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:_ Montgomery

ADOPTIVE PARENT'S INFORMATION:

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

Date of Birth:_____ SSN:_____

State of Birth: _____ City of Birth: _____

Address_____

_____

Town/City/Village you currently reside in: _____

Phone #(h)_____ (w)_____

Email: _____

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

Previously Married in (city) _____ in (county): _____

Maiden Name: _____

Date of Judgment of divorce:_____ (I need Certified Copy of Judgment)

County of Divorce: _____

Your Religion: _____ Your Race: _____

Occupation: _____; Highest Education: _____

Employer's Name: _____

Salary (yearly/annual earnings) $_____.

Height: _____; Weight: _____;

Hair Color: _____; Eye Color: _____; Race: _____

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or pending proceedings affecting the custody or status of the adoptive child, including any proceedings dismissed or withdrawn:_____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

_____

_____

_____

Highest Grade/Degree of Education: _____

Race: _____

Ethnicity: _____

Physical Health (excellent/good/fair/poor): _____

Mental Health (excellent/good/fair/poor): _____

Diagnosed Conditions: _____

This Would be 2nd Adoptive Parent (if applicable, OR Birth Parent keeping children)

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

Date of Birth:_____ SSN:_____

State of Birth: _____ City of Birth: _____

Address_____

_____

Town/City/Village you currently reside in: _____

Phone #(h)_____ (w)_____

Email: _____

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

Previously Married in (city) _____ in (county): _____

Maiden Name: _____

Date of Judgment of divorce:_____ (I need Certified Copy of Judgment)

County of Divorce: _____

Your Religion: _____

Occupation: _____;

Employer's Name: _____

Salary (yearly/annual earnings) $_____.

Height: _____; Weight: _____;

Hair Color: _____; Eye Color: _____

Highest Grade/Degree of Education: _____

Race: _____

Ethnicity: _____

Physical Health (excellent/good/fair/poor): _____

Mental Health (excellent/good/fair/poor): _____

Diagnosed Conditions: _____

Adoptive Parent's #2 (or birth parent keeping child) 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:**_____

State of Birth: _____ **City of Birth:** _____

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: _____

City Birth Mother born in: _____

Child's Biological Father:_____

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

Address_____

_____ **County of Residence**_____

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

State of Birth: _____ **City of Birth:** _____

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: _____

City Birth Father was born in: _____

Adoptive Child's Information
(if more than one, duplicate this page & fill one in for each child):

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:

_____

_____

_____

(if more than 1 child is being adopted, this is 2nd child's info)

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: _____

REQUIRED FOR ALL ADULTS OVER THE AGE OF 18 IN THE HOUSEHOLD:

Need list of all addresses that you have resided at for the past 28 years (1997 or later) as follows, or since birth if born AFTER 1973: be sure sure to include street address, city, zip & from/to years --- You must list the Month and Year and there can be NO GAPS between months/years so estimate as best you can.

(ie. 3734 St. HWY 30, Amsterdam, NY 12010 from 1/1997 to 2/1/1999
RD 2 Box 80, Broadalbin, NY from 2/1/1999 to 12/31/2012;
1 Lafayette Pl, Detroit, MI from 1/1/2013 to 12/31/2015;
3734 St. Hwy 30, Amsterdam, NY from 1/1/2026 to present)

A) List addresses/dates for Adoptive Parent:

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

C) List addresses/dates for anyone else over age of 18: (one set for each over 18)

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

~~D.R.L. §112(3)(6)~~ **~~Form 1-D~~**
~~S.S.L. §373-a~~ ~~(Child's Medical History - Agency or Private Placement)~~
~~3/2017~~

~~**FAMILY COURT OF THE STATE OF NEW YORK**~~
~~**COUNTY OF**~~
~~In the Matter of the Adoption of~~ ~~**Child's Medical History**~~
~~A Child whose First Name is~~ ~~**(Agency or Private Placement)**~~

~~File No. # _____~~

~~Docket No. # _____~~

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1. Age and date of birth of child: **(nearly yrs; D/O/B:)**

2. Has the child had any of the following illnesses or health problems:
(Where indicated, specify below or on additional sheet)

