

Date: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cause No.: \_\_\_\_\_

## **P E R S O N A L D A T A F O R M**

### **IDENTIFYING INFORMATION**

Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Cell \_\_\_\_\_ Alternate \_\_\_\_\_  
Email \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver License No.: \_\_\_\_\_

### **CURRENT EMPLOYMENT**

Present Employer: \_\_\_\_\_ Date of Employment: \_\_\_\_\_  
Street: \_\_\_\_\_ Title/Description: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Schedule: \_\_\_\_\_

### **MILITARY SERVICE AND STATUS**

Branch \_\_\_\_\_ Dates of Active Duty \_\_\_\_\_ Discharge Status \_\_\_\_\_

### **EDUCATIONAL HISTORY**

Education: \_\_\_\_\_ Highest level of education completed: \_\_\_\_\_  
Degree: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_

College or vocational training- dates and places:  
\_\_\_\_\_  
\_\_\_\_\_

### **CRIMINAL HISTORY**

Have you been arrested, convicted of a felony or misdemeanor, or do you have a police or criminal action pending?

Yes  No

If Yes, please explain: \_\_\_\_\_

Are you 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 you?  Yes  No

If Yes, please explain: \_\_\_\_\_

**LIVING ARRANGEMENTS**

Type of residence:  House  Apartment  Mobile Home Do You:  Own  Rent

# Of Bedrooms \_\_\_ # Of Bathrooms \_\_\_ Monthly Payment \_\_\_\_\_ Current Value \_\_\_\_\_

Name of complex or community: \_\_\_\_\_

Landlord and phone number if renting: \_\_\_\_\_

Names, relationship, and ages of all occupants:

Name	Age	Name	Age

Addresses:

Present \_\_\_\_\_ Since \_\_\_\_\_

Previous \_\_\_\_\_ Dates \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Previous \_\_\_\_\_ Dates \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Previous \_\_\_\_\_ Dates \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Previous \_\_\_\_\_ Dates \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Previous \_\_\_\_\_ Dates \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Previous \_\_\_\_\_ Dates \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

(List all other addresses in the past five years on the other side)

# MEDICAL HISTORY

State your present health: \_\_\_\_\_

List any present medical concerns for you or your children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications you or your children take (include name, dosage and reason)

Who	Name of medication	Dosage	Reason

Have you consumed alcohol over the past year? Yes No

If yes, what do you drink (circle all that applies): Beer Wine Mixed Drinks Straight Alcohol

Frequency: \_\_\_\_\_ per \_\_\_\_\_ Amount: \_\_\_\_\_

Have you used illegal substances in the past? Yes No

If Yes, explain: \_\_\_\_\_

Have you used illegal substances in the past year? Yes No

If yes, what have you used: \_\_\_\_\_

Frequency: \_\_\_\_\_ per \_\_\_\_\_ Amount: \_\_\_\_\_

Do you have a history of, or been treated for drug or alcohol abuse? Yes No

If Yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Has your spouse/live in relationship consumed alcohol over the past year? Yes No

If yes, what do they drink (circle all that applies): Beer Wine Mixed Drinks Straight Alcohol

Frequency: \_\_\_\_\_ per \_\_\_\_\_ Amount: \_\_\_\_\_

Has your spouse/live in relationship used illegal substances in the past? Yes No

If Yes, explain: \_\_\_\_\_

Has your spouse/live in relationship used illegal substances in the past year? Yes No

If yes, what have they used: \_\_\_\_\_

Frequency: \_\_\_\_\_ per \_\_\_\_\_ Amount: \_\_\_\_\_

Does your spouse/live in relationship have a history of, or been treated for drug or alcohol abuse? Yes No

if Yes, explain: \_\_\_\_\_

Do you smoke? YES NO How many packs per day \_\_\_\_\_

Does your spouse/live in relationship smoke? Yes \_\_\_\_ No \_\_\_\_ N/A How many packs per day \_\_\_\_\_

**DOCTORS**

(List all doctors seen by yourself or your children in the past 5 years, including fax number or email)

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

(List any hospital or clinic used by you or your children in the past 5 years)

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

COUNSELING

List the full details of any and all counselors, investigators, or other mental health professionals you or the children have seen. Include any psychiatrists, psychologists, social workers, mediators, investigators, coaches, consultants, or religious counselors. Include all marriage, individual, and group therapies as well as any psychiatric hospitalizations.

