



PROSPECTIVE ADOPTER CHECKLIST FORM

3x4 Colored (Husband)

3x4 Colored (Wife)

The attached documents

Please check the documents that have been completed (to be filled out by foundation staff)

1. Photocopies of the Husband's and Wife's National Identity Cards (KTP)	<input type="checkbox"/>
2. Photocopies of the Husband's and Wife's Family Card (Kartu Keluarga/KK), as well as their parents' Family Cards, legalized by the local village office (Kelurahan)	<input type="checkbox"/>
3. Photocopies of the Husband's and Wife's Birth Certificates	<input type="checkbox"/>
4. Photocopies of the Birth Certificate(s) of biological child(ren), if any	<input type="checkbox"/>
5. Photocopies of the Birth Certificate(s) as stated in the District Court Decree, if the applicants already have an adopted child	<input type="checkbox"/>
6. Photocopies of the Marriage Certificate, duly legalized by the issuing authority	<input type="checkbox"/>
7. Photocopies of the Police Clearance Certificate (SKCK) issued by the local Police Resort (Polres) or Regional Police (Polda) in accordance with the address stated on the KTP	<input type="checkbox"/>
8. Photocopies of the Husband's and/or Wife's Tax Identification Number (NPWP)	<input type="checkbox"/>
9. Photocopies of Proof of Home Ownership registered under the prospective adoptive parent's (COTA) personal name	<input type="checkbox"/>
10. Photocopies of the Business License (SIUP) for applicants who own a business (non-civil servants or non-private-sector employees)	<input type="checkbox"/>
11. Photocopies of Income Statements (Salary Slips) of the Husband and Wife for the past three (3) years	<input type="checkbox"/>
12. Photocopies of Bank Account Statements (Passbooks) for the last three (3) years	<input type="checkbox"/>
13. Photocopies of detailed monthly household expense records of the Husband and Wife for the past one (1) year	<input type="checkbox"/>
14. Photocopies of Medical Certificates from a Gynecologist for the Wife and an Andrologist for the Husband	<input type="checkbox"/>
15. Photocopies of General Health Certificates along with complete Medical Check-Up attachments for the Husband and Wife	<input type="checkbox"/>
16. Photocopies of the Identity Cards (KTP) of reference persons from each of the Husband's and Wife's workplaces	<input type="checkbox"/>
17. Psychological and Psychiatric Assessment Certificates issued by professionals appointed by Metta Mama & Maggha Child Care Institution	<input type="checkbox"/>
18. A Statement Letter of Consent from the extended families of both the Husband and Wife, signed on IDR 10,000 stamp duty (Original)	<input type="checkbox"/>
19. Separate Motivation Statement Letters from the Husband and the Wife, confirming their mutual agreement to adopt a child from Metta Mama & Maggha Child Care Institution, signed on IDR 10,000 stamp duty (Original)	<input type="checkbox"/>
20. A Written Statement declaring that the prospective adoptive parents (COTA) will treat the adopted child and biological child(ren) equally, without discrimination, in accordance with the child's rights and needs, signed on IDR 10,000 stamp duty	<input type="checkbox"/>
21. A Written Statement declaring that the prospective adoptive parents (COTA) will inform the adopted child of their origin and biological parents, taking into account the child's physical and mental readiness, signed on IDR 10,000 stamp duty (Original)	<input type="checkbox"/>
22. A Written Statement declaring that the prospective adoptive parents (COTA) will not act as a marriage guardian (wali nikah) and will appoint a lawful guardian if the adopted child is female, signed on IDR 10,000 stamp duty, applicable for Muslim applicants (Original)	<input type="checkbox"/>
23. A Written Will Statement signed on IDR 10,000 stamp duty (Original)	<input type="checkbox"/>
24. A Written Statement guaranteeing the provision of Education and Health Care for the adopted child, signed on IDR 10,000 stamp duty	<input type="checkbox"/>
25. Photocopies of the Life Insurance Cards of the Husband and Wife	<input type="checkbox"/>

APPLICATION FORM FOR PROSPECTIVE ADOPTIVE PARENTS

Husband Identity

First Name	Middle Name	Last Name	Date of Birth	Gender	Religion
Preferred Name	Other name(s) used,if any		Place of Birth		
No. KTP	Driver's License Number (SIM) A : C:	Education <input type="checkbox"/> JHS <input type="checkbox"/> SHS <input type="checkbox"/> D1/D2/D3 <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Other's	Marital Status : <input type="checkbox"/> Married <input type="checkbox"/> Single Parent		
Occupation	Work Period Name of Manager		Monthly Fixed Income : Rp. _____ <input type="checkbox"/> Benefits <input type="checkbox"/> Pension plan <input type="checkbox"/> Health Insurance: <input type="checkbox"/> Life Insurance: <input type="checkbox"/> SSI/Social Security <input type="checkbox"/> Prudential <input type="checkbox"/> Other Income : <input type="checkbox"/> Manulife Rp. _____ <input type="checkbox"/> Allianz <input type="checkbox"/> Bumiputera <input type="checkbox"/> Jiwasraya <input type="checkbox"/> _____ <input type="checkbox"/> _____		
Company Name & Business Field	Position Contact Number of Manager				
Work place's Address					
Office Phone	Phone Number (+)				
Email					

