

**DAVIS, FRAWLEY, ANDERSON, MCCAULEY, AYER, FISHER & SMITH, LLC**  
**Attorneys at Law**

**ADOPTION QUESTIONNAIRE**

**CLIENT: Full Name:** \_\_\_\_\_ Male \_\_\_ Female \_\_\_

**Gross Monthly Pay:** \_\_\_\_\_ **Paid:** Weekly Bi-Weekly Semi-Monthly Monthly

**SPOUSE INFORMATION:**

**Full Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt. #** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**How long in County** \_\_\_\_\_ **Years** \_\_\_\_\_ **Months** \_\_\_\_\_ **U.S. Citizen?** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ **Driver's License No.:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Place of Birth: City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Gross Monthly Pay:** \_\_\_\_\_ **Paid:** Weekly Bi-Weekly Semi-Monthly Monthly

**MOTHER OF CHILD(REN):**

**Full Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt. #** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**How long in County** \_\_\_\_\_ **Years** \_\_\_\_\_ **Months** \_\_\_\_\_ **U.S. Citizen?** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ **Driver's License No.:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Place of Birth: City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Gross Monthly Pay:** \_\_\_\_\_ **Paid:** Weekly Bi-Weekly Semi-Monthly

**Mobile No.:** (\_\_\_\_\_) \_\_\_\_\_

**FATHER OF CHILD(REN):**

**Full Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt. #** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**How long in County** \_\_\_\_\_ **Years** \_\_\_\_\_ **Months** \_\_\_\_\_ **U.S. Citizen?** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ **Driver's License No.:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Place of Birth: City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Gross Monthly Pay:** \_\_\_\_\_ **Paid:** Weekly Bi-Weekly Semi-Monthly

**Mobile No.:** (\_\_\_\_\_) \_\_\_\_\_

**CHILD(REN) TO BE ADOPTED:**

1. Full Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth: City: \_\_\_\_\_ County: \_\_\_\_\_ State \_\_\_\_\_
  
2. Full Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth: City: \_\_\_\_\_ County: \_\_\_\_\_ State \_\_\_\_\_
  
3. Full Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth: City: \_\_\_\_\_ County: \_\_\_\_\_ State \_\_\_\_\_
  
4. Full Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth: City: \_\_\_\_\_ County: \_\_\_\_\_ State \_\_\_\_\_

**OTHER:**

Do both biological parents agree to adoption? YES \_\_\_\_\_ NO \_\_\_\_\_  
Are you related to either parent? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, which parent \_\_\_\_\_  
Were the parents of the child(ren) ever married? YES \_\_\_\_\_ NO \_\_\_\_\_  
Date and State of marriage: \_\_\_\_\_  
Date and State of Divorce: \_\_\_\_\_

Is either of the parents currently incarcerated? YES \_\_\_\_\_ NO \_\_\_\_\_  
If so, please provide details: \_\_\_\_\_  
\_\_\_\_\_

Can you provide a copy of the birth certificate(s)? YES \_\_\_\_\_ NO \_\_\_\_\_

Where do(es) the child(ren) reside? \_\_\_\_\_ With Whom: \_\_\_\_\_

Child(ren) have resided with said party since (date) \_\_\_\_\_

Who presently provides health insurance for the child(ren)? \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

Monthly court ordered child support: \$ \_\_\_\_\_  
Arrearage: \$ \_\_\_\_\_

Have you been involved with any Family Law proceeding with any Court or the Attorney General's Office?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please explain fully when, where, and why. \_\_\_\_\_  
\_\_\_\_\_

Have you ever filed Bankruptcy? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please explain when, where, and the disposition. \_\_\_\_\_  
\_\_\_\_\_

Is Child Protective Services involved or have they ever been involved in this matter? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please explain, when, where and why. \_\_\_\_\_  
\_\_\_\_\_

**Have you or any one associated with this case been the subject of a:**

- a) **Protective Order**
- b) **Restraining Order**
- c) **Child Protective Services Investigation**
- d) **Mental Health Professional Treatment**
- e) **Questionable Paternity Status**
- f) **Substance Abuse Treatment**
- g) **Welfare**
- h) **Common Law Marriage**
- i) **Termination of Parental Rights**
- j) **Prenuptial Agreement**
- k) **Personal Injury Lawsuits**

**If yes, please explain:**

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