



ADOPTION QUESTIONNAIRE

Date _____

Referred By: _____

Your Name (full name): _____

U.S. Citizen: Yes No Citizenship: _____

Address: _____

Date of Birth: / /

SSN: - -

Telephone No.: ()

Cellular No.: ()

Other No.: ()

Fax No.: ()

Driver's License Number: _____ State: _____

Email: _____

County of Residence: _____

Previous Marriage(s): Name(s) of Former Spouse(s): _____

Yes No

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

U.S. Citizen: Yes No Citizenship: _____

Address: _____

Date of Birth: / /

SSN: - -

Telephone No.: ()

Cellular No.: ()

Other No.: ()

Fax No.: ()

Driver's License Number: _____ State: _____

Email: _____

County of Residence: _____

Previous Marriage(s): Name(s) of Former Spouse(s): _____

Yes No

Insurance: Do you have ARAG legal insurance? Yes No If so, is your spouse/partner included in your coverage? Yes No Do Not Know

Names of birth parents of child, if known:

(Mother)

(Father)

Address/Phone (if known): _____

Has either of the birth parents signed a consent to this adoption? Yes No Do not know
If No, will they? Yes No Do not know

Has either of the birth parents parental rights been terminated by a Court Order? Yes No

Is One or Both of the birth parents deceased? Neither

Does the birth mother have medical insurance? Yes No Do not know

Insurance Provider: _____

Are you paying any of the birth mother's expenses? Yes No

If Yes, please list: _____

FOR BLG OFFICE USE ONLY

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

ATTORNEY NOTES: