



**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES**

CERTIFICATE OF SERVICE

Clerk, Circuit Court of _____
Address: _____

DATE: _____

Enter All Information Below When Known

RE: Adoption Of _____

Petitioners: _____

Agency Case Number: _____

Chancery Number: _____

I, hereby, certify that on the _____ day of _____, 20__ in the county/city of _____
Virginia, a true copy of the attached report was delivered/mailed to the Commissioner of Social
Services in accordance with Section

Of the Code of Virginia:

- [63.2-1208](#) Investigation/General
- [63.2-1228](#) Petition/Agency Adoption
- [63.2-1242](#) Investigation/Stepparent Adoption
- [63.2-1242.2](#) Investigation/Close Relative Adoption (In Home Less Than 2 Years)
- [63.2-1242.3](#) Investigation/Close Relative Adoption (In Home More Than 2 Years)
- [63.2-1243](#) Investigation/Adult Adoption
- [63.2-1212](#) Visitation Report

FEE ASSESSED: \$ _____

TO THE ATTORNEY: Please return the report to the Clerk of the Court as required by
the Code of Virginia. Attach a check payable to Clerk of Court for fee assessed as
by Section 63.2-1248. Entry of Final Order of Adoption is prohibited until payment of
fees is made.

TO THE PETITIONERS REPRESENTING THEMSELVES: Please contact the Clerk
of the Court to have the matter brought before the judge.

Four Copies of this form are required with distribution:

- 1) Circuit Court
- 2) Attorney Petitioner
- 3) Agency File
- 4) Permanency Unit, Adoption Services

5600 Cox Rd
Glen Allen, VA 23060

Director's Signature