

VOLUNTARY ADOPTION REGISTRY COUNSELING VERIFICATION

Mandatory Counseling Requirement (Louisiana Children’s Code Article 1272)

This form may be completed at the time of registration OR when notification of a match is received.

Before they will be put into contact with one another, each party must participate in at least one hour of counseling. This may be with a licensed clinical social worker, a social worker acting in the employ of a licensed adoption agency, a licensed professional counselor, a licensed psychologist, a medical psychologist, a licensed psychiatrist, or a licensed marriage and family therapist.

If there is a match, and the counseling forms have been received from both parties, the Registry will contact the counselor of the adopted person (or his parent or descendent if he is deceased) and the counselor will be provided with the identifying and contact information of the other registered party.

The counselor must complete this form to verify that the registrant has received counseling. It is the responsibility of the registrant to detach the form and mail to:

**Department of Children and Family Services
Adoption Unit – Voluntary Adoption Registry Program
P.O. Unit 3318
Baton Rouge, LA 70821**

(Cut Here)

I hereby confirm that _____ of
Name of Registrant

Address (Street, City, State)

_____, and _____
Date of Birth Telephone No.

completed at least one counseling session of at least one hour on _____
Date

as required by Louisiana law before a match can be completed.

Counselor’s Name License #

Counselor’s Signature

Name of Licensed Adoption Agency, if applicable

Phone Number

Complete Mailing Address: _____
