity, a child’s desire to search and contact their birth family members and a child’s desire to travel to their country of origin)? |  |  |
| Do the prospective adoptive parents have a support network of persons? |  |  |

1. **CHARACTERISTICS OF THE CHILDREN FOR WHOM THESE PROSPECTIVE ADOPTIVE PARENTS WOULD BE QUALIFIED TO CARE**

In light of all the information provided above, please describe, in as much detail as possible, the **characteristics or profile of children** (*e.g.*, children with special medical or other needs) for whom these prospective adoptive parents would be qualified and suited to care and why:

1. **ADDITIONAL COMMENTS / RECOMMENDATIONS**

Please provide any relevant additional comments or recommendations:

1. **CHECKLIST OF DOCUMENTS TO ATTACH (as applicable)**

Where possible, please attach the following documents to this report:

Application form of the prospective adoptive parents

Copy of birth certificates of the prospective adoptive parents

Copy of any marriage certificate / civil registration of relationship of the prospective adoptive parents

Divorce certificate(s) (if applicable) of the prospective adoptive parent(s)

Copy of passports of the prospective adoptive parent(s)

Any decision / certificate / declaration of the prospective adoptive parents’ eligibility and suitability to adopt which has been issued by the competent authority / body / person

Any “Home Study Report” (or similar) on the prospective adoptive parents

Any Psycho-social Assessment / Report on the prospective adoptive parents

Attendance certificates for training / preparation / counselling courses of the prospective adoptive parent(s)

Photographs of the prospective adoptive parents

Family profile / life story of the prospective adoptive parents

Any references in support of the prospective adoptive parent(s)

If disclosure of the following documents is permitted by national law (*i.e.*, if the following documents are not confidential), please also attach:

Any Medical Report(s) on the prospective adoptive parent(s)

Criminal / child protection / other background checks on the prospective adoptive parents

Proof of financial means of the prospective adoptive parents

1. **CERTIFICATION OF THE AUTHORITY / PERSON AUTHORISED TO COMPLETE THE REPORT**

Name:

Title:

Authority:

I hereby certify that the present report is true, correct and complete.

Done at                 on

City, State Date

Signature / Seal:

ANNEX 4  
  
REVISED DRAFT RECOMMENDED MODEL FORM  
“POST-ADOPTION REPORT ON THE CHILD”[[30]](#footnote-31)

1. Date of the report:
2. Author of the report:

* Name:
* Function:
* Authority / body (if applicable):

1. Persons interviewed and date(s) the meeting(s) took place:
2. This is:

an **initial** post-adoption report

a **follow-up** post-adoption report

1. **INFORMATION ABOUT THE CHILD, THE ADOPTIVE FAMILY AND THE ADOPTION**
2. Full name of the child before the adoption:
3. Full name of the child after the adoption:
4. Date of birth of the child:
5. Current age of the child:
6. Place of birth (city and State) of the child:
7. Nationality of the child:
8. Has the child acquired the nationality of one or both of the adoptive parents:

Yes. Please specify the nationality acquired:

No. Please explain why not:

1. Has the child acquired another nationality:

Yes. Please specify which nationality:

No.

1. Full name(s) of adoptive parent(s):
2. Name(s) and age(s) of the other children of the family (if applicable):
3. Name(s) of other members of the family and relationship with the child (if applicable):
4. Competent authority which issued the adoption decision:
5. Date of the adoption decision:
6. Date of arrival of the child in the receiving State:
7. Adoption accredited body involved in the child’s adoption (if applicable):
8. **THE CHILD’S HEALTH AND SPECIAL NEEDS**

* Follow-up report:

Please provide information about the child’s current health, any health issues or conditions, any special needs, and how they are / have been addressed:

* Initial report (or report for a young child):

1. Please provide information about the current health condition of the child, any health issues that the child had and how they are / have been addressed:
2. Please describe the physical development and motor skills of the child:
3. What was the child’s height and weight at the time of the adoption decision and what is their current height and weight?
4. Is the child up to date on their immunisations (vaccinations)?
5. Does the child have any special needs?

Yes. Please specify:

What progress has been made?

What has the effect of these special needs been on the adoptive family?

Do the child and the family receive support to address the child’s special needs? If so, please explain

No.