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

**Child Protective Services**

If CPS had not been involved write No. If Yes, list workers name, date of involvement, reason, and final disposition :

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## PREVIOUS RELATIONSHIP HISTORY

List all previous intimate relationships since age 18. Relationships are defined as anyone you were intimate with, dated, lived with, conceived a child with, or married.

1. Name: \_\_\_\_\_ Duration of relationship: \_\_\_\_\_  
Did you (Check all that apply)? Marry Live With Date Only Sexual  
If you lived together, list duration: From \_\_\_\_\_ To \_\_\_\_\_  
If married, where and when was the marriage: \_\_\_\_\_  
If divorced, where and when was the divorce: \_\_\_\_\_  
Reason for separation or divorce: \_\_\_\_\_  
If you lived together or divorced, how many times did you separate? \_\_\_\_\_  
Was/Is there domestic violence in the relationship: Yes No  
Was your child(ren) introduced to this person? Yes No  
If yes, how long did you date this person before your child was introduced to that person? \_\_\_\_\_  
Were they presented to your child as "a friend" first? If so when? \_\_\_\_\_ When was your child told you were dating this person? \_\_\_\_\_

2. Name: \_\_\_\_\_ Duration of relationship: \_\_\_\_\_  
Did you (Check all that apply)? Marry Live With Date Only Sexual  
If you lived together, list duration: From \_\_\_\_\_ To \_\_\_\_\_  
If married, where and when was the marriage: \_\_\_\_\_  
If divorced, where and when was the divorce: \_\_\_\_\_  
Reason for separation or divorce: \_\_\_\_\_  
If you lived together or divorced, how many times did you separate? \_\_\_\_\_  
Was/Is there domestic violence in the relationship: Yes No  
Was your child(ren) introduced to this person? Yes No  
If yes, how long did you date this person before your child was introduced to that person? \_\_\_\_\_  
Were they presented to your child as "a friend" first? If so when? \_\_\_\_\_ When was your child told you were dating this person? \_\_\_\_\_

3. Name: \_\_\_\_\_ Duration of relationship: \_\_\_\_\_  
Did you (Check all that apply)? Marry Live With Date Only Sexual  
If you lived together, list duration: From \_\_\_\_\_ To \_\_\_\_\_  
If married, where and when was the marriage: \_\_\_\_\_  
If divorced, where and when was the divorce: \_\_\_\_\_  
Reason for separation or divorce: \_\_\_\_\_  
If you lived together or divorced, how many times did you separate? \_\_\_\_\_  
Was/Is there domestic violence in the relationship: Yes No  
Was your child(ren) introduced to this person? Yes No  
If yes, how long did you date this person before your child was introduced to that person? \_\_\_\_\_  
Were they presented to your child as "a friend" first? If so when? \_\_\_\_\_ When was your child told you were dating this person? \_\_\_\_\_

**(PLEASE LIST OTHERS BY DUPLICATING THIS PAGE)**

## CHILDREN

(List **all** biological or adopted children)

1. Name: \_\_\_\_\_ Name of Other Parent: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's phone number: \_\_\_\_\_ Child's e-mail address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Name of Other Parent: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's phone number: \_\_\_\_\_ Child's e-mail address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Name of Other Parent: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's phone number: \_\_\_\_\_ Child's e-mail address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Name of Other Parent: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's phone number: \_\_\_\_\_ Child's e-mail address: \_\_\_\_\_

