

Name of Child	
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Name of Adoptive Applicant 1:	
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Name of Adoptive Applicant 2: <i>(if Applicable)</i>	
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**Withdrawal**  
 Reason:

**Placement**  
 Reason:

Date of Placement:	
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Name of Adoptive Family:	
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Please sign below and return to:

Department of Children and Families  
 Office of Foster Care and Adoption  
 505 Hudson Street  
 Hartford, CT 06106

Name of Worker:	Signature of Worker:	Date:
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Name of Supervisor:	Signature of Supervisor:	Date:
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Name of Agency:	Telephone:
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Address:	City:	State:	Zip:
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