

# GUZIK LAW OFFICE, P.A.

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## STEPARENT ADOPTION QUESTIONNAIRE

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

### I. PARENT INFORMATION

#### ADOPTIVE PARENT # 1/STEPARENT

Full name (first, middle and last): \_\_\_\_\_

Maiden name and/or all former names: \_\_\_\_\_

Current residential address: \_\_\_\_\_  
\_\_\_\_\_

County of residence: \_\_\_\_\_

List all of your past residences for the past 5 years:

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

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Best way to contact:  Mail;  Home phone;  Work phone;  Cell phone;  Email

Date of birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Length of residence in Minnesota: \_\_\_\_\_ Faith/Religion: \_\_\_\_\_

Highest level of education: \_\_\_\_\_ Year completed: \_\_\_\_\_

Present health: \_\_\_\_\_ Physician/Clinic: \_\_\_\_\_

Present or past United States Military service? \_\_\_\_\_

Relationship to child, if any: \_\_\_\_\_

ADOPTIVE PARENT #2/CHILD'S PARENT

Full name (first, middle and last): \_\_\_\_\_

Maiden name and/or all former names: \_\_\_\_\_

Current residential address: \_\_\_\_\_  
\_\_\_\_\_

County of residence: \_\_\_\_\_

List all of your past residences for the past 5 years:

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Length of residence in Minnesota: \_\_\_\_\_ Faith/Religion: \_\_\_\_\_

Highest level of education: \_\_\_\_\_ Year completed: \_\_\_\_\_

Present health: \_\_\_\_\_ Physician/Clinic: \_\_\_\_\_

Present or past United States Military service? \_\_\_\_\_

Relationship to child, if any: \_\_\_\_\_

**MARRIAGE INFORMATION**

Date and place of marriage: \_\_\_\_\_

**OTHER PARENT**

Does the child have another parent who is known and whose rights have not been terminated? \_\_\_\_\_ Other parent's name: \_\_\_\_\_

Other parent's address: \_\_\_\_\_

Other parent's DOB: \_\_\_\_\_ Other parent's SSN: \_\_\_\_\_

Does the other parent consent to this adoption? \_\_\_\_\_

**II. CHILD TO BE ADOPTED**

Child's full name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_ Child's county of birth: \_\_\_\_\_

City and State of Child's birth: \_\_\_\_\_

Biological mother's full name: \_\_\_\_\_

Biological mother's date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Have the biological mother's rights been terminated? \_\_\_\_\_

Biological father's full name: \_\_\_\_\_

Biological father's date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Have the biological father's rights been terminated? \_\_\_\_\_

Child's address (if not the same as prospective parents): \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_

How long has child resided in that home? \_\_\_\_\_

Will the child's name be changed as part of this adoption? \_\_\_\_\_

Child's new name (First Middle Last) \_\_\_\_\_

Does the child own any real estate? \_\_\_\_ If so, describe: \_\_\_\_\_

Does the child own any personal property, including bank accounts, or anything else valued over \$100.00? \_\_\_\_ If so, describe: \_\_\_\_\_

List Child's residential addresses for the past 5 years:

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

Other names used by Child:

\_\_\_\_\_

### III. OTHER RESIDENTS OF HOUSEHOLD

Full name (first, middle and last): \_\_\_\_\_

Maiden name and/or all former names: \_\_\_\_\_

Current residential address: \_\_\_\_\_

\_\_\_\_\_

County of residence: \_\_\_\_\_

List their residences for the past 5 years.

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Date of birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Relationship to Parent #1:

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Relationship to Parent #2:

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Relationship to child:

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Full name (first, middle and last):

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Maiden name and/or all former names: \_\_\_\_\_

Current residential address: \_\_\_\_\_

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County of residence: \_\_\_\_\_

For the past 5 years, please list all of your addresses:

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Date of birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Relationship to Parent #1:

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Relationship to Parent #2:

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Relationship to child:

**IV. CRIMINAL BACKGROUND CHECK**

Parent #1 criminal history, if any:

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Parent #2 criminal history, if any:

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Other resident criminal history, if any:

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