5. Name: \_\_\_\_\_ Name of Other Parent: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's phone number: \_\_\_\_\_ Child's e-mail address: \_\_\_\_\_

6. Name: \_\_\_\_\_ Name of Other Parent: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's phone number: \_\_\_\_\_ Child's e-mail address: \_\_\_\_\_

7. Name: \_\_\_\_\_ Name of Other Parent: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's phone number: \_\_\_\_\_ Child's e-mail address: \_\_\_\_\_

8. Name: \_\_\_\_\_ Name of Other Parent: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's phone number: \_\_\_\_\_ Child's e-mail address: \_\_\_\_\_

## SCHOOLS

List all schools attended by the subject children or other children residing in your home.

Name of school: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

Name of school: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

Name of school: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

Name of school: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

## CHILD CARE

List all child care providers who have cared for the subject children or other children residing in your home.

Name of provider: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

Name of provider: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

Name of provider: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

Name of provider: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	



## CURRENT RELATIONSHIP

Check here if you are currently not in a relationship

Name: \_\_\_\_\_ Duration of relationship \_\_\_\_\_ Yrs. \_\_\_\_\_ Months

Circle all that apply, did you?  marry  live with  date

If you lived together, list duration: from \_\_\_\_\_ to \_\_\_\_\_

If applicable, where and when was the marriage: \_\_\_\_\_

Check any of the following that best describe the various roles you play in the relationship:

- not applicable  initiator  wage earner  caregiver
- head of household  peacemaker  decision maker  follower
- leader  comforter  rational one  negotiator
- emotional one  risk taker  organizer  manager
- social planner  money manager  compromiser  homemaker
- others: \_\_\_\_\_

Check any of the following that best describe the various roles your spouse/partner plays in the relationship:

- not applicable  initiator  wage earner  caregiver
- head of household  peacemaker  decision maker  follower
- leader  comforter  rational one  negotiator
- emotional one  risk taker  organizer  manager
- social planner  money manager  compromiser  homemaker
- others: \_\_\_\_\_

How often do you and your spouse/partner argue?

- almost daily  once or twice a month  once or twice a year  never

Check any of the following that best describe the major areas of disagreement between you and your spouse/partner:

- personal habits  sexual relations  personal expectations  discipline of children  household chores
- politics  friends  religion  work  values  leisure time  alcohol/drugs  in-laws
- separate activities  shared activities  emotional closeness  emotional separateness  time apart
- time together  family involvement  money  travel  other: \_\_\_\_\_

Check any of the following that best describe how you typically react when you have a major disagreement with your spouse/partner:

- agree to disagree  reach agreement through mutual give and take  sometimes yell and shout
- take time to think things over before discussing  leave the house to cool off
- give in and attempt to smooth things over  become silent  seek outside help such as a counselor/clergy
- try to outwit spouse/partner  sometimes pound or break things  change the topic
- things get physical (pushing, shoving)  other: \_\_\_\_\_

Have you and your spouse/partner ever gone through a difficult period that threatened your relationship or caused you to separate?  Yes  No If yes, please describe briefly including dates

## POTENTIAL CHANGES

Do you expect any change in your marital status, employment, family size, or place of residence within the next year?     Yes     No

If yes, please explain providing as much detail as possible:

## PARENTING

Do you receive or pay child support for any children? Receive Pay

If so, how much \_\_\_\_\_ how often \_\_\_\_\_

If you are required to pay child support, are you in arrears or current? If you are in arrears, please list the reason why?

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Other than the child(ren) in this study, if applicable what type of custody arrangements do you have with your child's other parent, and please describe your relationship with those children.

How do you discipline the child(ren) in your home?

If you spank, for what offenses and how and with what?

Do you discipline all the children in your home the same way?  Yes  No

If not, how is it different? \_\_\_\_\_

Define a good parent-child relationship

How do you express affection toward your child(ren)?

How do you handle conflicts with your children?

