

ADOPTION QUESTIONNAIRE

BIOLOGICAL MOTHER:

Full Name: _____

Maiden Name: _____

Current Address: _____

City/County/State/Zip: _____

Phone Number: (____) _____ Home (____) _____ Work

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Name of Employer: _____

Address of Employer: _____

Race: _____

Does the biological mother agree to this adoption? _____ Yes _____ No

BIOLOGICAL FATHER:

Full Name: _____

Current Address: _____

City/County/State/Zip: _____

Phone Number: (____) _____ Home (____) _____ Work

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Name of Employer: _____

Address of Employer: _____

Race: _____

Does the biological father agree to this adoption? _____ Yes _____ No

Adopting Mother

Full Name: _____

Maiden Name: _____

Current Address: _____

City/County/State/Zip: _____

Phone Number: (____) _____ Home (____) _____ Work

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Name of Employer: _____

Address of Employer: _____

Race: _____

As of the date of birth of the child:

Address: _____

City/County/State/Zip: _____

Occupation: _____

Adopting Father

Full Name: _____

Maiden Name: _____

City/County/State/Zip: _____

Phone Number: (____) _____ Home (____) _____ Work

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Name of Employer: _____

Address of Employer: _____

Race: _____

As of the date of birth of the child:

Address: _____

City/County/State/Zip: _____

Occupation: _____

INFORMATION ON THE CHILD TO BE ADOPTED

FOR EACH CHILD TO BE ADOPTED, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Present Name of Child: _____

Do you want a name change for the child? _____ Yes _____ No

If Yes, to what would you like it changed? _____

Sex: _____ Male _____ Female

Current Address: _____

City/County/State/Zip: _____

How long has the child lived at this address: _____ Years _____ Months

Date of Birth: _____ Time of Birth: _____ .M.

Place of Birth: _____

Name of Hospital: _____

City/State: _____

Social Security Number: _____ Race: _____

IF ANY OF THE PARTIES RESIDE OUTSIDE THE STATE OF TEXAS, LIST ALL ADDRESSES WHERE THE CHILD HAS RESIDED FOR THE PAST FIVE YEARS, THE DATES OF RESIDENCE AND THE PARTIES WITH WHOM THE CHILD RESIDED.

Dates: _____

Address: _____

Persons resided with: _____

(Repeat for each residence)

Does the child have any property? _____ Yes _____ No

If Yes, describe the property owned by the child: _____

GENERAL INFORMATION

Were the biological mother and father married? _____ Yes _____ No

If yes, have the biological mother and father divorced: _____ Yes _____ No

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? _____

If so, have child support payments been paid timely? _____

If not, when was the last support payment received? _____

If the natural father and mother were not married, was the natural mother married to anyone else during the pregnancy? _____ Yes _____ No

If yes, 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)? _____ Yes _____ No

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)?
_____ Yes _____ No

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? _____ Yes _____ No

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

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?
_____ Yes _____ No

Did the parent whose rights are to be terminated ever left the child with another person, not the parent, without means of support? _____ Yes _____ No

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)?
_____ Yes _____ No

Does either adoptive parent have a criminal background? _____ Yes _____ No