

## ADULT ADOPTION INTAKE FORM

ADOPTING PARENT NAME: \_\_\_\_\_

BIOLOGICAL/LEGAL PARENTS\*:

BIOLOGICAL MOTHER NAME: \_\_\_\_\_

BIOLOGICAL FATHER'S NAME: \_\_\_\_\_

ADOPTEE'S NAME: \_\_\_\_\_

## ADOPTIVE PARENT INFORMATION

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

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

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

US Citizen? ☐ Yes ☐ No- Country/Type of Visa \_\_\_\_\_

Race: \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

## Family

Prior Marriage: \_\_\_\_\_ Date/Place of Divorce: \_\_\_\_\_

Children From Prior Marriage: Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Children From Prior Marriage: Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Children From Prior Marriage: Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ Date/Place of Marriage: \_\_\_\_\_

Have you ever ben a respondent in a proceeding concerning allegedly:

Neglected Children: ☐ NO ☐ YES- Date/Court/Disposition: \_\_\_\_\_

Abandoned Children: ☐ NO ☐ YES- Date/Court/Disposition: \_\_\_\_\_

Delinquent Children: ☐ NO ☐ YES- Date/Court/Disposition: \_\_\_\_\_

## REASON FOR ADOPTION

Please provide the reason why you would like to adopt the adult:

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Relationship with the adoptee? (i.e. step-child, etc.)

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## BIOLOGICAL/LEGAL PARENT

Full Name:

*Last* *First* *M.I.*

Address:

*Street Address* *Apartment/Unit #*

*City* *State* *ZIP Code*

Phone:

Cell:

Work:

Email Address:

Social Security Number:

Date of Birth:

Place of Birth:

Height:

Weight:

Hair Color:

Eye Color:

US Citizen? ☐ Yes ☐ No -Country/Type of VISA

Religion:

Race:

Nationality:

## Family

Prior Marriage:

Date/Place of Divorce:

Children From Prior Marriage: Name:

Date of Birth:

Children From Prior Marriage: Name:

Date of Birth:

Children From Prior Marriage: Name:

Date of Birth:

SPOUSE:

Date/Place of Marriage:

## BIOLOGICAL PARENT

Date of Last Contact with Adoptee:

Does biological parent currently pay child support? Yes No If yes, it is pursuant to a Court Order\*? Yes No If

Yes, Court/State/County of Court:

Is payment direct or through Support Collection Unit (SCU):

\*Provide a Copy of Court Order.

## BIOLOGICAL /LEGAL PARENT WHOSE RIGHTS ARE BEING TERMINATED

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

IF LEGAL PARENT DECEASED, DATE OF DEATH: \_\_\_\_\_

## ADULT ADOPTEE'S INFORMATION

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_. LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

NAME ON BIRTH CERTIFICATE: MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

PHONE NUMBER: (WORK) \_\_\_\_\_. (CELL): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LEGAL MOTHER (on birth certificate) : \_\_\_\_\_

Last Known Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

LEGAL FATHER: (on birth certificate): \_\_\_\_\_

Last Known Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Why is the adoption being requested?

FROM ADOPTEE:

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

FROM ADOPTIVE PARENT:

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

If biological parent is deceased, does Adoptee wish that parent's name remain on Birth Certificate? Yes No

**DOES ADOPTEE WANT TO CHANGE NAME?** ☐ NO ☐ YES New Name: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NAME: \_\_\_\_\_

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT LEGAL NAME: \_\_\_\_\_

## DOCUMENTS REQUIRED:

1. Copy of Driver's License
2. If not born in US, copy of passport or Visa
3. Copies of adoptive parent's marital documents: marital certificate(s) divorce decree(s), death certificate(s) for prior marriages of parent(s)
4. Copies of adoptive parent's civil marriage certificate.
5. Copies of driver's licenses for adoptive parent(s) and adult adoptees or government issued identification
6. **ORIGINAL BIRTH CERTIFICATE OF ADOPTEE**

Date: \_\_\_\_\_

The information provided to the Law Office of Faith Getz Rousso, P.C. (“the Law Office”) is true and accurate. In the event that this information changes in the course of the representation, I agree to provide the Law Office updated information.

I understand The Law Office of Faith Getz Rousso, P.C. will be submitting the information provided on this form to the court in furtherance of an application for qualification as a prospective adoptive parent or to as an adoptive parent.

If inaccurate information is provided to The Law Office of Faith Getz Rousso, P.C. then the Law Office of Faith Getz Rousso, P.C. reserves the right to bill at billing rate agreed upon in executed fee agreement for all time spent re-drafting and filing revised documents.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name