How do you handle your child's feelings of anger, sadness, insecurity, rebellion, etc...

Why do you want this adoption now? (Please be specific including emotional, legal, financial, and familial)

Please give a brief description of yourself as a parent, focusing on your strengths:

Please give a brief description of yourself as a parent, addressing your weaknesses:

Please give a brief description of your spouse as a parent, focusing on their strengths:

Please give a brief description of your spouse as a parent, focusing on their weaknesses:

## FAMILY HISTORY

Were your parents married  Yes  No Are they still married  Yes  No

Divorced  Yes  No if divorced, when \_\_\_\_\_ where \_\_\_\_\_

If divorced what was your age at the time of the divorce \_\_\_\_\_. Describe the effect of the divorce on you and your siblings:

# of times your father has been married \_\_\_\_\_

# of times your mother has been married \_\_\_\_\_

Father's full name \_\_\_\_\_

Is he still living?  Yes  No if deceased, age at death \_\_\_\_\_

Cause of death \_\_\_\_\_

If still living, health of father \_\_\_\_\_

Father's occupation/prior occupation \_\_\_\_\_

How would you rate your father's ability to manage his life:  very good  good  fair  poor  unknown

Would you say that your father was present or absent while you were growing up?

Present  absent \_\_\_\_\_  Was in the military? Please describe: \_\_\_\_\_

Place an X any of the following that best characterize **your childhood relationship** with your father:

no relationship  friendly  affectionate  took care of father  abusive  warm  anxious  
 afraid of father  idolized  gentle  consistent  unpredictable  neglectful  smothering  
 distant  full of conflict  caring  demonstrative  superficial  relaxed  supportive  
 over protective  strained  loving  fun  respectful  close  uninvolved  
 other: \_\_\_\_\_

Place an X on as many of the following that best describe the personal characteristics of your father **when you were a child**:

not applicable  active  moody  easy going  worrier  outgoing  overly critical  kind  
 perfectionist  generous  hardworking  self-centered  domineering  aggressive  flexible  
 unforgiving  isolated  shy  content  stubborn  happy  irresponsible  serious  
 irrational  optimistic  pessimistic  compassionate  manipulative  calm  temperamental  
 friendly/social  passive  violent  understanding  warm  prejudiced  substance abuser  
 nervous/anxious  supportive  emotional  preoccupied  fun/playful  dramatic  reassuring  
 self-confident  rigid  irritable  controlling  
 other: \_\_\_\_\_

Place an X on the terms that best describe your **current** relationship with your father:

father deceased  I am a caretaker for  dependent  no contact  loving  strained  
 very close  distant  comfortable  caring  over involved  emotionally intense  
 not involved enough  abusive  on again, off again  flexible  problematic  hostile  
 enjoyable  understanding  improving  argumentative  gratifying  manipulative  
 positive  supportive  other: \_\_\_\_\_

Mother's full name \_\_\_\_\_

Is she still living?  Yes  No if deceased, age at death \_\_\_\_\_

Cause of death \_\_\_\_\_

If still living, health of mother \_\_\_\_\_

Mother's occupation/prior occupation \_\_\_\_\_

How would you rate your mother's ability to manage his life:  very good  good  fair  poor  unknown

Would you say that your mother was present or absent while you were growing up?

Present  absent \_\_\_\_\_  Was in the military? Please describe: \_\_\_\_\_

Place an X any of the following that best characterize **your childhood relationship** with your mother:

- \_\_\_ no relationship \_\_\_ friendly \_\_\_ affectionate \_\_\_ took care of mother \_\_\_ abusive \_\_\_ warm \_\_\_ anxious
- \_\_\_ afraid of mother \_\_\_ idolized \_\_\_ gentle \_\_\_ consistent \_\_\_ unpredictable \_\_\_ neglectful \_\_\_ smothering
- \_\_\_ distant \_\_\_ full of conflict \_\_\_ caring \_\_\_ demonstrative \_\_\_ superficial \_\_\_ relaxed \_\_\_ supportive
- \_\_\_ over protective \_\_\_ strained \_\_\_ loving \_\_\_ fun \_\_\_ respectful \_\_\_ close \_\_\_ uninvolved
- \_\_\_ other: \_\_\_\_\_

Place an X on as many of the following that best describe the personal characteristics of your mother **when you were a child**:

- \_\_\_ not applicable \_\_\_ active \_\_\_ moody \_\_\_ easy going \_\_\_ worrier \_\_\_ outgoing \_\_\_ overly critical \_\_\_ kind
- \_\_\_ perfectionist \_\_\_ generous \_\_\_ hardworking \_\_\_ self-centered \_\_\_ domineering \_\_\_ aggressive \_\_\_ flexible
- \_\_\_ unforgiving \_\_\_ isolated \_\_\_ shy \_\_\_ content \_\_\_ stubborn \_\_\_ happy \_\_\_ irresponsible \_\_\_ serious
- \_\_\_ irrational \_\_\_ optimistic \_\_\_ pessimistic \_\_\_ compassionate \_\_\_ manipulative \_\_\_ calm \_\_\_ temperamental
- \_\_\_ friendly/social \_\_\_ passive \_\_\_ violent \_\_\_ understanding \_\_\_ warm \_\_\_ prejudiced \_\_\_ substance abuser
- \_\_\_ nervous/anxious \_\_\_ supportive \_\_\_ emotional \_\_\_ preoccupied \_\_\_ fun/playful \_\_\_ dramatic \_\_\_ reassuring
- \_\_\_ self-confident \_\_\_ rigid \_\_\_ irritable \_\_\_ controlling
- \_\_\_ other: \_\_\_\_\_

Place an X on the terms that best describe your **current** relationship with your mother:

- \_\_\_ mother deceased \_\_\_ I am a caretaker for \_\_\_ dependent \_\_\_ no contact \_\_\_ loving \_\_\_ strained
- \_\_\_ very close \_\_\_ distant \_\_\_ comfortable \_\_\_ caring \_\_\_ over involved \_\_\_ emotionally intense
- \_\_\_ not involved enough \_\_\_ abusive \_\_\_ on again, off again \_\_\_ flexible \_\_\_ problematic \_\_\_ hostile
- \_\_\_ enjoyable \_\_\_ understanding \_\_\_ improving \_\_\_ argumentative \_\_\_ gratifying \_\_\_ manipulative
- \_\_\_ positive \_\_\_ supportive \_\_\_ other: \_\_\_\_\_

Are your parents aware of your desire for the adoption?  Yes  No

Are they supportive of the adoption?  Yes  No

Full names and ages of all siblings (full, step, half) and where they live

Name	age	where they live
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your relationship to your siblings: positive?  Yes  No Ongoing?  Yes  No

Are your siblings aware of your desire for the adoption?  Yes  No

Are they supportive of the adoption?  Yes  No

During your childhood, did you just have your immediate family close by or did you have extended family near you as well?

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For the next few questions, “immediate family” refers to yourself, your mother, your father, and your siblings.