1. Was the child’s health status at the time of the adoption decision consistent with the status as described in the “Report on the Child” transmitted pursuant to Article 16 of the Adoption Convention?

Yes

No. Please indicate which health issues have been detected since the adoption which were not described in the report:

1. **THE CHILD AND THE ADOPTIVE FAMILY**

* Follow-up report:

Please provide information about the child and the adoptive family (*e.g.*, current relationship of the child with family members (each parent, and if applicable, siblings)), extended family, friends; any challenges and how they are / have been addressed:

Please provide information about any significant change in the family since the child was adopted, and the current perception of the adoptive parents regarding adoption:

* Initial report (or report for a young child):

1. Please provide information about the current attachment and bonding of the child with each family member (each parent, and if applicable, siblings and other family members). Please assess each relationship separately:
2. What are the positive aspects of the child’s current relationships with their adoptive family?
3. What issues and challenges, if any, have been encountered by:
   1. the child – in adjusting to the new family environment:
   2. the adoptive family – in caring for the child (*e.g.*, adjustment to new parenting responsibilities, influence of adoption on parent’s relationship, effects on other children in the adoptive family):
4. How are / were the challenges addressed? Please explain any support received, including external resources (*e.g.,* social workers, therapists, psychologists)?
5. Has the child been accepted by, and has the child integrated into, the extended adoptive family?
6. Has the child been integrated into the broader social environment of the adoptive family (*e.g.*, friends of the adoptive family, other adoptive families and support groups)?
7. What are the living conditions in the home (*e.g.*, does the child have their own room, is there space for play and study)?
8. What is the family dynamic in the home (*e.g.*, are both adoptive parents active in parenting, what are their respective roles, what is the time distribution of caring for the child)?
9. How is childcare arranged by the adoptive family (*e.g.,* are baby-sitters used, or are there family members who help)?
10. Have there been any significant changes in the family since the child was adopted (*e.g.*, changes in marital status, residence, employment, persons living in the home, illness)?
11. What is the current perception of the adoptive parents regarding the adoption?
12. **SOCIAL, EMOTIONAL, MENTAL AND OTHER DEVELOPMENTS**

* Follow-up report:

Please provide information about the child’s social, emotional and other developments (*e.g.*, current social and self-awareness; any challenges that the child had or is having (including behavioural issues), and how they are / have been addressed:

Please provide information about the child’s mental development (*e.g.*, the child’s cognitive development, intelligence, problem solving, creativity, ability to learn; any challenges that the child had or is having) and how they are / have been addressed:

* Initial report (or report for a young child):

1. Please provide information about the current social and emotional development of the child, including:
   1. relationship with friends outside school:
   2. relationship with the community:
   3. positive developments:
   4. any challenges that the child had or is having (*e.g.,* cognitive delays or behavioural or social issues):
   5. how these challenges are / have been addressed:
2. What is the personality, temperament and general behaviour of the child at the current time? How does the child express their emotions: anger, frustrations, happiness, love?
3. How has the child’s ability to self-care developed*, i.e.*, is the child able to dress, feed and keep clean?
4. Please provide information about the child’s cognitive development, intelligence, problem solving ability, creativity, ability to learn:
5. Please specify any other challenges that the child had or is having, and how they are / have been addressed:
6. **EDUCATION / CHILDCARE**

* Follow-up report:

Please provide information about the child’s education or childcare (*e.g.*, child’s progress at school, information about the grade the child is attending, if the child is in the normal range for their age, if the child requires special assistance or tutoring; extracurricular activities; relationship with teachers, peers and friends; any challenges and how they are / were addressed):

* Initial report (or report for a young child):

1. Is the child in day care or schooling? Please specify:
2. Please describe how the child finds day care / school:
3. How does the child perform at school?
4. What are the child’s current linguistic skills and has the child acquired a new language?
5. Does the child need any special assistance / tutoring (*e.g.*, language classes)?
6. What extracurricular activities does the child enjoy (*e.g.*, physical activities / sport, cultural activities, social activities, games)?
7. What is the quality of the child’s relationships with any day care providers or teachers?
8. What is the quality of the child’s relationships with peers and friends?
9. **THE CHILD’S ORIGINS**

* Follow-up report:

Please provide information about the child’s origins (*e.g.*, what has been / is being done regarding the child’s understanding and appreciation of their State of origin, as well as the maintenance of the child’s connection to their culture of origin; any challenges and how they are / were addressed; if the child has any contact with their birth family, and how this is going):

* Initial report (or report for a young child):

1. What has been / is being done to inform the child about their origins, history, culture, the adoption procedure (*e.g.,* talking to the child, showing photos from the child’s life before adoption, maintaining a life book) and to help the child manage all this information?
2. Is the child interested in maintaining a connection with their culture of origin (*e.g.,* language, religion, food)? If so, what is being done to maintain that connection?
3. What challenges have been encountered since the adoption concerning the child’s origins and the adoption (*e.g.*, discrimination)?
4. Does the child have any contact with their birth family:

Yes – please specify the type of contact (*e.g.*, via social media, letter, telephone, video calls, in-person), the frequency of the contact, and any other comments:

No. Any comments:

1. **ADDITIONAL COMMENTS / RECOMMENDATIONS**

Please provide any other comments, feedback or recommendations, if applicable:

1. **CHECKLIST OF DOCUMENTS TO ATTACH TO THIS REPORT (as applicable)**

Where possible, and in consultation with the child according to their age and maturity, you may wish to attach the following documents to this report:

Recent photograph(s) of the child

Any updating medical report(s) (if not confidential)

Any updating educational report(s) (*e.g.*, school reports, copies of certificates)

ANNEX 5  
  
DRAFT RECOMMENDED MODEL FORM  
“AGREEMENT THAT THE ADOPTION MAY PROCEED”

**Article 17(c) of the 1993 Adoption Convention**

**TIMING OF THE AGREEMENT[[31]](#footnote-32)**

The agreement under Article 17(c) of the Adoption Convention may be first provided by the State of origin, or first by the receiving State. In this particular adoption, please specify what is the situation:

|  |  |
| --- | --- |
| **STATE OF ORIGIN** | **RECEIVING STATE** |
| The State of origin sends **first** the Article 17(c) agreement to the receiving State with the proposed match. | After the reception of the Article 17(c) agreement of the State of origin, then the receiving State provides its agreement. |

**OR**

|  |  |
| --- | --- |
| **STATE OF ORIGIN** | **RECEIVING STATE** |
| After the reception of the Article 17(c) agreement of the receiving State, then the State of origin provides its agreement. | The receiving State sends **first** its Article 17(c) agreement to the State of origin with a notice that the match has been accepted. |

**OR**

|  |  |
| --- | --- |
| **STATE OF ORIGIN** | **RECEIVING STATE** |
| Other: please specify: | Other: please specify: |

1. **AUTHORITY**

|  |  |
| --- | --- |
| **STATE OF ORIGIN** | **RECEIVING STATE** |
| The undersigned  Address:  Central Authority  Public Authority (acting under the authority of the Central Authority)  Adoption Accredited Body (acting under the authority of the Central Authority)  of  (*name of the State*) acting as the **State of origin**. | The undersigned  Address:  Central Authority  Public Authority (acting under the authority of the Central Authority)  Adoption Accredited Body (acting under the authority of the Central Authority)  of  (*name of the State*) acting as the **receiving State**. |

1. **VERIFICATIONS OF THE ADOPTION PROCEDURE**

Having verified that:

|  |  |
| --- | --- |
| **STATE OF ORIGIN** | **RECEIVING STATE** |
| The child was declared **adoptable** for intercountry adoption by the appropriate authorities; |  |
| Due consideration was given to the **possibilities** for **domestic** **placement** of the child in accordance with the principle of subsidiarity; |  |
| The necessary **consents** from persons, institutions and authorities were obtained in accordance with the requirements of the Convention; |  |
|  | The **prospective adoptive parents** were properly **counselled** (Art. 4(c)(1)); |
| ☐ Having regard for the age and degree of maturity of the **child**, the child was properly **counselled**, consideration was given to the child’s **wishes** and **opinions**, and the child’s **consent** was obtained in accordance with the requirements of the Convention; |  |
| The **report** on the **child**[[32]](#footnote-33) contains the information required by the Convention, is complete and up to date, and was transmitted to the receiving State; | The **report** on the **child** contains the information required by the Convention, and was transmitted to the receiving State by the State of origin (Art. 16); |
| The **report** on the **prospective adoptive parents**, including the home study conducted by the appropriate social welfare authorities, contains the information required by the Convention, and was transmitted to the State of origin by the receiving State; | The **report** on the **prospective adoptive parents**,[[33]](#footnote-34) including the home study conducted by the appropriate social welfare authorities, contains the information required by the Convention, is complete and up to date, and was transmitted to the State of origin (Art. 15); |
| If the **matching** was done in the State of origin:  it was conducted according to a multidisciplinary and impartial procedure;  The prospective adoptive parents have been matched with the child for their apparent capacity to take care of the child’s needs;  If the matching was done in the receiving State, please tick this box ; | If the **matching** was done in the receiving State:  it was conducted according to a multidisciplinary and impartial procedure;  The prospective adoptive parents have been matched with the child for their apparent capacity to take care of the child’s needs;  If the matching was done in the State of origin, please tick this box ; |
| If required by the Central Authority of the State of origin, the decision to entrust the child to the prospective adoptive parents has been approved by the receiving State (Art. 17(b)).  If such approval is NOT required, please tick this box | If required by the law of the receiving State, the decision to entrust the child to the prospective adoptive parents has been approved by the receiving State (Art. 17(b)).  If such approval is NOT required, please tick this box |
| The **habitual residence** of the child and the habitual residence of the prospective adoptive parents have been verified (see Section 6, below); | The **habitual residence** of the child and the habitual residence of the prospective adoptive parents have been verified (see Section 6, below); |
| The child has obtained or will obtain **permission** to **leave** the State of origin;[[34]](#footnote-35) |  |
| **No illicit practices** in the adoption process have been identified at the stage of giving this agreement; | **No illicit practices** in the adoption process have been identified at the stage of giving this agreement; |
| The procedures and fundamental principles of the **Convention** have been **respected**; and | The procedures and fundamental principles of the **Convention** have been **respected**; and |
| The envisaged placement is in the **best interests of the child**. | The receiving State has been informed by the State of origin that the envisaged placement is in the **best interests of the child**. |

1. **DETERMINATIONS**

Having determined that:

|  |  |
| --- | --- |
| **STATE OF ORIGIN** | **RECEIVING STATE** |
|  | the **prospective adoptive parents** are **eligible** and **suited** to adopt (Arts 5, 15 and 17(d)); and |
|  | the **child** is or will be authorised to **enter** and **reside** permanently in the receiving State (Art. 17(d)). |

1. **AGREEMENT OF THE PROSPECTIVE ADOPTIVE PARENTS**

|  |  |
| --- | --- |
| **STATE OF ORIGIN** | **RECEIVING STATE** |
| Having ensured that the **prospective adoptive parents agree** to the adoption (Art. 17(a)). | Having ensured that the **prospective adoptive parents agree** to the adoption. |

1. **APPROVAL OF THE DECISION OF ENTRUSTMENT**

|  |  |
| --- | --- |
| **STATE OF ORIGIN** | **RECEIVING STATE** |
|  | If required by the law of the receiving State or by the Central Authority of the State of origin, **having approved the decision to entrust** the child to the prospective adoptive parents (Art. 17(b)).  If such approval is not required by either the law of the receiving State or the Central Authority of the State of origin, please tick this box |

1. **AGREEMENT THAT THE ADOPTION MAY PROCEED**

|  |  |
| --- | --- |
| **STATE OF ORIGIN** | **RECEIVING STATE** |
| **Agrees** that the following adoption may proceed (Art. 17(c)): | **Agrees** that the following adoption may proceed (Art. 17(c)): |

1. **Identity of the child**

Family name:

First name(s):

Gender:

Date of birth:

Place of birth:

State of habitual residence at the time of the adoption:

Address:

Nationality:

1. **Identity of the prospective adoptive parent(s)**

Family name of the adoptive parent:

First name(s):

Gender:

Date of birth:

Place of birth:

State of habitual residence at the time of the adoption:

Address:

Other contact details:

Nationality:

If the child is to be adopted by a couple:

Family name of the second adoptive parent:

First name(s):

Gender:

Date of birth:

Place of birth:

State of habitual residence at the time of the adoption:

Address:

Other contact details:

Nationality:

1. **COMMENTS**

Please add any relevant comments deemed necessary:

|  |  |
| --- | --- |
| **STATE OF ORIGIN** | **RECEIVING STATE** |
|  |  |

1. **SIGNATURE / SEAL**

|  |  |
| --- | --- |
| **STATE OF ORIGIN** | **RECEIVING STATE** |
| Name:  Title:  Authority:  Done at  (city, State) on  (date)  Signature / Seal: | Name:  Title:  Authority:  Done at  (city, State) on  (date)  Signature / Seal: |

ANNEX 6  
  
DRAFT RECOMMENDED MODEL FORM  
“CERTIFICATE OF CONFORMITY FOR CONVERSION OF A SIMPLE ADOPTION TO A FULL ADOPTION”[[35]](#footnote-36)

***RECEIVING STATES ONLY***

**Article 27 of the 1993 Adoption Convention**

1. **AUTHORITY PROVIDING THE CERTIFICATION IN THE RECEIVING STATE**

|  |  |
| --- | --- |
| Receiving State | Name |
| Authority / body providing the certification | Name:  Address: |
| Official completing the form | Name:  Title:  Contact details: |

1. **THE CHILD**
2. Full name at birth:
3. Current full name:
4. Date of birth:
5. Place of birth:
6. Gender:
7. Address:
8. Date of arrival of the child in the receiving State:
9. **THE ADOPTIVE FAMILY**
10. Full name(s) of adoptive parents:
11. Age(s):
12. Current occupation(s):
13. Name(s) and age(s) of the other children of the family (if applicable):
14. Has the child in question received uninterrupted care from the adoptive parents from the time of the simple adoption to the time of the full adoption?

Yes

No. Please specify:

1. **THE SIMPLE ADOPTION GRANTED IN THE STATE OF ORIGIN**

***Note****: Please attach a copy of the simple adoption decision to this certificate.*

1. Competent authority which granted the **simple adoption decision**:
2. Date of the **simple adoption decision**:
3. **Birth parents** of the child at the time of the simple adoption (with whom a legal tie has been retained until the full adoption):
4. Adoption accredited body involved in the child’s **simple adoption**:
5. **GENERAL VERIFICATIONS TO CONVERT A SIMPLE ADOPTION INTO A FULL ADOPTION**

The simple adoption was granted in the State of origin.

The simple adoption did not have the effect of terminating a pre-existing legal relationship between the child and their mother and father (Arts 26(1)(c) and 27(1)).

The simple adoption was automatically recognised by the receiving State under the Adoption Convention (Art. 27(1)).

The law of the receiving State permits the conversion of the simple adoption to a full adoption (Art. 27(1)(a)).[[36]](#footnote-37)

1. **CONSENTS TO CONVERT A SIMPLE ADOPTION INTO A FULL ADOPTION**

The following consents have been or are given for the purpose of a full adoption:*[[37]](#footnote-38)*

Consent of the **persons, institutions and authorities** whose consent is necessary for adoption (Art. 4(c)). Please attach the relevant statement of consent for a full adoption or for the conversion into a full adoption.

Consent of the **child**, having regard to their age and degree of maturity. Please attach the relevant statement of consent for a full adoption or for the conversion into a full adoption.

1. **FULL ADOPTION**

***Note****: please attach the decision on the conversion of the simple to full adoption to this certificate.*

1. Competent authority which converted the simple adoption into a **full adoption decision**:
2. **Age** of the child at the time of the full adoption conversion decision:
3. Date of the **full adoption conversion decision**:
4. **CERTIFICATION**

Name:

Title:

Authority:

**I hereby certify that the conversion of the simple to full adoption for**           (*child’s full name*) has been done in conformity with Article 27 of the Adoption Convention**.**

**I hereby certify that the adoption was made in accordance with** the Adoption Convention**.**

Done at                 on

City, State Date

Signature / Seal:

