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.*