1. Have  you or  anyone in your immediate family ever had a severe mental illness (schizophrenia, bi-polar, major depression)?  No  Yes Who? \_\_\_\_\_  
Have  you,  your children or  anyone in your immediate family ever been committed to a facility for mental or emotional disturbances?  No  Yes Who? \_\_\_\_\_
2. Are you now receiving or have ever received psychiatric care?  Yes  No  
Have you or anyone in your immediate family ever been incarcerated?  No  Yes Who? \_\_\_\_\_  
Have  you or  anyone in your immediate family ever had any experience with, or involvement in, child abuse, as an aggressor or victim?  No  Yes Who? \_\_\_\_\_  
Have  you or  anyone in your immediate family ever had any experience with, or involvement in child molestation as an aggressor or victim?  No  Yes Who? \_\_\_\_\_
3. Have  you or  anyone in your immediate family ever had any experience with, or involvement in child neglect as an aggressor or victim?  NO  YES Who? \_\_\_\_\_  
Have  you or  anyone in your immediate family ever had any experience with, or involvement in assault as an aggressor or victim?  No  Yes Who? \_\_\_\_\_
4. Have  you or  anyone in your immediate family ever had any experience with, or involvement in, spouse abuse as an aggressor or victim?  NO  YES Who? \_\_\_\_\_  
Have  you or  anyone in your immediate family ever had any experience with, or involvement in, drug abuse?  No  Yes Who? \_\_\_\_\_
5. Have  you or  anyone in your immediate family ever received treatment for chemical dependency?  No  Yes Who? \_\_\_\_\_
6. Have  you or  anyone in your immediate family ever had any experience with, or involvement in, alcohol abuse?  NO  YES Who? \_\_\_\_\_

Please share anything additional about your family or family history that you think is important:

While living with your parents, did you move around a lot or stay in one place?

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List the names of all cities you lived in while living with your parents and what age you were when you lived in each city

City	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Would you say you primarily lived in suburban, urban or rural areas? \_\_\_\_\_

Place an X on as many of the following that describe what your childhood experience was like:

- \_\_\_painful \_\_\_stable \_\_\_traumatic
- \_\_\_happy \_\_\_confusing \_\_\_spoiled
- \_\_\_fun \_\_\_frightening \_\_\_enjoyable
- \_\_\_wonderful \_\_\_chaotic \_\_\_sad
- \_\_\_exciting \_\_\_lonely \_\_\_stimulating
- \_\_\_unhappy \_\_\_secure \_\_\_difficult to remember
- \_\_\_carefree \_\_\_sickly \_\_\_other: \_\_\_\_\_

Place an X on all of the following that best describe what you were like as a child (preteen):

- \_\_\_happy \_\_\_awkward \_\_\_responsible \_\_\_rebellious \_\_\_shy \_\_\_temperamental \_\_\_self-confident \_\_\_sad
- \_\_\_disobedient \_\_\_curious \_\_\_stubborn \_\_\_friendly \_\_\_irresponsible \_\_\_outgoing \_\_\_compliant
- \_\_\_unhappy \_\_\_calm \_\_\_anxious/nervous \_\_\_sickly \_\_\_thoughtful \_\_\_aggressive \_\_\_serious \_\_\_active
- \_\_\_insecure \_\_\_quiet \_\_\_fearful \_\_\_hyperactive \_\_\_funny \_\_\_obedient \_\_\_other: \_\_\_\_\_
- \_\_\_other: \_\_\_\_\_

Place an X on as many of the following that best describe what you were like as a teenager:

- \_\_\_happy \_\_\_awkward \_\_\_responsible \_\_\_rebellious \_\_\_shy \_\_\_temperamental \_\_\_self-confident \_\_\_sad
- \_\_\_disobedient \_\_\_curious \_\_\_stubborn \_\_\_friendly \_\_\_irresponsible \_\_\_outgoing \_\_\_compliant
- \_\_\_unhappy \_\_\_calm \_\_\_anxious/nervous \_\_\_sickly \_\_\_thoughtful \_\_\_aggressive \_\_\_serious \_\_\_active
- \_\_\_insecure \_\_\_quiet \_\_\_fearful \_\_\_hyperactive \_\_\_funny \_\_\_obedient \_\_\_other: \_\_\_\_\_
- \_\_\_other: \_\_\_\_\_

Are there issues or incidents from your childhood that currently cause you distress?  Yes  No

If yes, please explain

Did you experience any physical, sexual, or mental abuse as a child?  Yes  No

If yes, please explain:



## FAMILY VIOLENCE QUESTIONNAIRE

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS. CIRCLE YOUR RESPONSE.

