



AGENCY ADOPTION

Today's date: \_\_\_\_\_

How did you hear about our services? \_\_\_\_\_

MN: \_\_\_\_\_ ND: \_\_\_\_\_

BACKGROUND INFORMATION

YOU:

SPOUSE:

Full Name:		Full Name:	
Pronouns:		Pronouns:	
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) \_\_\_\_\_

