**\*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:**

1. **Savings Account Balance**: Name Bank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Balance Amt $\_\_\_\_\_\_\_\_\_\_\_\_
2. **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:**

1. **Savings Account Balance**: Name Bank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Balance Amt $\_\_\_\_\_\_\_\_\_\_\_\_
2. **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. # ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_~~

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) \_\_\_ Hepatitis

(HIV positive status)[[1]](#footnote-1) \_\_\_ Kidney disease

\_\_\_ Allergy to foods/other \_\_\_ Malaria

substances \_\_\_ Mental/Behavioral disorders (specify):

\_\_\_ Allergy to medications \_\_\_ Mumps

(prescription or over- \_\_\_ Parasites in stool

the-counter) \_\_\_ Rheumatic Fever

\_\_\_ Asthma \_\_\_ Scarlet Fever

\_\_\_ Chicken Pox \_\_\_ Sickle Cell Anemia/Trait

\_\_\_ Circulatory system \_\_\_ Tuberculosis

disorders (specify): \_\_\_ Typhoid Fever

\_\_\_ Diabetes \_\_\_ Urinary tract infection

\_\_\_ Diphtheria \_\_\_ Whooping Cough (Pertussis)

\_\_\_ German Measles (Rubella) \_\_\_ Other (specify):

\_\_\_ Measles (Rubeola) \_\_\_ Operations/Accidents/Fractures

\_\_\_ Hay Fever (specify):

\_\_\_ Heart problems (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);

Pneumonia vaccine;

Other (specify)

Tuberculosis test (most recent/result) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. List Pre-natal History:

\_\_\_ First trimester bleeding **­­** Drugs (such as marijuana,

\_\_\_ Toxemia (high blood pressure heroin, methadone or

or protein in the urine) amphetamines) (specify):

\_\_\_ Medications (other than

vitamins or iron) \_\_\_ Alcohol \_\_\_\_\_\_\_\_\_[[2]](#footnote-2) \_\_\_ Diabetes or thyroid

problem (specify):

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:

Birth father:

Birth mother:

Siblings: full:

Siblings: half:

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

\_\_\_ Tuberculosis \_\_\_ Asthma

\_\_\_ Diabetes \_\_\_ Gastrointestinal disease,

\_\_\_ Mental or nervous (e.g., gall bladder, ulcer, disorder e.g., irritable bowel disorder)

schizophrenia, (specify):

depression, manic

depressive illness

(specify):

\_\_\_ Breast cancer

\_\_\_ Thyroid disease \_\_\_ Colon cancer

\_\_\_ Stroke \_\_\_ Cancer, other (specify):

\_\_\_ Sickle cell anemia

\_\_\_ (Aids infection) \_\_\_ Arthritis or rheumatism

(HIV positive status)\* \_\_\_ Kidney disease

\_\_\_ High blood pressure (specify):

\_\_\_ Bleeding tendency \_\_\_ Alcoholism or other substance

\_\_\_ Eye or ear disorder abuse (specify):

\_\_\_ Intellectual Disability \_\_\_ Developmental disorder

\_\_\_ Physical disability (specify): (e.g., learning disability,

\_\_\_ Circulatory or blood (attention deficit)(specify):

disorders (specify):

\_\_\_ Obesity \_\_\_ Other (specify):

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

\_\_\_ Tuberculosis \_\_\_ Asthma

\_\_\_ Diabetes \_\_\_ Gastrointestinal disease

\_\_\_ Mental or nervous (e.g., gall bladder, ulcer, schizophrenia, irritable bowel disorder)

depression, manic (specify):

depressive illness

(specify):

\_\_\_ Thyroid disease \_\_\_ Colon cancer

\_\_\_ Stroke \_\_\_ Cancer, other

\_\_\_ Sickle cell anemia (specify):

\_\_\_ (AIDS infection)

(HIV positive status)\* \_\_\_ Arthritis or rheumatism

\_\_\_ Kidney disease

(specify):

\_\_\_ High blood pressure \_\_\_ Alcoholism or other substance

\_\_\_ Bleeding tendency abuse (specify):

\_\_\_ Eye or ear disorders

\_\_\_ Retardation: mental

\_\_\_ Physical disability \_\_\_ Developmental disorder

(specify) (e.g., learning disability,

\_\_\_Circulatory or blood attention deficit disorder)

disorders (specify): (specify):

\_\_\_ Obesity \_\_\_ 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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1. Delete inapplicable provision. [↑](#footnote-ref-1)
2. Delete inapplicable provision. [↑](#footnote-ref-2)