

FAMILY COURT OF ST. LOUIS COUNTY ADOPTION FILING CERTIFICATE

The attorney or pro se party filing an initial pleading in the Family Court pursuant to Chapter 453 RSMo. must complete this form. Social Security numbers must be provided for all parties, which includes the natural/putative parents and the adoptee(s). Use an additional sheet, if necessary.

In the Matter of:

Petitioner	Social Security Number	DOB	Type of Adoption Action (check one):
			<input type="checkbox"/> Adult
Petitioner	Social Security Number	DOB	<input type="checkbox"/> Agency
Adoptee	Social Security Number	DOB	<input type="checkbox"/> Private
Adoptee	Social Security Number	DOB	<input type="checkbox"/> Stepparent
Natural Mother	Social Security Number	DOB	<input type="checkbox"/> Foreign Adoption
Natural/Putative Father	Social Security Number	DOB	<input type="checkbox"/> Recognition of Foreign Adoption

1. Please identify any prior or currently pending Chapter 211 Proceedings involving any party or subject of this action. (Attach additional sheet if necessary).

Prior/Pending (circle one)

Case No.	Juvenile	DOB	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify to the best of my knowledge that the above information is true and accurate.

Signature of Filing Party _____

2. Documents required to accompany this filing certificate:

- a. Petition
- b. Affidavit of Expenses
- c. Missouri Certificate of Decree of Adoption
- d. Filing Fees or Motion to Waive Fees
- e. Family Court of St. Louis County Adoption Filing Certificate

There may be other documents required which are necessary to complete the adoption action (see adoption packet). It is the attorney or pro se party's responsibility to ensure that all required items are filed prior to the hearing. Failure to submit the other required information or to make necessary amendments in a timely manner may result in a delay or dismissal of this matter.

The below information is required and each line must be completed.

3. Scheduling the Adoption Finalization Hearing Date.

Please identify the date that the required six months of both lawful and actual custody have been, or will be met: _____

4. Name of Supervising Agency: _____

5. Complete Address of Agency: _____

6. Name of Assigned Agency Worker/Representative: _____