

ADOPTION QUESTIONNAIRE

BIOLOGICAL MOTHER:

Full Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Race: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/County/State/Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ home (\_\_\_\_) \_\_\_\_\_ work

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

BIOLOGICAL FATHER:

Full Name: \_\_\_\_\_

Race: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/County/State/Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ home (\_\_\_\_) \_\_\_\_\_ work

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Does the biological father agree to this adoption? (Y) (N)

ADOPTING MOTHER (If Applicable):

Full Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Race: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/County/State/Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ home (\_\_\_\_) \_\_\_\_\_ work

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

As of the date of birth of the child:

Address: \_\_\_\_\_

City/County/State/Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

ADOPTING FATHER (If Applicable):

Full Name: \_\_\_\_\_

Race: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/County/State/Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ home (\_\_\_\_) \_\_\_\_\_ work

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

As of the date of birth of the child:

Address: \_\_\_\_\_

City/County/State/Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

GENERAL INFORMATION

Were the natural father and mother married? (Y) (N)

If so, have the natural father and mother divorced? (Y) (N)

If they have divorced, please provide the following information:

Where was the divorce finalized? \_\_\_\_\_

What date was the divorce finalized? \_\_\_\_\_

Was the non-custodial parent ordered to pay child support? (Y) (N)

If so, have child support payment been paid timely? (Y) (N)

If not, when was the last support payment received? \_\_\_\_\_

Have you or any other party ever contacted the Attorney General regarding the child(ren) to be adopted? (Y) (N)

If yes, please provide copies of any and all paperwork including OAG number.

If the natural father and mother were not married, was the natural mother married to anyone else during the pregnancy? (Y) (N)

If so, please provide the following information:

Name of Husband: \_\_\_\_\_

Present Address: \_\_\_\_\_

City/County/State/Zip: \_\_\_\_\_

Has the parent whose rights are to be terminated made contact with the child(ren) or made any attempts to visit the child(ren)? (Y) (N)

If yes, when was the last visit with the child(ren)? \_\_\_\_\_

Has the parent whose rights are to be terminated ever abused or neglected the child(ren)? (Y) (N)

If yes, has there ever been a police report made or has this individual ever been reported to any child welfare or Child Protective Service for the abuse/neglect? (Y) (N)

Has the parent whose rights are to be terminated abandoned the parent and child(ren) and made no efforts to contact the child(ren)? (Y) (N)

If yes, did the parent whose rights will be terminated abandon the mother during the pregnancy and with knowledge of the pregnancy without providing support or medical treatment? (Y) (N)

Did the parent whose rights are to be terminated ever left the child with another person, not the parent, without means of support? (Y) (N)

Did the parent whose rights will be terminated ever fail to protect the child from harm (i.e., allowing the child to remain with an individual who was reported for abuse or neglect of a child)? (Y) (N)

Does either adoptive parent have a criminal background? (Y) (N)

If so, please list: \_\_\_\_\_