

## ADOPTION EVALUATION PERSONAL HISTORY QUESTIONNAIRE

*Please answer all questions completely. Use additional 8 ½ X 11 paper as needed.*

*You are responsible for providing updates if any information changes.*

### Identifying Information: ADULT

Your Name: \_\_\_\_\_  
First
Middle
Last
Maiden / Other Name(s) by which you are known

Present Address: \_\_\_\_\_  
Street
Apt. #
City
State
Zip Code

Telephone Numbers: \_\_\_\_\_  
Home
Work
Mobile
Fax

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
Number / State

Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Relationship to the child(ren) in question:    BIOLOGICAL PARENT    STEPPARENT    OTHER

If OTHER, please explain: \_\_\_\_\_

### Residence Information

Type of Residence:    HOUSE    APARTMENT    MOBILE HOME      Do you?    OWN    RENT

# of Bedrooms / Bathrooms: \_\_\_\_\_ / \_\_\_\_\_ Monthly Payment: \$\_\_\_\_\_ Current Value: \$\_\_\_\_\_

How long at present address? \_\_\_\_\_ # of times you have moved in the last 10 years? \_\_\_\_\_

*Please attach a list of all previous addresses in last 10 years, including dates at each.*

### Your Education

School Name / Location	Date(s) of Attendance	Degree / Last Grade Completed

### Military Service & Status

Branch: \_\_\_\_\_ Dates of Active Duty: \_\_\_\_\_ Discharge Status: \_\_\_\_\_

### Marital / Relationship History

List, in chronological order, all marriages, cohabitation, long-term relationships, and/or any relationships resulting in children, including your current relationship. Use additional pages if necessary.

Name of Partner	Date of Marriage / Cohabitation	Date of Separation	Date of Divorce (if applicable)
Names of Children (if any):			
Name of Partner	Date of Marriage / Cohabitation	Date of Separation	Date of Divorce (if applicable)
Names of Children (if any):			
Name of Partner	Date of Marriage / Cohabitation	Date of Separation	Date of Divorce (if applicable)
Names of Children (if any):			

Are you presently contemplating marriage?  YES  NO

If YES, Name and Address of prospective spouse: \_\_\_\_\_

Have you ever been evaluated to be a foster or adoptive placement previously?  YES  NO

Have there been any previous foster or adoptive placements for the children in this case?  YES  NO

### Employment History

List all jobs held in the last ten years (use additional pages as needed).

Employer Name	Address, and Telephone	Supervisor	Dates of Employment	Reason for Leaving

**Monthly Income**

	<b>Gross</b>	<b>Net</b>
Employment/Self-employment:	\$ _____	\$ _____
Child Support:	\$ _____	\$ _____
Spouse Income:	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

**Health History**

If any adult involved in the case has any physical disability, chronic medical condition, or has received psychiatric, psychological, or other behavioral health treatment, evaluation, or counseling please complete the following information (*use additional pages as needed*):

Individual Treated	Treatment Provider's Name and Address	Telephone	Date(s) of Treatment

List any prescription medications you currently take: \_\_\_\_\_

Anyone involved in the case have a history of/been treated for drug or alcohol abuse?    YES    NO

If YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Criminal History**

Have you or any other person involved in the case been arrested, convicted of a felony or misdemeanor, or do they have a police or criminal action pending?    YES    NO

If YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Is any person involved in the case on probation or parole?    YES    NO

If YES, explain and provide the name, address and telephone number of the probation or parole officer:

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Has a protective order been issued against any person involved in the case?  YES  NO

If YES, please explain: \_\_\_\_\_

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Have any of the children been treated for a current or chronic health problem?  YES  NO

If YES, for what condition and by who? \_\_\_\_\_

Have any of the children received any behavioral / mental health counseling or treatment?  YES  NO

If YES, for what condition and by who? \_\_\_\_\_

**Do any individuals stay or live in your home, on full time or part time basis, that are not listed in the marital or children sections of this form?**  YES  NO

If YES, provide their names, ages, and relationship to you: \_\_\_\_\_

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**Identifying Information: CHILD(REN)** – List the child(ren) involved in the court action.

Child's Name	Date of Birth & Social Security #	School / Daycare Name & Address	Grade

What is the current allocation of parenting time between parents (*access/visitation arrangements*)?

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List all other child(ren) living in either party's home who are not involved in this case:

Child's Name	Date of Birth & Social Security #	School / Daycare Name & Address	Grade

Name, address, and telephone number of the child(ren)'s pediatrician / primary physician:

\_\_\_\_\_

Have any of the children in question been treated for a current or chronic health problem?  YES  NO

If YES, for what condition and by who? \_\_\_\_\_

Have any of the children received any psychiatric or psychological counseling or treatment?  YES  NO

If YES, for what condition and by who? \_\_\_\_\_

Do any individuals stay or live in your home, on full time or part time basis, that are not listed in the marital or children sections of this form?  YES  NO

If YES, give their names and ages: \_\_\_\_\_

**Family Violence**

Has there been violence in your relationship?  YES  NO

If YES, how often and over what period of time? \_\_\_\_\_

Has there been violence or neglect involving the children?  YES  NO

If YES, how often and over what period of time? \_\_\_\_\_

Has anyone involved in this case ever been involved with Child Protective Services?  YES  NO

If so, when and in what county? \_\_\_\_\_

**Biological Parents of The Child(ren) Being Adopted** – *Please complete as fully as possible.*FATHER: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Middle Last (Other Names by which they are known)*Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
*Street/Apt. # City State Zip Code*MOTHER: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Middle Last (Other Names by which they are known)*Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
*Street/Apt. # City State Zip Code*

**Please answer the following questions on 8 1/2 x 11-inch, letter size, paper and return with this form. Please write on only one side of the paper. Brief, concise answers are the most helpful in understanding your case. If the question does not apply to your situation you may mark N/A.**

1. How are the current adoption proceedings in the best interest of the child(ren)?
2. What do you feel are the child(ren)'s needs, strengths, and weaknesses?
3. Describe the involvement of your current spouse, prospective spouse, or cohabitant with the child(ren).
4. What activities do you enjoy with your child(ren)?
5. Describe yourself as a parent, focusing on your strengths.
6. Briefly describe your childhood, including who raised you and how. Include what resource or support your extended family is to you and the child(ren).

**References**

Attached to this form is a personal reference questionnaire. Please make copies and give the questionnaire to at least **one** extended family member and **two** unrelated individuals (**3 references total**) who know you and your child(ren) and ask them to complete them. They may use additional paper as needed, but please ask them to use only **8 1/2 x 11-inch paper** and **write on only one side**. Please inform them that the information will not be confidential and a copy will be provided to the Court and each attorney of record. Please submit no more than **three** references.