

To be attached to *Order for Hearing and Screening (Stepparent Adoption)* for Court and Lincoln County Department of Social Services.

APPENDIX 'A'

Court File No: _____

Hearing Date: _____

Hearing Time: _____

Name of Child at Birth: _____

Child's Date of Birth: _____ Soc. Sec. No. _____

Child's Place of Birth: _____

Name of Natural Mother: _____

Date of Birth: _____ Soc. Sec. No. _____

Address: _____

Name of Natural Father: _____

Date of Birth: _____ Soc. Sec. No. _____

Address: _____

Home Phone: _____ Work Phone: _____

Name of Stepparent: _____

Date of Birth: _____ Soc. Sec. No. _____

Address: _____

Home Phone: _____ Work Phone: _____

Attorney: _____

Address: _____

Phone No: _____