
ADOPTION QUESTIONNAIRE

UNCONTESTED / CONTESTED / STEP-PARENT / GRANDPARENT
CLIENT(S): PETITIONER(S) / RESPONDENT

1. NAME: _____ MAIDEN NAME: _____
HOME PHONE: () _____ CELL PHONE: () _____
WORK PHONE: () _____
HOME ADDRESS: _____
WORK NAME & ADDRESS: _____
D.O.B.: _____ P.O.B.: _____ AGE: _____
SOC. SEC. NO.: _____ DRIVER'S LICENSE NO.: _____ STATE: _____
CONTACT PERSON: NAME: _____ PHONE: () _____
ADDRESS: _____
WORK NAME & ADDRESS: _____

RELATIONSHIP TO CHILD: _____
EMAIL ADDRESS(ES): _____

2. NAME: _____ MAIDEN NAME: _____
HOME PHONE: () _____ CELL PHONE: () _____
WORK PHONE: () _____
HOME ADDRESS: _____
WORK NAME & ADDRESS: _____
D.O.B.: _____ P.O.B.: _____ AGE: _____
SOC. SEC. NO.: _____ DRIVER'S LICENSE NO.: _____ STATE: _____
CONTACT PERSON: NAME: _____ PHONE: () _____
ADDRESS: _____
WORK NAME & ADDRESS: _____

RELATIONSHIP TO CHILD: _____
EMAIL ADDRESS(ES): _____

ADVERSE PARTY: PETITIONER / RESPONDENT

1. NAME: _____ MAIDEN NAME: _____
HOME PHONE: () _____ CELL PHONE: () _____
WORK PHONE: () _____
HOME ADDRESS: _____
WORK NAME & ADDRESS: _____

D.O.B.: _____ P.O.B.: _____ AGE: _____
SOC. SEC. NO.: _____ DRIVER'S LICENSE NO.: _____ STATE: _____
CONTACT PERSON: NAME: _____ PHONE: () _____
ADDRESS: _____
RELATIONSHIP TO CHILD: _____

2. NAME: _____ MAIDEN NAME: _____
HOME PHONE: () _____ CELL PHONE: () _____
WORK PHONE: () _____
HOME ADDRESS: _____
WORK NAME & ADDRESS: _____

D.O.B.: _____ P.O.B.: _____ AGE: _____
SOC. SEC. NO.: _____ DRIVER'S LICENSE NO.: _____ STATE: _____
NEXT OF KIN: NAME: _____ PHONE: () _____
ADDRESS: _____
RELATIONSHIP TO CHILD: _____

RESIDENCY: PETITIONER / RESPONDENT

CHILD(REN):

NO 1. - NAME: _____
GENDER: FEMALE / MALE
BIRTHPLACE: STATE: _____ TOWN: _____ COUNTY: _____
BIRTH DATE: _____ **SOC. SEC. NO.:** _____
DRIVER'S LICENSE NO.: _____ **STATE:** _____
PRESENT ADDRESS: WITH PETITIONER / WITH RESPONDENT

NO. 2 - NAME: _____
GENDER: FEMALE / MALE
BIRTHPLACE: STATE: _____ TOWN: _____ COUNTY: _____
BIRTH DATE: _____ SOC. SEC. NO.: _____
DRIVER'S LICENSE NO.: _____ STATE: _____
PRESENT ADDRESS: WITH PETITIONER / WITH RESPONDENT

NO. 3 - NAME: _____
GENDER: FEMALE / MALE
BIRTHPLACE: STATE: _____ TOWN: _____ COUNTY: _____
BIRTH DATE: _____ SOC. SEC. NO.: _____
DRIVER'S LICENSE NO.: _____ STATE: _____
PRESENT ADDRESS: WITH PETITIONER / WITH RESPONDENT

NO. 4 - NAME: _____
GENDER: FEMALE / MALE
BIRTHPLACE: STATE: _____ TOWN: _____ COUNTY: _____
BIRTH DATE: _____ SOC. SEC. NO.: _____
DRIVER'S LICENSE NO.: _____ STATE: _____
PRESENT ADDRESS: WITH MOVANT / WITH RESPONDENT

INHERITANCE RIGHTS: TERMINATE / ATTEMPT TO RETAIN

RECORDS TO BE SEALED: YES / NO

NOTE: _____

AFFIDAVIT OF TERMINATION: FATHER/MOTHER TO SIGN: _____

SERVICE: YES / NO
PLACE: WORK / HOME
SERVER: PRIVATE / SHERIFF

DESCRIPTION OF RESPONDENT TO BE SERVED:

Hair Color: _____ Eye Color _____ Glasses: Yes No
Facial Hair (describe): _____
Scars or other defining traits: _____

CHILD'S NAME CHANGE (NEW NAME): _____

MISCELLANEOUS INFORMATION:

ESTIMATED FEES:

FILING FEES: \$ _____ ATTORNEY FEES: \$ _____
TOTAL RETAINER FEE: \$ _____
FEE ARRANGEMENT: _____

"Skeletons in the Closet" and Sensitive Topics:

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE ABSOLUTELY DISASTROUS TO YOUR CASE.

If an answer to one of the questions below is "yes," please describe the situation in detail. Will anyone allege that you or your spouse or ex-spouse has done any of the following:

	You	Your spouse or ex-spouse
1. Committed a crime?	_____	_____
2. Been arrested?	_____	_____
3. Been in jail or prison?	_____	_____
4. Used illegal drugs?	_____	_____
5. Been hospitalized for using illegal drugs?	_____	_____
6. Abused prescription drugs?	_____	_____
7. Been hospitalized for abusing prescription drugs?	_____	_____
8. Abused alcohol?	_____	_____
9. Been hospitalized for abusing alcohol?	_____	_____
10. Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?	_____	_____
11. Engaged in gambling activities (legal or illegal)?	_____	_____
12. Engaged in other illegal activities?	_____	_____
13. Attempted suicide?	_____	_____
14. Been hospitalized for an emotional or psychiatric disorder?	_____	_____
15. Suffered from or received treatment for an emotional or psychiatric condition?	_____	_____
16. Abused own spouse?	_____	_____
17. Been accused of child abuse?	_____	_____
18. Had a sexual relationship during the marriage with someone other than own spouse?	_____	_____

19. Had a sexual relationship (during or not during the marriage) with someone other than own spouse of which the children were aware? _____

If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship. _____

	You	Your spouse or ex-spouse
20. Had a homosexual/bisexual relationship?	_____	_____
21. Engaged in unusual sexual practices?	_____	_____
22. Had a pregnancy outside of marriage?	_____	_____
23. Had a sexually transmitted disease?	_____	_____
24. Drunk to excess?	_____	_____

If so, what and how often? _____

25. Other? _____

26. If you or your spouse or ex-spouse has a relationship with a person whom the children see frequently and that person would answer "yes" to one or more of the preceding "skeleton-in-the-closet" questions, describe the situation:

27. Do you or your spouse or ex-spouse suffer from any physical disability that would interfere with being able to care for the children? _____

28. Have you or your spouse or ex-spouse made any photographs or audio or visual recordings of the other party? _____

29. If so, describe the content: _____