1. Do you fear being in the same room with your significant other?    Yes    No
2. Do you believe you and your significant other can communicate on an equal basis?    Yes    No
3. Are you psychologically intimidated by your significant other?    Yes    No
4. Are you physically intimidated by your significant other?    Yes    No
5. Are you afraid of your significant other for any other reason?    Yes    No
6. Are child rearing and family decisions shared?    Yes    No
7. Does your significant other have a drug or alcohol problem?    Yes    No
8. Has your significant other ever denied or threatened to deny access to your child(ren)?    Yes    No
9. Do you have any serious concerns about your child's emotional or physical safety?    Yes    No
10. Has child protective services ever been contacted regarding your family?    Yes    No
11. Has there been or is there a protective order or peace bond in this case?    Yes    No
12. Were the police or texas department of public safety ever called to your home?    Yes    No
13. Has there been any affairs during this marriage?    Yes    No
13. Have you experienced any of the following types of abuse from your significant other?
  - Yes    No    verbal abuse
  - Yes    No    emotional abuse
  - Yes    No    physical abuse
  - Yes    No    sexual abuse

If you circled any of the four choices in question 13, please indicate in which of the following time frames the abuse(s) occurred:

- dating or engaged     married or living together     while separated     divorced

Please check what best describes your level of concern for your physical safety at this time?

- none    slight    moderate    high    severe

## EMPLOYMENT HISTORY AND ESTIMATED INCOME/EXPENSE STATEMENT

Your past employment history for previous ten years (use back if necessary)

1) Current employer name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail \_\_\_\_\_ Date of employment \_\_\_\_\_

Supervisor name \_\_\_\_\_ Your position \_\_\_\_\_

Any plans to end this employment? \_\_\_\_\_

2) Previous employer name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail \_\_\_\_\_ Date of employment \_\_\_\_\_

Supervisor name \_\_\_\_\_ Your position \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3) Previous employer name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail \_\_\_\_\_ Date of employment \_\_\_\_\_

Supervisor name \_\_\_\_\_ Your position \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever been fired from a job?  Yes  No

If yes, briefly describe the circumstances: \_\_\_\_\_

If you are employed outside of the home, how many hours per week do you work?

\_\_\_ non-applicable \_\_\_ 20-30 hours \_\_\_ 41-50 hours \_\_\_ less than 20 hours \_\_\_ 31-40 hours \_\_\_ more than 50 hours

Whether you work inside or outside of the home, do you enjoy your work?

\_\_\_ no \_\_\_ most of the time \_\_\_ some of the time \_\_\_ all of the time

Do you plan any career or job changes in the near future?  Yes  No

**INCOME (THIS PAGE DOES NOT NEED TO BE DUPLICATED FOR EACH PDF):**

	GROSS	NET
From employment	\$ _____	\$ _____
Own business	\$ _____	\$ _____
Public assistance (tanf, ssi, food stamps)	\$ _____	\$ _____
Child support	\$ _____	\$ _____
Spouse income	\$ _____	\$ _____
Other sources (spousal support, gifts, etc.)	\$ _____	\$ _____

Total persons supported by this income \_\_\_\_\_

**ACCOUNT BALANCES**

List all checking account and balances		List all savings accounts and balances	
1. _____	\$ _____	1. _____	\$ _____
2. _____	\$ _____	2. _____	\$ _____
3. _____	\$ _____	3. _____	\$ _____
4. _____	\$ _____	4. _____	\$ _____
5. _____	\$ _____	5. _____	\$ _____
Total checking: _____		Total savings: _____	

**INVESTMENTS**

SOURCE \_\_\_\_\_ \$ \_\_\_\_\_

SOURCE \_\_\_\_\_ \$ \_\_\_\_\_

SOURCE \_\_\_\_\_ \$ \_\_\_\_\_

**PROPERTY OWNED**

DESCRIPTION: \_\_\_\_\_ VALUE \$: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_ VALUE \$: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_ VALUE \$: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_ VALUE \$: \_\_\_\_\_

