



Adoption Intake Form

MINOR TO BE ADOPTED

Name (First, Middle, Last): _____

Name of Biological Mother (First, Middle, Last): _____

Name of Biological Father (First, Middle, Last): _____

List addresses where the child has lived for the previous 5 years with dates:

Date child began residing with the petitioner(s) : _____

Social Security Number: _____

Date of Birth: _____

Birthplace (city, county, state): _____

Sex: _____

Property and value: _____

Education: _____

Full Name of child after adoption (First, Middle, Last): _____

Native American decent? Yes No

Is the minor living in the home of the petitioner(s)? Yes No

If so, what date did the minor begin living there?: _____

If the minor is not residing at the home of the Petitioner(s), name where the child is currently residing:

BIOLOGICAL PARENT/FIRST PETITIONER

(Fill out if you are the biological parent (if step parent adoption) or the adoptive parent)

Full Name (First, Middle, Last): _____

Address: _____

County: _____

Length of time at address above: _____

e-mail: _____

Relationship to Petitioner(s): _____

Social Security Number: _____

Birthdate: _____

Birthplace: _____

Race: _____

Origin or decent: _____

Of Hispanic decent? Yes No

Please specify: _____

Education: _____

Highest grade level completed: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

e-mail address: _____

Married? Yes No

Date of marriage: _____

Place of marriage: _____

Former names/maiden name: _____

Employer: _____

Length of employment: _____

Position: _____

Business/industry: _____

Employer's address: _____

Previous employer: _____

Length of employment: _____

Gross monthly income: _____

OTHER INCOME

Source/amount: _____

Source/amount: _____

CHILDREN OF CURRENT MARRIAGE/RELATIONSHIP

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

CHILDREN OF DIFFERENT MARRIAGE/RELATIONSHIP

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Have you ever been arrested? Yes No

Are you in good health? Yes No

Explain any chronic illnesses, past future surgeries, medications you are currently taking and other relevant health information

Do you have a history of alcohol or drug abuse? Yes No

Other important information: _____

Who was the physician who delivered the child to be adopted by petitioner?:

What was your residence at the time of the child's birth?:

SECOND PETITIONER

Full Name (First, Middle, Last): _____

Address: _____

County: _____

Length of time at address above: _____

Birthdate: _____

Birthplace: _____

e-mail: _____

Race: _____

Origin or decent: _____

Of Hispanic decent? Yes No

Please specify: _____

Education: _____

Highest grade level completed: _____

Social Security Number: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

e-mail address: _____

Former names: _____

Employer: _____

Length of employment : _____

Position: _____

Business/industry: _____

Employer's address: _____

Previous employer: _____

Length of employment: _____

Gross monthly income: _____

OTHER INCOME

Source/amount: _____

Source/amount: _____

Date of marriage: _____

Place of marriage: _____

Previous marriage: _____

Ended by: _____

CHILDREN OF CURRENT MARRIAGE/RELATIONSHIP

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

CHILDREN OF DIFFERENT MARRIAGE/RELATIONSHIP

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Have you ever been arrested? Yes No

Are you in good health? Yes No

Explain any chronic illnesses, past future surgeries, medications you are currently taking and other relevant health information

Do you have a history of alcohol or drug abuse? Yes No

Other important information: _____

INFORMATION OF BIRTH PARENTS

Full Name (First, Middle, Last): _____

Relationship to child: _____

Address: _____

Length of time at address above: _____

Age: _____

Birthdate: _____

Birthplace: _____

Education: _____

Social Security Number: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Is an Agency involved? Yes No

If yes, please provide, name of agency, contact name, address, and phone number:

HOW DID YOU HEAR ABOUT MCDANIEL LAW GROUP, LLC?

Please Circle one:

Business Card

Internet search

Website

Referral

Other

Please explain: _____