

*** ADOPTION INTAKE ***

Please fill out this intake to the best of your ability, as details are important Provide Attorney with copies of all custody/visitation/child support orders, if any, relative to the child.

Today's Date: _____

COUNTY YOU RESIDE IN: _____

ADOPTIVE PARENT'S INFORMATION:

1) **Name of Person Adopting Child(ren):** _____

Date of Birth: _____ **SSN:** _____

State of Birth: _____

Address _____

Town/City/Village you currently reside in: _____

Phone #(h) _____ **(w)** _____

Email: _____

Previously married? _____ : **If yes, date previously married:** _____

Maiden Name: _____

Date of Judgment of divorce: _____ **(I will need Judgment)**

City/County previous marriage ceremony was in: _____

Your Religion: _____

Occupation: _____;

Employer's Name: _____

Salary (yearly/annual earnings) \$ _____.

Height: _____; **Weight:** _____;

Hair Color: _____; **Eye Color:** _____

Adoptive Parent's #1 Information:

Name: _____

Is the adoptive parent married to the child's biological parent/if so, who? _____

Religion: _____

Occupation: _____

Wages: _____

How long has child(ren) lived with the Adoptive parent: _____

Date (as specific as possible) you physically obtained child: _____

If you obtained custody through court, Name of Court: _____

Date of Order: _____

Full names of other persons living in the household: _____

Upon information and belief, has the child(ren) previously been adopted: _____

The full name and address of any person having lawful custody of the adoptive child: _____

Does the adoptive parent have any knowledge that the child or an adoptive parent is the subject of an indicated report or is another person named in an indicated report of child abuse or maltreatment: _____

Does the adoptive parent have any knowledge of any criminal record concerning themselves or any other adult over the age of 18 residing in the household: _____

If yes, explain: _____

Are there any prior or pending proceedings affecting the custody or status of the adoptive child, including any proceedings dismissed or withdrawn: _____

If yes, explain: _____

Is the adoptive child an Indian child within the meaning of the Indian Child Welfare Act of 1978: _____

The marital status of the adoptive parent is: (married/divorced/single)

The physical and mental health of the adoptive parent is: _____

Has the adoptive parent made any prior application for certification as a qualified adoptive parent: _____ \

The manner in which the adoptive parent obtained the adoptive child is as follows:

2) **Name of Person Adopting Child(ren):** _____

Date of Birth: _____ **SSN:** _____

State of Birth: _____

Address _____

Town/City/Village you currently reside in: _____

Phone #(h) _____ **(w)** _____

Email: _____

Previously married? _____ : **If yes, date previously married:** _____

Date of Judgment of divorce: _____ **(I will need Judgment)**

Maiden Name: _____

City/County previous marriage ceremony was in: _____

Your Religion: _____

Occupation: _____;

Employer's Name: _____

Salary (yearly/annual earnings) \$ _____.

Height: _____; **Weight:** _____;

Hair Color: _____; **Eye Color:** _____

Adoptive Parent's #2 Information:

Name: _____

Is the adoptive parent married to the child's biological parent/if so, who? _____

Religion: _____

Occupation: _____

Wages: _____

How long has child(ren) lived with the Adoptive parent: _____

Date (as specific as possible) you physically obtained child: _____

If you obtained custody through court, Name of Court: _____

Date of Order: _____

Full names of other persons living in the household: _____

Upon information and belief, has the child(ren) previously been adopted: _____

The full name and address of any person having lawful custody of the adoptive child:

Does the adoptive parent have any knowledge that the child or an adoptive parent is the subject of an indicated report or is another person named in an indicated report of child abuse or maltreatment: _____

Does the adoptive parent have any knowledge of any criminal record concerning themselves or any other adult over the age of 18 residing in the household: _____
If yes, explain: _____

Are there any prior or pending proceedings affecting the custody or status of the adoptive child, including any proceedings dismissed or withdrawn: _____
If yes, explain: _____

Is the adoptive child an Indian child within the meaning of the Indian Child Welfare Act of 1978: _____

The marital status of the adoptive parent is: (married/divorced/single)

The physical and mental health of the adoptive parent is: _____

Has the adoptive parent made any prior application for certification as a qualified adoptive parent: _____ \

The manner in which the adoptive parent obtained the adoptive child is as follows:

Are persons #1 & 2 married? If so, date you were married: _____,

City/County you were married in: _____

We will need a certified copy of your marriage certificate & a certified copy of the child's birth certificate.

If either #1 or #2 have been divorced, we will need certified copy of Judgment of Divorce for each previous marriage before your current marriage

We will need copies of any and all Family Court Orders, Decisions, or Consents to Adoption if they involve the adoptive child(ren)

Please list everyone living in adoptive household, together with dates of birth for each:

Name: _____ **Date of Birth:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

BIRTH/BIOLOGICAL PARENT'S INFORMATION & DETAILS

Child's Biological Mother: _____

Date of Birth: _____ **SSN:** _____

Address _____

_____ **County of Residence** _____

Phone #(h) _____ **(w)** _____

Their Religion: _____ **Maiden Name:** _____

Birth Mother's Information:

- 1) **Biological Mother's Name:** _____
- 2) **Gave birth to child at the following hospital or location, including the date of birth:**

- 3) **Was paternity determined at the time of birth, if not when:** _____
- 4) **Biological Mother's heritage: (specify nationality, ethnic background, race)**

