

**RELEASE AND REQUEST FOR INFORMATION  
D.H.R. OFFICE OF ADOPTIONS AND  
AAA PARTNERS IN ADOPTION, INC.  
Licensed Private Adoption Agency**

(APPLICANT: PLEASE COMPLETE THE UPPER SECTION OF THIS FORM AND INCLUDE IT WITH YOUR HOME STUDY APPLICATION)

We(I) \_\_\_\_\_ currently residing at:  
*(Please Print Names)*

\_\_\_\_\_ in \_\_\_\_\_ County for \_\_\_\_\_ years and \_\_\_\_\_ months, do hereby authorize and request that DFCS release to AAA Partners In Adoption, Inc. a private adoption agency licensed by DHR, a copy of any information on our (my) family regarding:

- 1) Child Protective Services
- 2) Adoption (inquiry or assessment)
- 3) Foster Care (inquiry or assessment)

*\*\*If you have not lived in Georgia for the past 5 years please list your previous addresses below, (include Counties and time periods).*

This information will be used for the purpose of completing an Adoptive Family Assessment for the potential placement of a child in the custody of DHR. (See Office of Adoptions Manual 108.12)

\_\_\_\_\_  
Adoptive Fathers Signature  
Race: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Social Security # \_\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_  
Date

\_\_\_\_\_  
Adoptive Mother's Signature  
Race: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Social Security # \_\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_  
Date

**THIS SECTION FOR DFCS USE ONLY**

**Please return this completed form to:**

Melissa Clause, Executive Director  
AAA Partners In Adoption, Inc.  
5665 Hwy 9, Suite 103-351  
Alpharetta, GA 30004

- 1) Child Protective Services Report: \_\_\_\_\_ NO \_\_\_\_\_ YES (Please attach information)
- 2) Adoptive Inquiry/Assessment: \_\_\_\_\_ NO \_\_\_\_\_ YES (Please attach information)
- 3) Foster Care Inquiry/Assessment: \_\_\_\_\_ NO \_\_\_\_\_ YES (Please attach information)

\_\_\_\_\_  
DFCS Caseworker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
County

\_\_\_\_\_  
Telephone Number