

BIRTH, ADOPTION, AND INFERTILITY

INTAKE FORM: Adoption

There's no denying that the adoption process involves a lot of paperwork. If you are seeking the aid, advice, and counsel of an adoption attorney, he or she will guide you through the mountains of paper that lead to your child. In order to do so, you will need to provide your attorney with a vast amount of information. You can expedite the process by completing the following questionnaire before your first meeting with your lawyer.

ADOPTIVE MOTHER

ADOPTIVE FATHER

Name _____

Date of Birth _____

Social Security Number _____

Address, Including County

Length of Time at that Address _____ years

_____ years

Previous Address(es) (for last 10 years)

Home Telephone Number _____

Work Telephone Number _____

Facsimile Number _____

E-mail Address _____

Former Name(s) _____

Employers _____

Position _____

Employer's Address

Length of Time with Employer _____ years _____ years

Previous Employer(s) (for last 10 years)

Gross Monthly Income \$ _____ \$ _____

Other Income

Source/Amount _____

Source/Amount _____

Source/Amount _____

Date of Marriage _____

Place of Marriage _____

Previous Marriage(s) Yes ____ No ____ Yes ____ No ____

Ended by:

Ended by:

Death ____ *Divorce* ____ *Date* _____ *Death* ____ *Divorce* ____ *Date* _____

Death ____ *Divorce* ____ *Date* _____ *Death* ____ *Divorce* ____ *Date* _____

Children of Current Marriage

<i>Name</i>	<i>Date of Birth</i>	<i>Adopted? Yes/No</i>	<i>Living in home? Yes/No</i>	<i>Race/ Nationality</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Children from Other Marriages or Relationships

<i>Name</i>	<i>Date of Birth</i>	<i>Adopted? Yes/No</i>	<i>Living in home? Yes/No</i>	<i>Race/ Nationality</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I/we am/are interested in (check all that apply):

Domestic Adoption _____ *Intercountry Adoption* _____ *Open Adoption* _____
Closed Adoption _____ *Infant Adoption* _____ (under 12 months)
Older Child _____ (state desired age range _____ - _____) *Sibling* _____ *Groups*

Do you have a gender preference? Yes, I/we prefer a _____. No _____

State desired race or ethnicity of child(ren), if any.

If you are contemplating intercountry adoption, are there particular countries you are interested in? _____

I/we have the following amount available to fund the adoption (may affect options that can be pursued):

Up to \$1,000 _____ \$1,000 to \$5,000 _____ \$5,000 to \$10,000 _____

\$10,000 to \$20,000 _____ \$20,000 to \$30,000 _____ Over \$30,000 _____

Do you have a completed home study? Yes _____ No _____

Has an adoption ever been denied to you? Yes _____ No _____

Have you ever been arrested? Adoptive mother: _____ Adoptive father: _____

If yes, explain: _____

Are you in good health? Adoptive mother: _____ Adoptive father: _____

Explain all current and chronic illnesses, past and future surgeries, medications you are currently taking, and other relevant health information: _____

Do you have a history of alcohol or drug abuse? Adoptive mother: _____ Adoptive father: _____

List three references who have known you for at least five years. Include a family member, a co-worker, and a social friend or neighbor.

<i>Name known?</i>	<i>Address</i>	<i>Relationship</i>	<i>How long</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Important Information

Questions to Ask My Attorney
