

DIVISION OF CHILD AND FAMILY SERVICES

NOTIFICATION OF PROPOSED PLACEMENT

NRS Chapter 127.280 states:

1. "A child may not be placed in the home of prospective adoptive parents for the 30-day residence in that home which is required before the filing of a petition for adoption, except where a child and one of the prospective adoptive parents are related within the third degree of consanguinity, unless the Division of Child and Family Services of the Department of Human Resources first receives written notice of the proposed placement from:

- (a) The prospective adoptive parents of the child;
- (b) The person recommending the placement; or
- (c) A licensed child-placing agency;

and the investigation required by the provision of this section has been completed."

In accordance with the above provision, I, the undersigned, hereby notify the Division of Child and Family Services of the proposed placement of:

_____ at _____
(Child's Name) (Birth Date) (City, State)

If the child is unborn, the approximate date of delivery is: _____
(Month, Day, Year)

If the child is born, the address of the child and caretaker is: _____
(Street) (City) (State) (Zip Code)

The **mother** of the above-named child is: _____
(First, Middle, Last)

Present address: _____
(Street) (City) (State) (Zip Code) (Telephone No.)

Permanent address: _____
(Street) (City) (State) (Zip Code) (Telephone No.)

The **father** of the above-named child is: _____
(First, Middle, Last)

Present address: _____
(Street) (City) (State) (Zip Code) (Telephone No.)

Permanent address: _____
(Street) (City) (State) (Zip Code) (Telephone No.)

The **prospective adoptive parents** are: _____
(First, Middle, Last) (First, Middle, Last)

Who resides at: _____
(Street) (City) (State) (Zip Code) (Telephone No.)

The person recommending the placement is: _____
(First, Middle, Last)

Whose address is: _____
(Street) (City) (State) (Zip Code) (Telephone No.)

Dated this _____ day of _____, _____
(Signature of person giving notice)

(Street) (City) (State) (Zip Code)

(Telephone No.)

Mail or fax a copy to: Social Services Adoption Specialist
DIVISION OF CHILD AND FAMILY SERVICES
4126 Technology Way, 3rd Floor
Carson City, NV 89706
Fax: (775) 684-4456