Wife's Identity

First Name	Middle Name	Last Name	Date of Birth	Gender	Religion
Preferred Name	Other name(s) used,if any		Place of Birth		
National ID Number (KTP)	Driver's License Number (SIM) A : C:	Pendidikan <input type="checkbox"/> JHS <input type="checkbox"/> SHS <input type="checkbox"/> D1/D2/D3 <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Other's	Marital Status : <input type="checkbox"/> Married <input type="checkbox"/> Single Parent		
Occupation	Work Period Name of Manager		Monthly Fixed Income : Rp. _____ <input type="checkbox"/> Benefits <input type="checkbox"/> Pension plan <input type="checkbox"/> Health Insurance <input type="checkbox"/> Life Insurance: <input type="checkbox"/> SSI/Social Security <input type="checkbox"/> Prudential <input type="checkbox"/> Other Income: <input type="checkbox"/> Manulife Rp. _____ <input type="checkbox"/> Allianz <input type="checkbox"/> Bumiputera <input type="checkbox"/> Jiwasraya <input type="checkbox"/> _____ <input type="checkbox"/> _____		
Company Name & Business Field	Position Contact Number of Manager				
Work place's Address					
Office Phone	Phone Number (+)				
Email					

Applicant's Address

Current Home Address	City	Country	Postal Code	Home Telephone Number
Second Home Address	City	Country	Postal Code	

1. How long have you been living at your current address?

 2. Previous address during the last five years?

 3. Please explain the status of the residence you currently occupy (e.g,owned,rented, or other)

 4. If you are an Indonesian citizen and currently do not reside in Indonesia, how long have you been living outside Indonesia?
 Please provide the information below for both prospective adoptive parents:
 Husband..... Wife.....
 Applicant's Marital Status:
 Married
 Date and Place of Marriage..... Marriage Guardian.....
 Single Parent
 5. Have you ever been married before? Yes No
 6. If yes, please share how long the marriage lasted and the reason you are no longer married!

I. EXTENDED FAMILY INFORMATION

HUSBAND'S PARENTS

FATHER				MOTHER			
First Name:	Middle Name:	Last Name :		First Name:	Middle Name:	Last Name:	
Place of birth :	Date Of Birth :			Place of birth :	Date of Birth :		
Telephone/Mobile Number:				Telephone/Mobile Number:			
Last Known Address :				Last Known Address :			
Sub-district	City	Province	Postal Code	Sub-district	City	Province	Postal Code

HUSBAND'S FAMILY MEMBERS

* Please list the number of biological and/or step-siblings, starting from the eldest to the youngest

Full Name	Gender (M/F)	Age	Relationship to the Husband (Sibling, Stepchild, Adopted Child)	Telephone/Mobile Number	Occupation/ School	Marital Status (Single/Married)	Number of Children

WIFE'S PARENTS

FATHER				MOTHER			
First Name:	Middle Name :	Last Name :		First Name:	Middle Name :	Last Name :	

Place of birth :		Date Of Birth :		Place of birth :		Date Of Birth :	
Telephone/Mobile Number:				Telephone/Mobile Number:			
Last Known Address :				Last Known Address :			
Sub-district	City	Province	Postal Code	Sub-district	City	Province	Postal Code

WIFE'S FAMILY MEMBERS

* Please list the number of biological and/or step-siblings, starting from the eldest to the youngest

Full Name	Gender (M/F)	Age	Relationship to the Husband (Sibling, Stepchild, Adopted Child)	Telephone/Mobile Number	Occupation/ School	Status (Single/Married)	Number of Children

II. MARITAL STATUS

Date of Marriage (as stated in the Marriage Certificate)		Place of Marriage		<input type="checkbox"/> Married
				<input type="checkbox"/> Single Parent
Previous Marriage (s) :	Name of Spouse	Date & Place of Marriage	Date of Divorce (if applicable / for single parent)	Date & Place of Death (if applicable)
Wife				
Husband				

III. CRIMINAL RECORD

- | | | | |
|---|--|--|--|
| | | <i>WIFE</i> | <i>HUSBAND</i> |
| A. Have you ever been in prison? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Have you ever been involved in any criminal activity in Bali? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Have you ever been involved in any criminal activity outside Bali or Indonesia? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Have you ever been reported to the authorities for child abuse or child neglect? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Please state any legal or customary (adat) law issues you have had within the past year | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

7. How many hours do you work each day?

Husband:

Wife :

8. If you are working, how do you ensure that someone is available to care for the child?

Husband:

.....
Wife :
.....