___ (AIDS Infection)
(HIV positive status)[1]
___ Allergy to foods/other substances
___ Allergy to medications (prescription or over-the-counter)
___ Asthma
___ Chicken Pox
___ Circulatory system disorders (specify):
___ Diabetes
___ Diphtheria
___ German Measles (Rubella)
___ Measles (Rubeola)
___ Hay Fever
___ Heart problems (specify):
___ Hepatitis
___ Kidney disease
___ Malaria
___ Mental/Behavioral disorders (specify):
___ Mumps
___ Parasites in stool
___ Rheumatic Fever
___ Scarlet Fever
___ Sickle Cell Anemia/Trait
___ Tuberculosis
___ Typhoid Fever
___ Urinary tract infection
___ Whooping Cough (Pertussis)
___ Other (specify):
___ Operations/Accidents/Fractures (specify):

3. Immunizations: give dates of the following: *(sheet attached)* ***Provide Shot Recs & I will fill in***
D.P.T/D.T.
Polio (oral)
Measles/Mumps/Rubella
Hemophilus Influenza B. (H.I.B.)
Heptavax/Hepatitis Immune Globulin HepA:
Influenza (Flu);

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[1] Delete inapplicable provision.

Pneumonia vaccine;
Other (specify)
Tuberculosis test (most recent/result) _____

4. List Pre-natal History:

___ First trimester bleeding
___ Toxemia (high blood pressure or protein in the urine)
___ Medications (other than vitamins or iron)
___ Diabetes or thyroid problem (specify):

Drugs (such as marijuana, heroin, methadone or amphetamines) (specify):

___ Alcohol _____[2]

Birth:

Birth weight; length _____
Apgar score: 1 min. 5 mins.
Date baby was due
Date baby was born:
Complications of delivery:
___ Premature rupture of membranes
___ Caesarian: routine ___ emergency _____
___ Excessive bleeding: abruption _____ placenta previa _____

Newborn:

___ Resuscitation required
___ Yellow jaundice:
lights _____ exchange transfusion _____
___ Infection (specify):
___ Breathing problem (specify):
___ Other (specify):

5. List congenital impairments, including physical defects, if any.

6. State present health or cause of death (give ages), if known, of:

[2]Delete inapplicable provision.

Birth father:
Birth mother:
Siblings: full:
Siblings: half:

7. If known, indicate whether birth mother had any of the following:

___ Tuberculosis
___ Diabetes
___ Mental or nervous disorder e.g., schizophrenia, depression, manic depressive illness (specify):
___ Thyroid disease
___ Stroke
___ Sickle cell anemia
___ (Aids infection) (HIV positive status)*
___ High blood pressure
___ Bleeding tendency
___ Eye or ear disorder
___ Intellectual Disability
___ Physical disability (specify):
___ Circulatory or blood disorders (specify):
___ Obesity
___ Asthma
___ Gastrointestinal disease, (e.g., gall bladder, ulcer, irritable bowel disorder) (specify):
___ Breast cancer
___ Colon cancer
___ Cancer, other (specify):
___ Arthritis or rheumatism
___ Kidney disease (specify):
___ Alcoholism or other substance abuse (specify):
___ Developmental disorder (e.g., learning disability, (attention deficit)(specify):
___ Other (specify):

8. If known, indicate whether birth father had any of the following:

___ Tuberculosis
___ Diabetes
___ Mental or nervous schizophrenia, depression, manic depressive illness (specify):
___ Thyroid disease
___ Stroke
___ Sickle cell anemia
___ Asthma
___ Gastrointestinal disease (e.g., gall bladder, ulcer, irritable bowel disorder) (specify):
___ Colon cancer
___ Cancer, other (specify):

___ (AIDS infection)
(HIV positive status)*

___ High blood pressure
___ Bleeding tendency
___ Eye or ear disorders
___ Retardation: mental
___ Physical disability (specify)
___ Circulatory or blood disorders (specify):
___ Obesity

___ Arthritis or rheumatism
___ Kidney disease (specify):
___ Alcoholism or other substance abuse (specify):

___ Developmental disorder (e.g., learning disability, attention deficit disorder) (specify):
___ Other (specify):

Indicate source for information about child's medical history and the source(s) for information about medical history of birth father and birth mother and whether from direct or indirect source: **Information obtained from own personal knowledge and from birth father and medical records of child.**

Completed by (state official title, if any): _____
Name of person who completed form.

_____

~~Dated: _____~~

_____
~~_____, Petitioner~~

_____
_____
~~_____, Petitioner~~

_____
_____

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