1. C&R of the Special Commission on the Practical Operation of the Adoption Convention (2005), C&R Nos 7 and 18. [↑](#footnote-ref-2)
2. C&R of the Special Commission on the Practical Operation of the Adoption Convention (2015), C&R No 15. [↑](#footnote-ref-3)
3. *Ibid.,* C&R No 16. [↑](#footnote-ref-4)
4. C&R of the Special Commission on the Practical Operation of the Adoption Convention (2015), C&R No 17. These four Model Forms are available in HCCH, *Guide to Good Practice No 1: The Implementation and Operation of the 1993 Hague Intercountry Adoption Convention*, Bristol, Family Law (Jordan Publishing Limited), 2008 ([Guide to Good Practice No 1](http://www.hcch.net/upload/adoguide_e.pdf)), Annex 7. [↑](#footnote-ref-5)
5. To be used where the consent of the child to the intercountry adoption is required by national law. [↑](#footnote-ref-6)
6. States may in addition to this form, develop detailed guidance in a separate manual or as an annex to the Model Form on how to take the child’s statement of consent; the manual or annex may also contain the instructions to the official taking the statement of consent and the witness attesting to the informed consent. [↑](#footnote-ref-7)
7. Note to official(s) attesting the consent: if the child is illiterate, Part A bullet points should be read again one by one aloud clearly to the child. If the child understands it and is in agreement with it, the child can place their “mark” (*e.g.*, thumbprint) at the end of the Statement instead of their signature. [↑](#footnote-ref-8)
8. Note to official(s) attesting the consent: this section may be completed by you or the child, as appropriate in light of the child’s age and degree of maturity. The information provided in this section should be the same as the information in the child’s current identity document. [↑](#footnote-ref-9)
9. Note to official(s) attesting the consent: Select the appropriate Section, A or B, below, and use that Section only. If one full adoption is allowed in your State, then the Model Form can be adapted and only include Section A.

   **Section A:** If the consent of a child is sought for a FULL adoption (*i.e.,* an adoption which severs the legal ties between the child and their biological parents or current legal guardian(s)), whether this full adoption is to be made in the State of origin or in the receiving State, use the “Full Adoption” Section only.

   **Section B:** If the consent of the child is sought for a SIMPLE adoption only (*i.e.,* an adoption which does NOT sever the legal ties between the child and their birth parents or current legal guardian(s)), use the “Simple Adoption” Section only.

   For further information see: [Arts 26 and 27 of the Adoption Convention](http://www.hcch.net/index_en.php?act=conventions.text&cid=69) and [Guide to Good Practice No 1](http://www.hcch.net/upload/adoguide_e.pdf), Chapter 8.8.8. [↑](#footnote-ref-10)
10. Note to official(s) attesting the consent: it should be explained to the child that this is to be differentiated from the normal benefits of an adoption, such as a home, friends, material support, etc. [↑](#footnote-ref-11)
11. If the child is illiterate - amend as appropriate. [↑](#footnote-ref-12)
12. If the child is illiterate - amend as appropriate. [↑](#footnote-ref-13)
13. If the child is illiterate - amend as appropriate. [↑](#footnote-ref-14)
14. If the child is illiterate - amend as appropriate. [↑](#footnote-ref-15)
15. If the child has the capacity to read. [↑](#footnote-ref-16)
16. Or placed their mark (if the child is illiterate). [↑](#footnote-ref-17)
17. If the child has the capacity to read. [↑](#footnote-ref-18)
18. Or placed their mark (if the child is illiterate). [↑](#footnote-ref-19)
19. This Model Form may be adapted in light of domestic laws. For example, 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 the existing model forms on the Medical Report of the Child (see [Guide to Good Practice No 1](http://www.hcch.net/upload/adoguide_e.pdf), Annex 7). [↑](#footnote-ref-20)
20. 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. [↑](#footnote-ref-21)
21. See further [Guide to Good Practice No 1](http://www.hcch.net/upload/adoguide_e.pdf), Chapter 7.2.1. [↑](#footnote-ref-22)
22. *Ibid.* Chapter 2.2.3 and Annex 7, Model Form “Statement of consent to the adoption”. [↑](#footnote-ref-23)
23. Determined, *e.g.*, by the assessment that the child will benefit from a family environment, that the child understands what an adoption entails and the child considers that it would be in their best interests to be adopted. See further [Guide to Good Practice No 1](http://www.hcch.net/upload/adoguide_e.pdf), Chapter 7.2.1. [↑](#footnote-ref-24)
24. See [Guide to Good Practice No 1](http://www.hcch.net/upload/adoguide_e.pdf), Annex 7.6. [↑](#footnote-ref-25)
25. See [Guide to Good Practice No 1](http://www.hcch.net/upload/adoguide_e.pdf), Annex 7.6. [↑](#footnote-ref-26)
26. In general, this Model Form refers to the prospective adoptive parents in the plural form for ease of reference. However, it is also possible to complete the form for a single prospective adoptive parent. [↑](#footnote-ref-27)
27. Please note that Sections A to H of this Model Form follow the order set out in Art. 15(1) of the Adoption Convention concerning the issues which should be addressed in the report on the prospective adoptive parents. [↑](#footnote-ref-28)
28. *E.g.*, including alcohol, controlled substances or other substances that impair the ability to fulfil obligations at work, school or home, or create other social or interpersonal problems that may adversely affect the suitability as a prospective adoptive parent. [↑](#footnote-ref-29)
29. Or, in the case of a criminal history, why this does not make the prospective adoptive parents unsuitable (*e.g.*, minor offence or unrelated to child raising abilities). Evidence of rehabilitation may include an evaluation of the seriousness of any arrest(s), conviction, or history of abuse, the number of such incidents, the length of time since the last incident, the offender’s acceptance of responsibility for their conduct, and any type of counselling or rehabilitation programmes which have been successfully completed, or a written opinion from an appropriate licensed professional, such as a psychiatrist, clinical psychologist, or clinical social worker. [↑](#footnote-ref-30)
30. This recommended model form may be used for any post-adoption reports required, according to relevant applicable law or practice, *after an adoption decision has been made*. Some receiving States are of the view that a very detailed report may be seen by a significant number of children and adoptive families as inappropriate and intrusive. Thus, the duration of any post-adoption reporting obligations and the extent of the information provided in post-adoption reporting in general should be balanced with and adjusted to the child’s age and the child’s right to privacy (see [Guide to Good Practice No 1](http://www.hcch.net/upload/adoguide_e.pdf), para. 600), the high expectations vis-à-vis the prospective adoptive parents (and the high standards imposed in terms of their suitability to adopt) and their right to care and raise their child without continued scrutiny from officials of the receiving State or the State of origin. In order to balance the position of receiving States with that of States of origin, Annex 4 presents contents for both a detailed form that can serve as inspiration for the first post-adoption report (or when the child is young), and a follow-up report with more general questions that attempts to take into consideration the right of adoptees to be treated as other children (*i.e.,* have a normal live) and their right to privacy vis-à-vis officials of the receiving State and the State of origin.

