



ADULT ADOPTION QUESTIONNAIRE

Date _____

Referred By: _____

Your Name (full name): _____

U.S. Citizen: Yes No Citizenship: _____

Address: _____

Date of Birth: ____ / ____ / ____

Telephone No.: ())

Cellular No.: ())

Other No.: ())

Fax No.: ())

Email: _____

County of Residence: _____

Spouse/Partner's Name (full name): _____

U.S. Citizen: Yes No Citizenship: _____

Address: _____

Date of Birth: ____ / ____ / ____

Telephone No.: ())

Cellular No.: ())

Other No.: ())

Fax No.: ())

Email: _____

County of Residence: _____

Does your spouse consent to the adoption: **Yes** **No**

Date of marriage: _____

City and State of Marriage: _____

Adopting parent's relationship to Adoptee: _____

Length and nature of relationship between you and the Adoptee: _____

Reason the adoption is sought: _____

Please state why the adoption is in the best interest of you, the Adoptee and the public: _____

Please answer the following:

1. Have you previously adopted an adult? Yes No If so, state name of adoptee, date and place of adoption: _____
2. Are you a provider or employee of a provider of a board and care, treatment, rehabilitation or other services to persons with developmental disabilities?
 Yes No

PROPOSED ADOPTEES INFORMATION

<u>NAME</u>	<u>BIRTH DATE</u>	<u>BOY - GIRL</u>
_____	_____	_____

See attached page for more names

Does the adoptee agree to the adoption? Yes No

Adoptee's Date of Birth: _____

Adoptee's Place of Birth: _____
(City) (State) (Country)

Adoptee's Current Address: _____
(If different from yours)

Is the Adoptee married? **Yes** **No**

If so, name of the Adoptee's spouse: _____

Does the Adoptee's spouse consent to the adoption? **Yes** **No**

Date of marriage: _____

City and State of Marriage: _____

Adoptee's name AFTER adoption: _____ **No change to name**

Names of birth parents of Adoptee, if known:

(Mother)

(Father)

Address/Phone (if known): _____

Does the Adoptee have adult children? **Yes** **No**

If so, state full names and address of adult children: _____

FOR BLG OFFICE USE ONLY

FEE ARRANGEMENT **Hourly:** \$ _____/hr. **Flat Fee:** \$ _____

ATTORNEY NOTES: