

STEPPARENT ADOPTION - INFORMATION SHEET

Your Personal Information

Name (First, Middle, Last): _____ Date of Birth: _____

Your maiden name: _____ Race: _____

House or Business Phone Number: _____ Cell Phone: _____

E-Mail Address: _____ City & County where you were born: _____

Current Address: _____

How long at this address? _____ County of Residence: _____

Relationship to Child: _____

Date of Marriage to Adopting Parent: _____ # of your prior marriages: _____

City/Town/State where married: _____

Date your child(ren) and adopting parent began living together: _____

Adopting Parent/Step Parent Information

Name (First, Middle, Last): _____ Date of Birth: _____

House or Business Phone Number: _____ Cell Phone: _____

Current Address: _____

How long at this address? _____ Race: _____

(Previous) Residence Address (*if known*): _____

Employer's Name/Address: _____

Educational Background: _____

Does this parent have an attorney, please list: _____

Criminal Background: _____

Drug History: _____

Your relationship with this parent: _____

How long and when did child(ren) live with this parent: _____

(Biological Parent - Parent Whose Rights will be Terminated) Information

Name (First, Middle, Last): _____ Date of Birth: _____

House or Business Phone Number: _____ Cell Phone: _____

Current Address: _____

How long at this address? _____ Race: _____

(Previous) Residence Address (*if known*): _____

Does this parent have an attorney, please list: _____

Criminal Background: _____

Drug History: _____

Military History: _____

Your relationship with this parent: _____

How long and when did child(ren) last live with this parent: _____

Any prior termination, incarceration, commitment, incompetency hearings/issues: _____

Child # 1 Information

First, Middle, and Last Name of Child at Birth: _____

First, Middle, and Last Name of Child (current): _____

Name you wish the child to have after adoption (full official name): _____

Date of Birth of Child: _____

Location of Birth of Child (City/Town/County/State): _____

Name of Hospital where child was born: _____

Any special needs? _____ Special schools? _____

Is there a pending lawsuit for custody concerning this child? Where? _____

Child # 2 Information

First, Middle, and Last Name of Child at Birth: _____

First, Middle, and Last Name of Child (current): _____

Name you wish the child to have after adoption (full official name): _____

Date of Birth of Child: _____

Location of Birth of Child (City/Town/County/State): _____

Name of Hospital where child was born: _____

Any special needs? _____ Special schools? _____

Is there a pending lawsuit for custody concerning this child? Where? _____

Is there a prior custody order? Yes or No

Is there a prior child support order? Yes or No

Is there any prior past due child support by the biological parent? Yes or No

Are there other issues of concern? _____

How did you hear about me? _____

Thank you for taking the time for completing this information packet.