    It is recommended inviting, or at least consulting, the child to participate in completing this form, if the child is of an appropriate age and maturity to do so and wishes to have input. As well as monitoring the adoption, information in this report may be used to improve post-adoption support services. [↑](#footnote-ref-31)
31. The timing as to when this form is issued, and of the agreement by the Central Authorities of both the receiving State and the State of origin that the adoption can proceed, in conformity with Art. 17(c) of the Adoption Convention, may follow different patterns according to national practice, so long as all the requirements for agreement under the Convention have been met. [↑](#footnote-ref-32)
32. It is recommended to use the Recommended Model Form on the Report on the child. [↑](#footnote-ref-33)
33. It is recommended to use the Recommended Model Form on the Report on the prospective adoptive parents. [↑](#footnote-ref-34)
34. *I.e.*, the child has the ability to leave the State of origin. [↑](#footnote-ref-35)
35. This Certificate of Conformity is to be completed in the receiving State only, to be issued after the conversion of a simple adoption to a full adoption in the receiving State in accordance with Art. 27 of the Adoption Convention.

    A **simple adoption** is an adoption which does NOT sever the legal ties between the child and their biological parents or legal guardian(s).

    A **full adoption** is an adoption which severs the legal ties between the child and their biological parents or legal guardian(s). For further information, see Adoption Convention and the [Guide to Good Practice No 1](http://www.hcch.net/upload/adoguide_e.pdf), Chapter 8.8.8. [↑](#footnote-ref-36)
36. The receiving State shall apply its own law, to decide whether or not it should take place. [↑](#footnote-ref-37)
37. See Art. 27(1)(b) of the Adoption Convention, which requires that the “consents referred to in Article 4, sub-paragraphs c and d, have been or are given for the purpose of such an adoption.” The relevant competent authorities are encouraged to use an adapted version of the recommended model form on consent (*i.e.*, statement of consent to the adoption; statement of consent of the child to the adoption). [↑](#footnote-ref-38)