# INTERNATIONAL SERVICES REQUEST

A. Complete one 04-309 per individual request (i.e. one for parent search, one for home evaluation, etc.)    366.26 PERSONAL SERVICE (include 45-day deadline and the waiver paperwork)   ADOPTION HOME STUDY   CONTINUING SERVICES (if needed, elaborate in section D below)     AA/NA   Drug testing   D.V. services   Parenting classes   Psychological evaluation     Therapy   Other(s)   CROSS REPORT OF SUSPECTED CHILD ABUSE IN ANOTHER COUNTRY   DOCUMENT FROM ANOTHER COUNTRY (i.e. birth, death, marriage, divorce certificate, etc.)   HOME EVALUATION   HOME VISITATION WELFARE CHECK (to monitor care of dependent minors placed abroad)   PARENT SEARCH (include full name, including maternal and paternal last names)   MISCELLANEOUS REQUEST (explain in section D below)   B.     Name of ALL child(ren) affected by this request   DOB   Place of Birth (city, state, country)   C.   INDIVIDUAL(S) TO BE EVALUATED/SEARCHED*   Full name (include paternal and maternal last names)   DOB   Relationship to minor(s)   *Include additional individuals in Section D	DATE	: CASE NAME: C	CASI	E <b>NO.</b> :						
ADOPTION HOME STUDY   CONTINUING SERVICES (if needed, elaborate in section D below)   AA/NA   Drug testing   D.V. services   Parenting classes   Psychological evaluation     Therapy   Other(s)   CROSS REPORT OF SUSPECTED CHILD ABUSE IN ANOTHER COUNTRY   DOCUMENT FROM ANOTHER COUNTRY (i.e. birth, death, marriage, divorce certificate, etc.)   HOME EVALUATION     HOME VISITATION WELFARE CHECK (to monitor care of dependent minors placed abroad)   PARENT SEARCH (include full name, including maternal and paternal last names)   MISCELLANEOUS REQUEST (explain in section D below)   B.     Name of ALL child(ren) affected by this request   DOB   Place of Birth (city, state, country)	A.	Complete one 04-309 per individual request (i.e. one for parent search, one for home evaluation, etc.)								
Name of ALL child(ren) affected by this request DOB Place of Birth (city, state, country)  Name of ALL parents affected by this request DOB Place of Birth (city, state, country)  C. INDIVIDUAL(S) TO BE EVALUATED/SEARCHED*  Full name (include paternal and maternal last names) DOB Relationship to minor(s)  *Include additional individuals in Section D		366.26 PERSONAL SERVICE (include 45-day deadline and the waiver paperwork)   ADOPTION HOME STUDY   CONTINUING SERVICES (if needed, elaborate in section D below)   AA/NA								
C. INDIVIDUAL(S) TO BE EVALUATED/SEARCHED*  Full name (include paternal and maternal last names) DOB Relationship to minor(s)  *Include additional individuals in Section D		of ALL child(ren) affected by this request	DO	В	Pla	ce of Birth (city, state, country)				
C. INDIVIDUAL(S) TO BE EVALUATED/SEARCHED*  Full name (include paternal and maternal last names) DOB Relationship to minor(s)  *Include additional individuals in Section D										
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	Full na	ame (include paternal and maternal last nam	ies)	DOR	•	Keiationship to minor(s)				
COUNTDY AND STATE.	*Include additional individuals in Section D									
COUNTRY AND STATE:										
ADDRESS:	ADDR	RESS:								
	TELE	PHONE(S):								
TELEDITONE(C)	IELE	PHUNE(S):								

## INTERNATIONAL SERVICES REQUEST

D.

Social Worker comments/concerns/special instructions (including follow-up):

#### E. COMPLETE ALL FIELDS BELOW:

NEXT HEARING DATE:		TYPE OF HEARING:		
SOCIAL WORKER:		WORKER #:		
SOCIAL WORKER PROGRA	λM:			
SW TELEPHONE:	SW FAX #:	SW MAIL STOP:		

### **SEND REQUEST TO:**

FAX (858) 514-6632 MAILSTOP W456 EMAIL (check roster for International Liaison)

Please submit one form per request even if it relates to the same family - i.e. parent search and birth certificate for one family should be submitted in two separate 04-309s.

# SOCIAL WORKER FOLLOW-UP and/or ADDITIONAL INFORMATION ON REQUESTS

Every request is assigned an International Liaison <u>reference number</u>. Please make note of the reference number for follow-up purposes. Please provide the following information:

- 1) Name of individual(s) being evaluated and date of original request
- 2) Type of request (i.e. adoption home study, parent search, etc.)

In order to avoid misunderstandings and duplication of information, all initial communication must be coordinated through the office of the International Liaison. Once initial contact has been made by the office of the International Liaison, Social Workers may communicate with agencies abroad.

**RESULTS ARE NOT TRANSLATED INTO ENGLISH.** Social Workers may contact the Administrative Analyst at (7) 694-5228 for assistance with translations.