

ADOPTION EVALUATION PERSONAL HISTORY QUESTIONNAIRE

Please answer all questions completely. Use additional 8 ½ X 11 paper as needed.

Identifying Information: Adult

Your Name: _____

Last
First
Middle
Maiden/Other names by which you are known

Present Address: _____

Street
Apt. #
City
State
Zip Code

Telephone Numbers: _____

Home
Work
Cel
Fax

Age: _____ Date of Birth: _____ Citizenship: _____ Drivers License: _____

Number/State

Relationship to the child(ren) in question: Biological parent Stepparent Other
 If "other" please explain: _____

Residence Information

Type of Residence: House Apartment Mobile Home Do you: Own Rent
 # of Bedrooms _____ # of Bathrooms _____ Monthly payment _____ Current value _____
 How long at present address? _____ # of times have you moved in the last ten years? _____

Please attach a list of all previous addresses in last 10 years, including dates at each.

Marital/Relationship History

List, in chronological order, all marriages, cohabitation or long term relationships, or any relationships resulting in children, including your current relationship.

Name of Spouse/Partner	Date of marriage, cohabitation, etc.	Date and how ended	Names of children, if any

Are you presently contemplating marriage? Yes No
 If yes, name and address of prospective spouse: _____
 Have you ever been evaluated to be a foster or adoptive placement previously? Yes No
 Have there been any previous foster or adoptive placements for the children in this case? Yes No

Military Service and Status

Branch _____ Dates of active duty _____ Discharge Status _____

Your Education

School Name	City/State	Last grade completed/Year	Degree/Diploma

Employment History List all jobs held in the last five years

Employer Name	Address and Telephone	Supervisor	Dates	Reason for Leaving

Monthly Income

	Gross	Net
From employment/self-employment	\$ _____	\$ _____
Spouse Income	\$ _____	\$ _____
Other sources (child support, public assistance, etc.)	\$ _____	\$ _____

Health History

If any adult involved in the case has any physical disability, chronic medical condition, or has received psychiatric, psychological, or other behavioral health treatment, evaluation, or counseling please complete the following information (use additional pages as needed):

Person	Doctor's Name and Address	Telephone	Dates of Treatment

List any prescription medications you currently take: _____

Does anyone involved in the case have a history of, or been treated for drug or alcohol abuse? Yes No

If yes, please explain: _____

Criminal History

Has any person involved in the case been arrested, convicted of a felony or misdemeanor, or do they have a police or criminal action pending? Yes No

If yes, please explain: _____

Is any person involved in the case on probation or parole? Yes No

If yes, explain and provide the name, address and telephone number of the probation or parole officer:

Has a protective order been issued against any person involved in the case? Yes No

If yes, please explain: _____

Identifying Information: Children – *List the child or children involved in the court action.*

Name	Date of birth	School & Grade/daycare name	School/daycare address

List all other children living in either party’s home who are not involved in this case:

Name	Date of birth	Lives with	School & Grade/daycare name	School/daycare address

Name, address, and telephone number of the children’s primary physician:

Have any of the children in question been treated for a current or chronic health problem? Yes No

If yes for what condition and by who? _____

Have any of the children received any psychiatric or psychological counseling or treatment? Yes No

If yes for what condition and by who? _____

Do any individuals stay or live in your home, on full time or part time basis, that are not listed in the marital or children sections of this form? Yes No

If yes, give their names and ages: _____

Family Violence

Has there been violence in your relationship? Yes No

If yes how often and over what period of time? _____

Has there been violence or neglect involving the children? Yes No

If yes how often and over what period of time? _____

Has anyone involved in this case ever been involved with Child Protective Services? Yes No

If so, when and in what county? _____

Biological parents of the child(ren) being adopted – *please complete as fully as possible*

Mother: _____ Date of Birth: _____
Last First Middle Other names by which they are known

Address: _____ Telephone: _____
Street/Apt. # City State Zip Code

Father: _____ Date of Birth: _____
Last First Middle Other names by which they are known

Address: _____ Telephone: _____
Street/Apt. # City State Zip Code

Please answer the following questions on 8 1/2 x 11-inch, letter size, paper and return with this form. Please write on only one side of the paper. Brief, concise answers are the most helpful in understanding your case. If the question does not apply to your situation you may mark N/A.

1. How are the current adoption proceedings in the best interest of the children?
2. What do you feel are the children's needs, strengths and weaknesses?
3. Describe the involvement of your current spouse, prospective spouse or cohabitant with the children.
4. What activities do you enjoy with your children?
5. Describe yourself as a parent, focusing on your strengths.
6. Briefly describe your childhood, including who raised you and how. Include what resource or support your extended family is to you and the children.

References:

Attached to this form is a personal reference questionnaire. Please make copies and give the questionnaire to at least one extended family member and two unrelated individuals (3 references total) who know you and your child(ren) and ask them to complete them. They may use additional paper as needed, but please ask them to use **only 8 1/2 x 11 inch paper** and **write on only one side**. Please inform them that the information will not be confidential and a copy will be provided to the Court and each attorney of record. Please submit no more than three references.