

Please attach to the Order for Hearing and Screening (Stepparent Adoption) for Court and Marathon County Dept of Social Services

Appendix A

Court File No: _____
Hearing Date: _____
Hearing Time: _____

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: _____

Home Phone: _____ Work Phone: _____

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: _____