**LIFE INSURANCE POLICIES**

Name of carrier \_\_\_\_\_ insured amount \$ \_\_\_\_\_

Beneficiary (ies) \_\_\_\_\_ policy number \_\_\_\_\_

Name of carrier \_\_\_\_\_ insured amount \$ \_\_\_\_\_

Beneficiary (ies) \_\_\_\_\_ policy number \_\_\_\_\_

**DEBTS (LOAN, CREDIT CARD, ETC.)**

LENDER	AMOUNT OWED	TYPE OF DEBT	MONTHLY PAYMENT

Have you ever filed for bankruptcy? Y\_\_\_ n \_\_\_ if so, date of filing \_\_\_\_\_

Explanation: \_\_\_\_\_

Estimated regular monthly expenses monthly payment

Mortgage/rent \$ \_\_\_\_\_ second mortgage \$ \_\_\_\_\_

Property taxes (monthly average) \$ \_\_\_\_\_

Utilities: gas \$ \_\_\_\_\_ utilities: water \$ \_\_\_\_\_

Utilities: electric \$ \_\_\_\_\_ cable/ satellite \$ \_\_\_\_\_

Car payment 1 \$ \_\_\_\_\_ car payment 1 \$ \_\_\_\_\_

Car payment 3 \$ \_\_\_\_\_ car payment 4 \$ \_\_\_\_\_

Auto insurance (monthly average) \$ \_\_\_\_\_

Car fuel (monthly average) \$ \_\_\_\_\_

Car repair/maintenance (monthly average) \$ \_\_\_\_\_

Homeowner's insurance (monthly average) \$ \_\_\_\_\_

Health, dental, vision insurance (monthly avg) \$ \_\_\_\_\_

Life insurance \$ \_\_\_\_\_ short term/long term disability \$ \_\_\_\_\_

Loan payment 1 \$ \_\_\_\_\_ loan payment 2 \$ \_\_\_\_\_

Loan payment 3 \$ \_\_\_\_\_ loan payment 4 \$ \_\_\_\_\_

Credit card payment \$ \_\_\_\_\_ credit card payment \$ \_\_\_\_\_

Credit card payment \$ \_\_\_\_\_ credit card payment \$ \_\_\_\_\_

Credit card payment \$ \_\_\_\_\_ credit card payment \$ \_\_\_\_\_

Child support \$ \_\_\_\_\_ child care \$ \_\_\_\_\_ groceries \$ \_\_\_\_\_

Entertainment \$ \_\_\_\_\_ clothing \$ \_\_\_\_\_

Personal expenses (ie.hair, nails, memberships) \$ \_\_\_\_\_

Contributions to savings account \$ \_\_\_\_\_

Other (please describe) \$ \_\_\_\_\_

Other (please describe) \$ \_\_\_\_\_

Other (please describe) \$ \_\_\_\_\_

Other (please describe) \$ \_\_\_\_\_

**Total expenses** \$ \_\_\_\_\_

**Total income:** \$ \_\_\_\_\_

**Extra money available** \$ \_\_\_\_\_

I (WE) CERTIFY THAT THIS FINANCIAL STATEMENT IS AN ACCURATE DESCRIPTION OF MY (OUR) MONTHLY INCOME AND EXPENSES AND HEREBY AUTHORIZE BRADLEY S. CRAIG, LMSW, CLFE TO CHECK MY(OUR) CREDIT STATUS AND HISTORY AS REQUIRED TO ESTABLISH MY (OUR) FINANCIAL STABILITY.

PLEASE ATTACH THE LAST 2 YEARS TAX RECORDS, NOT INCLUDING ATTACHMENTS.

SIGNATURE ADOPTIVE PARENT \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF SPOUSE (IF APPLICABLE): \_\_\_\_\_ DATE: \_\_\_\_\_