

Request for Waiver of Home Study and Placement Report Instructions

Adoption home study

According to OAR 413-140-0032(2), the Department of Human Services (DHS) may file a waiver of the home study required under ORS 109.309 (7) (a) under the following circumstances:

1. One biological or adoptive parent is retaining parental rights;
2. One of the petitioners is the biological or adoptive sibling or half-sibling, aunt, uncle, grandparent, great-aunt, great-uncle or great-grandparent of the child **and either:**
 - (a) The child has resided with the petitioner on a continuous basis since birth and for at least six months immediately prior to the petitioner's request to waive the home study requirement; or
 - (b) If an older child, lived with the petitioner for one or more years immediately prior to the filing of the petitioner's request to waive the home study requirement; or
3. In an adoption of a child born to a surrogate mother, the following conditions are met:
 - (a) At least one of the petitioners is the biological parent of the child; and
 - (b) When the surrogate mother is married:
 - (i) Her husband has consented to the adoption; or
 - (ii) There is a joint affidavit of non-paternity completed by the surrogate and her husband.

Additionally, a petitioner must submit all of the following documents to DHS:

- Copy of the petition for adoption;
- Request for Waiver of Adoption Home Study and Placement Report Form (CF 249D);
- Background checks as described in OAR 413-140-0065;
- Verification that adoptee shares a residence with petitioner; and
- Additional information, when requested by DHS, to clarify any concerns.

For those requiring a background check through the Oregon State Police, please send the 'Request for Oregon Criminal History Information' form and enclose a check in the amount of \$10 payable to Oregon State Police: **Oregon State Police, Identification Services Section, Unit 11, PO Box 4395, Portland OR 97208-4395.**

**Visit the DHS web page for additional information on how to obtain background checks: www.oregon.gov/dhs/children/adoption/indadoptions/pages/crim-bg-check-child-abuse-rpt.aspx.

Placement report

According to OAR 413-140-0032(3), DHS may file a waiver of the placement report required under ORS 109.309 (8)(a) for any of the following circumstances:**

1. DHS previously waived the home study requirement;
2. The adoptee is 14 years of age or older, has consented to his or her adoption, and an Oregon licensed adoption agency provides a written recommendation that the adoption is in the best interest of the child; or
3. In an independent or out-of-state public agency adoption, the petitioner and child are currently receiving services from DHS or a licensed adoption agency or have received such services in the previous 12 months and DHS or an Oregon licensed adoption agency provides a written recommendation that the adoption is in the child's best interest.

***Pursuant to ORS 109.309 (8)(a), DHS shall waive the placement report requirement in an adoption where the biological or adoptive parent retains parental rights.*

A copy of the petition for adoption must accompany all waiver request forms when submitted to DHS. Send by registered or certified mail to:

Department of Human Services
Attn: Independent Adoption Program
500 Summer Street NE, Street E-71
Salem OR 97301-1068

**Request for Waiver of Home Study
 and Placement Report**

Petitioner(s): _____
 In the Matter of the Adoption of: _____
 Court or DHS case number: _____

The Petitioner(s) listed above hereby requests a waiver of the:

- Adoption home study
 Placement report

1. What is the relationship between the child(ren) and the Petitioner(s)?
2. How long has Petitioner(s) had the child(ren) continuously in their care?
3. State the number of children currently residing in the home of Petitioner(s):
4. How long has Petitioner(s) and each adult household member resided in Oregon?
5. For non-Oregon residents, please indicate length of residency in current state for Petitioner(s) and any other adult household member:

EACH HOUSEHOLD MEMBER AGE 18 AND OLDER MUST SIGN BELOW:

All the information in this request is accurate to the best of my knowledge. I consent to a check of the Department's Child Protective Services registry and a criminal history check based on the above information.

I request that DHS waive the adoption home study or placement report requirement.

Printed name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____