

Court Report for Centralized Birth Record

Use of Form: This form may be used to meet the requirements of Wis. Stat. § 48.427(6)(b). The law does not require submission of items marked "Optional." Personally identifiable information provided on this form will be used by the Department of Children and Families to maintain a Centralized Birth Record for children under its guardianship and in provision of services to these children. Information provided on this form will be used only for this purpose.

Instructions: This form should be completed by a child welfare or court professional in the county where termination of parental rights occurred. The county court is responsible for submitting the completed form to the Department of Children and Families Adoption Records Search Program. See reverse side for additional instructions.

Note: "Birth parent" for purposes of this form is defined in Wis. Stat. § 48.432(1) to mean either:

1. The mother designated on the child's original birth certificate.
2. One of the following:
 - a. The adjudicated father.
 - b. If there is no adjudicated father, the husband of the mother at the time the child is conceived, born, or legitimized under Wis. Stat. § 767.803.

Child Information (as given on the original birth certificate)

Full Name (Last, First MI)

Birthdate (mm/dd/yyyy)

County of Birth

State of Birth

Yes No Has this child been adopted previously?

Birth Mother Information

Current Full Name (Last, First MI)

Last Name at Child's Birth

Current Address (Street, City, State, Zip Code)

Permanent Address (Street, City, State, Zip Code) – Optional

Telephone Number – Optional

Birth Mother's Parental Rights

Terminated Not Terminated

Date of TPR if applicable (mm/dd/yyyy)

County of TPR if applicable

Birth Father Information

Current Full Name (Last, First MI)

Last Name at Child's Birth

Current Address (Street, City, State, Zip Code)

Permanent Address (Street, City, State, Zip Code) – Optional

Telephone Number – Optional

Birth Father's Parental Rights

Terminated Not Terminated

Date of TPR if applicable (mm/dd/yyyy)

County of TPR if applicable

Yes No Was the father adjudicated?

Yes No If the father was the husband of the birth mother, is he the child's biological father?

Guardian and Legal Custodian Information

Full Name – Person or Agency Awarded Guardianship

Guardian Address (Street, City, State, Zip Code)

Full Name – Legal Custodian (if different from person / agency awarded guardianship)

Custodian Address (Street, City, State, Zip Code)

Additional Instructions for Completing Court Report

1. If special circumstances exist that are not adequately covered in this form, describe other pertinent information in an attachment.
2. If the birth mother and / or birth father signs an affidavit authorizing the Department of Children and Families to provide the child with information identifying the birth parent, submit the affidavit(s) with the court report.
3. Attach a copy of the medical record of the child as described in Wis. Stat. § 48.425(1) (am):
 - a. The medical and genetic history of the birth parents and any medical and genetic information furnished by the birth parents about the child's grandparents, aunt, uncles, brothers, and sisters. *
 - b. A report of any medical examination which either birth parent had within one year before the date of the petition.
 - c. A report describing the child's prenatal care and medical condition at birth. *
 - d. The medical and genetic history of the child and any other relevant medical and genetic information. *

* The Department of Children and Families recommends the use of the *Family History Questionnaire Medical / Genetic* (DCF-F-CFS0149-E) and *Family History Questionnaire Medical / Genetic – Pregnancy and Delivery Information* (DCF-F-CFS0149A-E) to meet the requirement for reporting this information. The questionnaires can be accessed at dcf.wisconsin.gov/forms. Submission of these questionnaires does *not* preclude submission of additional information on other forms or reports from health or medical facilities.

Submit the completed Court Report and other applicable documents (affidavits, medical records, etc.) to:

Department of Children and Families
Adoption Records Search Program
P.O. Box 8916
Madison, WI 53708-8916