9. If the child you relocates with you outside of Bali, are you aware that the child will need to adjust to a new cultural environment?

Yes No

10. In the event of any difficulties involving the adopted child, are you prepared to contact the Social Affairs Office and Metta Mama and Maggha Child Care Institution?

Yes No

11. Have you or any member of your family ever been convicted of, or sanctioned for, any violation or criminal offense?

Yes No

If Yes, please provide an explanation:

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.....
.....

12. Have you discussed your adoption plan with your family members?

Yes No

13. What is your family's reaction to your decision to adopt a child?

Husband:.....
.....

Wife :
.....

14. Please provide a full and detailed explanation of your reasons for adopting a child?

Husband:.....
.....

Wife :
.....

15. How do you envision a child who would be compatible with both of your personalities?

Husband:.....
.....

Wife :
.....

FOR PROSPECTIVE ADOPTERS WHO ALREADY HAVE CHILDREN

(Please note : A photocopy of the child's birth certificate must be attached)

No	Child's Full Name	Place of Birth	Date of Birth	Child'Status (Biological Child/Stepchild)

IV. MEDICAL HISTORY

Name the obstetrician/gynecologist regularly consulted :

Practice Address..... Mobile Number.....
..... Clinic Phone Number.....

16. Do you consent Metta Mama and Maggha Child Care Institution or the Social Affairs office contacting the doctor who has examined you to inquire about your health condition ?

Yes (if yes, please provide an explanation) No

Husband :

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Wife :

.....

17. Have you ever been pregnant before ?

Yes No

18. Please specify any fertility or pregnancy programs you have previously undertaken ? IVF Insemination

If applicable, please state how many times _____ starting from which year? _____

And please describe the results !

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.....

19. Are there any reproductive health concerns for either of you? Husband Wife

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.....

.....

20. Is there any medical reason why you are unable to have a children?

(If yes, please attach the relevant laboratory test results)

Husband :

.....

Wife :

.....

21. Do you or any of your family have any physical or mental health conditions that require special treatment or hospitalization?

Yes No

If yes, please provide an explanation:

Husband :

.....

Wife :

.....

V. REFERENCES / EMERGENCY CONTACT PERSONS

Please provide the names of three (3) individuals who may be contacted in the event of an emergency and who are not members of your immediate family, and who are familiar with your environment ,lifestyle ,and capacity to serve as adoptive parents

No.	Full Name	Adress/City/Country	Telephone/Mobile Number	Relationship with the Adoptive Parents

22. Please provide a detailed explanation regarding the accommodation that will be provided for your child in the future (Your response must include the number of bedrooms and bathrooms in your current residence and whether the child will have a separate bedroom or will share a bedroom, including with whom the bedroom will be shared)

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VI. PHOTOGRAPHS OF THE RESIDENCE FOR HOME VISIT

MASTER BEDROOM	PROSPECTIVE CHILD'S BEDROOM	MAIN BATHROOM
FAMILY LIVING ROOM	KITCHEN	FRONT VIEW OF THE HOUSE
FRONT VIEW OF THE HOUSE	INTERIOR VIEW OF THE HOUSE	SURROUNDING RESIDENTIAL ENVIRONMENT

House Layout Plan :

MASTER BEDROOM
FAMILY LIVING ROOM
FRONT VIEW OF THE HOUSE

PROSPECTIVE CHILD'S BEDROOM
KITCHEN
INTERIOR VIEW OF THE HOUSE

MAIN BATHROOM
FRONT VIEW OF THE HOUSE
SURROUNDING RESIDENTIAL ENVIRONMENT

House Layout Plan :

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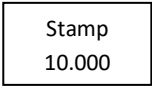
VII. STATEMENT

By signing this form, I/we hereby formally and legally declare that all information, data, and statements provided in all documents and their respective attachments are true, accurate, complete, and valid, and form an integral and inseparable part of this declaration.

Should it be discovered and/or legally proven at any time in the future that any fraud, misrepresentation, or falsification has occurred with respect to the information provided, I/we fully acknowledge and agree to accept all legal consequences and sanctions imposed by **Metta Mama and Maggha Child Care Institution**, in accordance with the applicable laws and regulations.

This Statement of Declaration regarding the truthfulness and validity of the data is made consciously, without any coercion from any party, and is intended to be used lawfully and for its proper and legitimate purpose.

Denpasar,20.....



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Husband

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Wife

Note:

1. *By completing the prospective adopter application form, **Metta Mama and Maggha Child Care Institution** does not guarantee that the prospective adopter will be assigned or receive a baby from the foundation. All stages of the adoption process must be duly completed, and the decision shall be subject to the prospective adopter's mental readiness, the assessment of **Metta Mama & Maggha Child Care Institution**, the results of the PIPA Team hearing (Child Adoption Licensing Consideration Team), and the final decision of the Social Affairs Office.*
2. *When submitting the prospective adopter application form, please ensure that all required documents are placed in a **blue snap folder**.*