- 5) **Biological Mother's religious faith, if any:** _____
- 6) **Biological Mother's Education (specify number of years of school or degrees completed at time of birth of adoptive child):** _____

- 7) **Biological Mother's general physical appearance at time of birth of adoptive child (height, weight, color of hair, eyes, skin)** _____

- 8) **Complete attached medical history of Biological Mother.**

9) **Any other information which may be a factor influencing the adoptive child's present or future well-being, including talents, hobbies and special interest of parent: (attach a separate sheet if necessary)**

Mother's:

Child(ren) Name

Date of Birth

Person Child Lives With

Mother's Height: _____; **Weight:** _____

Eye Color: _____; **Hair Color:** _____

Physical Health (poor/good/excellent): _____

Mental Health (poor/good/excellent): _____

Diagnosed Conditions (if any): _____

State Birth Mother was born in: _____

Child's Biological Father: _____

Date of Birth: _____ **SSN:** _____

Address _____

_____ **County of Residence** _____

Phone #(h) _____ **(w)** _____

Birth Father's Information:

- 1) **Biological Father's Name:** _____
- 2) **Was paternity determined at the time of birth, if not when:** _____
- 3) **Biological Father's heritage: (specify nationality, ethnic background, race)**

- 4) **Biological Father's religious faith, if any:** _____
- 5) **Biological Father's Education (specify number of years of school or degrees completed at time of birth of adoptive child):** _____

- 6) **Biological Father's general physical appearance at time of birth of adoptive child (height, weight, color of hair, eyes, skin)** _____

- 7) **Complete attached medical history of Biological Father.**
- 8) **Any other information which may be a factor influencing the adoptive child's present or future well-being, including talents, hobbies and special interest of parent: (attach a separate sheet if necessary)**

Father's
Child(ren) Name **Date of Birth** **Person Child Lives With**

Father's Height: _____; **Weight:** _____

Eye Color: _____; **Hair Color:** _____

Physical Health (poor/good/excellent): _____

Mental Health (poor/good/excellent): _____

Diagnosed Conditions (if any): _____

State Birth Father was born in: _____

Adoptive Child's Information:

- 1) **Adoptive Child's Full Legal Name:** _____
- 2) **Adoptive Child's Date of Birth:** _____
- 3) **Adoptive Child's Place of Birth (City/State/County):** _____
- 4) **Hospital Child Born at:** _____
- 5) **Time of Child's Birth (hours & am/pm)** _____
- 6) **Child's Weight at birth:** _____
- 7) **Child's Length at birth:** _____
- 8) **Name you want child to have after adoption:** _____
- 9) **(Complete attached Child's Medical History Form, Form 1-D)**
- 10) **We need a copy of the child's (ren's) certified birth certificate(s)**
- 11) **Religion of adoptive child:** _____

NAMES, DATES OF BIRTH AND RELIGION OF ALL SIBLINGS OR HALF-SIBLINGS:

BACKGROUND INFORMATION

Adoptive Parent's Religion: _____

Adoptive Parent's Annual Earnings: _____

Religious Faith of adoptive child: _____

Highest Level of Education for:

Adoptive Parent: _____

Adoptive Parent/Mother: _____

Adoptive Parent:

Physical Health (poor, good, excellent)

Mental Health (poor, good, excellent)

Diagnosed Condition(s) if any) _____

Adoptive Parent/Mother:

Physical Health (poor, good, excellent)

Mental Health (poor, good, excellent)

Diagnosed Condition(s) if any) _____

Involvement with Child Protective/Department of Social Services (if any, need complete history, specifics, dates, etc)

Adoptive Parent: _____

Adoptive Parent/Mother: _____

Criminal record of: (need complete history, specifics, dates, convictions, etc)

Adoptive Parent: _____

Adoptive Parent/Mother: _____

Adoptive Parent & Adoptive Parent/Mother:

Need list of all addresses that you have resided at since 1973 as follows:

- (ie. 3734 St. HWY 30, Amsterdam, NY from 1973 to 1984;
RD 2 Box 80, Broadalbin, NY from 1984 to 1996;
1 Lafayette Pl, Detroit, MI from 1996 – 2007;
3734 St. Hwy 30, Amsterdam, NY from 2007 to present)

A) List addresses/dates for Adoptive Parent:

B) List addresses/dates for Adoptive Parent/Mother:

FINANCIAL INFORMATION

I. Income

Adoptive Father: Annual Salary/Earnings: _____

Adoptive Mother: Annual Salary/Earnings: _____

II. Assets

Adoptive Father:

a. **Savings Account Balance:** Name Bank _____ Balance Amt
\$ _____

b. **Joint Checking Account Balance** Name Bank _____ Balance Amt
\$ _____

Other Accounts Owned List type of accounts & balance in each account

c. **Automobiles** (Year and Make)

d. **Residence Owned** (Address)

e. **Other Real Estate Owned**

f. **Other Assets** (including stocks, bonds, trailers, boat, etc...)

Adoptive Mother:

c. **Savings Account Balance:** Name Bank _____ Balance Amt
\$ _____

d. **Joint Checking Account Balance** Name Bank _____ Balance Amt
\$ _____

Other Accounts Owned List type of accounts & balance in each account

c. Automobiles (Year and Make)

d. Residence Owned (Address)

e. Other Real Estate Owned

f. Other Assets (including stocks, bonds, trailers, boat, etc...)

MEDICAL HISTORY SHEET

Need List from DR/records for all immunizations of child from birth to present