



AGENCY ADOPTION

Today's date: _____

How did you hear about our services? _____

MN: _____ ND: _____

BACKGROUND INFORMATION

YOU:

SPOUSE:

Full Name:		Full Name:	
Former Name(s):		Former Name(s):	
Address:		Address:	
Email:		Email:	
Phone:		Phone:	
Employer:		Employer:	
Employer's Phone:		Employer's Phone:	
Average Yearly Income:		Average Yearly Income:	
Date of Birth:		Date of Birth:	
Place of Birth:		Place of Birth:	
Marriage Date:		Marriage Date:	
Place of Marriage:		Place of Marriage:	

What was your address when child was born? _____

City: _____ County: _____ State: _____ In city limits? _____

How long have you and your spouse known the child? _____

How long have you and your spouse known each other? _____

How long have you lived with your spouse? _____

How long has the child lived with you? _____

How long have you lived in ND/MN? _____

How long has your spouse lived in ND/MN? _____

Do you have other children (Name/DOB/Other parent)? _____

Does your spouse have other children (Name/DOB/Other parent)? _____

Why do you want to adopt? _____

Anything else of importance, or you want an attorney to know: _____

**BIOLOGICAL PARENTS
(IF KNOWN)**

MOTHER:

FATHER:

Full Name:		Full Name:	
Former Name(s)?		Former Name(s)?	
Date of Birth:		Date of Birth:	
Place of Birth:		Place of Birth:	
Address:		Address:	
Email:		Email:	
Phone:		Phone:	
Employer:		Employer:	



BIOLOGICAL MOTHER

When did mother last see the child in person? _____

When did mother last speak to the child? _____

When was mother last involved in the child's life? _____

Has mother attempted to establish a relationship with the child? _____

If yes, explain: _____

Why did mother fail to be involved with the child? _____

When did mother last send a gift or card? _____

Child support established? _____ County: _____ State: _____

Current? _____ Arrears amount: _____ Last payment: _____

Has parent ever sent money? _____ Amount: _____ Last payment: _____

Has mother's rights been terminated? _____

If yes, when, where, etc. _____

BIOLOGICAL FATHER

When did father last see the child in person? _____

When did father last speak to the child? _____

When was father last involved in the child's life? _____

Has father attempted to establish relationship? _____

If yes, explain: _____

Why did father fail to be involved with the child? _____

When did father last send a gift or card? _____

Child support established? _____ County: _____ State: _____

Current? _____ Arrears amount: _____ Last payment: _____

Has parent ever sent money? _____ Amount: _____ Last payment: _____



Has father's rights been terminated? _____

If yes, when, where, etc. _____

CHILD

Current Name: _____

Date of birth: _____ Age: _____

Place of birth: City: _____ County: _____ State: _____

New Name: _____

Any property? _____ Amount: _____

AGENCY

Name of Agency: _____

Address: _____

Phone number: _____

Person you have dealt with: _____

How far are you in the adoption process? _____

Has a home study been completed? _____

What else should we know? _____

MISCELLANEOUS

Is the child in the care of any social services agency? _____

If so, which state and county? _____

Have you or the other parent completed any forms for the adoption to be approved by social services? _____

If so, please state what forms. _____

Has a father's registry search been completed? (MN only) _____

