

(Copy Receipt)

(Clerk's Date Stamp)

SUPERIOR COURT OF WASHINGTON COUNTY OF SPOKANE
In Re the Interest of: _____
A person under the age of eighteen

CASE NO. _____

ACKNOWLEDGEMENT OF RECEIPT OF
COMPLETE MEDICAL/SOCIAL REPORT

_____, Petitioners, hereby acknowledge receipt of a medical and social report containing all available information concerning the mental, physical, and sensory handicaps of the child and of the child's biological parents that needs to be known by us to facilitate proper health care for the child or that will assist us in maximizing the developmental potential of the child.

DATED the _____ day of _____, 20_____.

Petitioner:

Petitioner: