

Referred by: _____

Date: _____

STEPPARENT ADOPTION FACT SHEET

Name of Adopting Parent

Address

E-mail Address

Home Phone Number

Current Occupation

Highest Grade Level Attained

Name of Employer

Work Phone Number

Social Security Number

Date of Birth

State of Birth

Religious Affiliation

Are you in the military service?

Do you have any American Indian blood? If so, what tribe and what percentage of Indian blood?

Do you have a criminal record of any kind?

Is there negative information about you that I should be aware of before we begin?

Prior Marriages _____

Other Children _____

Name of Birth Parent

Maiden Name

Address

Home Phone Number

Name of Employer

Work Phone Number

Social Security Number

Date of Birth

State of Birth

Religious Affiliation

Are you in the military service?

Do you have any American Indian blood? If so, what tribe and what percentage of Indian blood?

Date of Marriage between birth parent and adopting parent

Place of Marriage

Are there any reasons why you believe a social service agency doing a screening might be concerned about approving the adopting parent for this adoption?

What agency have you chosen to complete a stepparent screening?

Prior marriages?

Paternity adjudication?

City/Town/Village (circle), County, and State Mother was residing when child was born?

[complete below questions for each child being adopted]

Name of Child to be Adopted

Date of Birth

Place of Birth

Name of Hospital

Place of Conception

Child born IN / OUT of wedlock?

Does the child have any significant health problems?

Is the child enrolled or eligible for enrollment in any Indian tribe? If so, name tribe.

Is child's name to be changed? _____ New Name _____

Name of Child to be Adopted

Date of Birth

Place of Birth

Name of Hospital

Place of Conception

Child born IN / OUT of wedlock?

Does the child have any significant health problems?

Is the child enrolled or eligible for enrollment in any Indian tribe? If so, name tribe.

Is child's name to be changed? _____ New Name _____

Where has the child lived for the last five years? _____

Name of Birth Parent Whose Rights Are to be Terminated

Alleged / Presumed / Birth Parent (circle appropriate)

Last Known Address

Last Known Phone Number

Do you know the name of a friend or relative who might know the whereabouts of this parent? If yes, please provide.

Date of Birth

Is the parent or alleged parent in the military service?

Is the parent or alleged parent a member of an Indian tribe or eligible to enroll? What tribe? What percentage of Indian blood?

Religious Affiliation

Do you expect this parent to cooperate and consent to this stepparent adoption?

Please describe the relationship with this parent and the child:

 Last personal contact

 Last written contact

 Last payment of support money

Is there a judgment determining parentage? _____ From what court?
When?

Is there back support owing? If so, approximately how much?

Have you received payments from AFDC or Title 19?

Do you know approximately how much you have received?

Briefly describe the relationship that exists between the child and this parent.

Is there any general information which you think would be helpful to us concerning this parent?