

Please complete Intake form. Please provide copy to social worker to prepare for home study.

## TYPE OF ADOPTION

|   |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| Private Adoption?                             | YES <input type="checkbox"/> | NO <input type="checkbox"/> |   |
| Agency Placement?                             |                              |                             | Name of Agency: _____   |
| Step –Parent/2 <sup>ND</sup> Parent Adoption? | <input type="checkbox"/>     | <input type="checkbox"/>    | CHILD'S NAME: _____ DOB: _____<br>Biological Parent: _____<br>Adoptive Parent: _____<br>Fertility Clinic/Donor: _____ |
| International Re-Adoption?                    | <input type="checkbox"/>     | <input type="checkbox"/>    | Country / Type of VISA _____  |

## ADOPTIVE PARENT INFORMATION

|  |                      |
|--|----------------------|
| Full Name: _____   | Date of Birth: _____ |
| <i>Last</i> _____ <i>First</i> _____ <i>M.I.</i> _____   |                      |
| Maiden Name/Alias: _____   |                      |
| Address: _____   |                      |
| <i>Street Address</i> _____ <i>Apartment/Unit #</i> _____  |                      |
| _____  |                      |
| <i>City</i> _____ <i>State</i> _____ <i>ZIP Code</i> _____   |                      |
| Phone: _____ Cell: _____ Work: _____   |                      |
| Email Address: _____ Social Security Number: _____   |                      |
| Date of Birth: _____ Place of Birth: _____   |                      |
| Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____   |                      |
| US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No- Country/Type of Visa _____                                       |                      |
| Religion? _____  |                      |
| Have you served in US Armed Forces? <input type="checkbox"/> NO <input type="checkbox"/> YES-Which branch: _____ Discharge date: _____ |                      |
| Have you applied to be a certified adoptive parent? <input type="checkbox"/> NO <input type="checkbox"/> YES- Court _____ Date _____   |                      |

## Family

|                 |  |
|-----------------|--|
| MARTIAL STATUS: | Single   |
|                 | Separated: Date of Separation: _____                             |
|                 | Divorced: Prior Spouse Name: _____; Date/Place of Divorce: _____ |
|                 | Children from prior marriage: Names/Date of Birth: _____         |
|                 | Married: Spouse: _____ Date/Place Marriage: _____                |
|                 | Children: Names/Date of Birth: _____                             |

### FAMILY MEMBERS:

|                       |            |                   |                       |
|-----------------------|------------|-------------------|-----------------------|
| Mother's Name: _____  | Age: _____ | Occupation: _____ | Marital Status: _____ |
| Father's Name: _____  | Age: _____ | Occupation: _____ | Marital Status: _____ |
| Sibling's Name: _____ | Age: _____ | Occupation: _____ | Marital Status: _____ |

### Education

High School: \_\_\_\_\_ Degree/Yr. \_\_\_\_\_  
College: \_\_\_\_\_ Degree/Yr. \_\_\_\_\_  
Graduate \_\_\_\_\_ Degree/Yr. \_\_\_\_\_

### Employment

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Salary: \$ \_\_\_\_\_  
Prior Employer: Date: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Prior Employer: Date: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Prior Employer: Date: \_\_\_\_\_ Occupation: \_\_\_\_\_

### MEDICAL INFORMATION

Primary Physician: \_\_\_\_\_ Address: \_\_\_\_\_  
Physician /Address: \_\_\_\_\_ Diagnosis \_\_\_\_\_  
Mental Health Prof/Address: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
Have you been diagnosed/treated for a disease? ☐ NO ☐ YES  
Diagnosis/treatment \_\_\_\_\_

### Drugs/Alcohol

Prescription Drugs: \_\_\_\_\_  
Other Drug Use: \_\_\_\_\_  
Mental Health Prof/Address: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
Alcohol Use: ☐ Seldom ☐ Occasional ☐ Daily  
Cigarettes ☐ Seldom ☐ Occasional ☐ Daily \_\_\_\_\_  
Treatment for Drugs/Alcohol? ☐ NO ☐ YES-Date/Place of Treatment: \_\_\_\_\_

### CRIMINAL HISTORY

Arrested of Crime: ☐ NO ☐ YES- Date/Charge/Location/Disposition:  
DATE: \_\_\_\_\_ CHARGE: \_\_\_\_\_ COURT: \_\_\_\_\_  
\*\*\*\*\*CERTIFICATE OF DISPOSITION MUST BE ATTACHED\*\*\*\*\*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADOPTIVE PARENT INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*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? \_\_\_\_\_

Have you served in the military? ☐ No ☐ Yes- Branch: \_\_\_\_\_ Discharge Date? \_\_\_\_\_

Have you ever applied to be certified as an adoptive parent? ☐ No ☐ YES, Court: \_\_\_\_\_ Date: \_\_\_\_\_

## Family

MARITAL STATUS Single

Separated: Date of Separation: \_\_\_\_\_

Divorced: Prior Spouse Name: \_\_\_\_\_ Date/Place of Divorce: \_\_\_\_\_

Children from prior marriage: Names/Date of Birth: \_\_\_\_\_

Married: Spouse: \_\_\_\_\_ Date/Place Marriage: \_\_\_\_\_

Children? Names/Date of Birth: \_\_\_\_\_

FAMILY MEMBERS:

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Degree: Yr.

College: \_\_\_\_\_ Degree/Yr. \_\_\_\_\_

Graduate \_\_\_\_\_ Degree/Yr. \_\_\_\_\_

## Employment

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Prior Employer: Date: \_\_\_\_\_  
Prior Employer: Date: \_\_\_\_\_  
Prior Employer: Date: \_\_\_\_\_

Occupation: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Occupation: \_\_\_\_\_

### MEDICAL INFORMATION

Primary Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Physician/ Address: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Mental Health Prof/Address: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Have you been diagnosed/treated for a disease? ☐ NO ☐ YES –Diagnosis/Treatment: \_\_\_\_\_

### Drugs/Alcohol

Prescription Drugs: \_\_\_\_\_

Other Drug Use: \_\_\_\_\_

Mental Health Prof/Address: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Alcohol Use: ☐ Seldom ☐ Occasional ☐ Daily  
Cigarettes ☐ Seldom ☐ Occasional ☐ Daily \_\_\_\_\_

Treatment for Drugs/Alcohol? ☐ NO ☐ YES- Date/Place of Treatment: \_\_\_\_\_

Have you ever been arrested for a DUI/DWI? ☐ NO ☐ YES  
Date/Place/Disposition\*: \_\_\_\_\_

### CRIMINAL HISTORY

Arrested of Crime: ☐ NO ☐ YES Date/Place/Charge/Circumstances/Disposition\*: \_\_\_\_\_

### COMBINED ----FINANCIAL INFORMATION

Savings Account: \$ \_\_\_\_\_  
Checking Account: \$ \_\_\_\_\_  
Investments: \$ \_\_\_\_\_  
Retirement Accounts: \$ \_\_\_\_\_  
Life Insurance: \_\_\_\_\_

Home Value: \$ \_\_\_\_\_  
Additional Real Estate: Value \$ \_\_\_\_\_ Location: \_\_\_\_\_  
Vehicles: Type/Yr./Model/Value: \_\_\_\_\_  
Vehicles: Type/Yr./Model/Value: \_\_\_\_\_  
Boat: Type/Yr./Model/Value: \_\_\_\_\_

## References

*Please list three references. Non-family. Original letters provided to Attorney. Please provide SW copies*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

## HOME RESIDENCE

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

Bedrooms \_\_\_\_\_

Bathrooms \_\_\_\_\_

Square Footage: \_\_\_\_\_

Smoke Detectors: \_\_\_\_\_

Carbon Monoxide Detectors: \_\_\_\_\_

Swimming Pool: ☐ NO ☐ YES

Pool Fence: ☐ NO ☐ YES- Height \_\_\_\_\_ Self-Latching/Self-Closing? ☐ NO ☐ YES

Firearms or Weapons in Home? ☐ NO ☐ YES

Locking Device? ☐ NO ☐ YES

Safe/Locked Cabinet? ☐ NO ☐ YES

Additional Occupants of House:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

PETS ☐ NO ☐ YES Type: \_\_\_\_\_ Breed: \_\_\_\_\_

## 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: \_\_\_\_\_

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

## DOCUMENTS REQUIRED IN ALL COUNTIES:

1. Copy of Driver's License
2. If not born in US, copy of passport or Visa
3. Copies of marital documents: marital license, divorce decree, death certificate
4. Three (3) letters of references. Non-family member. Original Signature
5. If arrest record, copy of Certificate of Disposition(s)
6. Doctor Letter-Indicating good health (Will provide form). Original Signature
7. All mailing addresses for the last 28 years for each adult 18+ residing in home. (mo/year ---- mo/year)
8. Homestudy

## + NY/KINGS/QUEENS / WESTCHESTER COUNTIES

1. Copy of tax return

## + NY COUNTY

1. Copy of Birth Certificate
2. If born outside US, certified translation of birth certificate

## STEP-PARENT/2<sup>ND</sup> PARENT ADOPTION/Adult Adoption

1. Original birth certificate for Adoptee
2. If 2<sup>nd</sup> parent adoption: Copy of Donor Agreement
3. Name Post Adoption of the **ADOPTEE**: \_\_\_\_\_

Name-Post Adoption of the Adoptee: \_\_\_\_\_

## Re-Adoption of Foreign Adoption

1. Original Birth Certificate of Child (+Certified Translation)
2. Copy of Passport and Visa
3. Original Guardianship Documents (+Certified Translation)
4. Original Adoption Documents (+Certified Translation)
5. Home study
6. List of all expenses paid to Agency, Consulate, etc.

## AGENCY ADOPTIONS

*\*All documents signed by biological parents, Agency & Court must be received PRIOR to filing Adoption Petition.*

\*List of adoption-related expenses. Including:

AGENCY FEES

BIRTH PARENT EXPENSES

BIRTH PARENT ATTORNEY FEE

First Name Middle Name Maiden Name Last Name

DATE OF BIRTH : Month Day Year

MUST PROVIDE ALL MAILING ADDRESSES FOR THE LAST 28 YEARS...  
FOR EACH ADULT 18+ THAT RESIDES IN HOUSE.

| Street Address | Apt # | City/Town | State | Zip Code | Mo/Year | Mo/Year |
|----------------|-------|-----------|-------|----------|---------|---------|
|                |       |           |       |          |         | PRESENT |
|                |       |           |       |          |         |         |
|                |       |           |       |          |         |         |
|                |       |           |       |          |         |         |
|                |       |           |       |          |         |         |
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|                |       |           |       |          |         |         |
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|                |       |           |       |          |         |         |
|                |       |           |       |          |         |         |
|                |       |           |       |          |         |         |

Names/ Date of Birth of all members of household:

| NAME  | DATE OF BIRTH |
|-------|---------------|
| _____ | _____         |
| _____ | _____         |
| _____ | _____         |

First Name Middle Name Maiden Name Last Name

DATE OF BIRTH : Month Day Year

MUST PROVIDE ALL MAILING ADDRESSES FOR THE LAST 28 YEARS...  
FOR EACH ADULT 18+ THAT RESIDES IN HOUSE.

| Street Address | Apt # | City/Town | State | Zip Code | Mo/Year | Mo/Year |
|----------------|-------|-----------|-------|----------|---------|---------|
|                |       |           |       |          |         | PRESENT |
|                |       |           |       |          |         |         |
|                |       |           |       |          |         |         |
|                |       |           |       |          |         |         |
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|                |       |           |       |          |         |         |
|                |       |           |       |          |         |         |
|                |       |           |       |          |         |         |

Names/ Date of Birth of all members of household:  
NAMES DATE OF BIRTH

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



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

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

DATE OF PHYSICAL EXAM: \_\_\_\_\_

I, \_\_\_\_\_ have examined the above named  
(Examining Physician)  
Patient. He/She is in good physical and mental health  
without any disabilities or conditions that would interfere  
with his/her ability to parent an adopted child to adulthood.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Doctor Signature *(ORIGINAL SIGNATURE REQUIRED)*

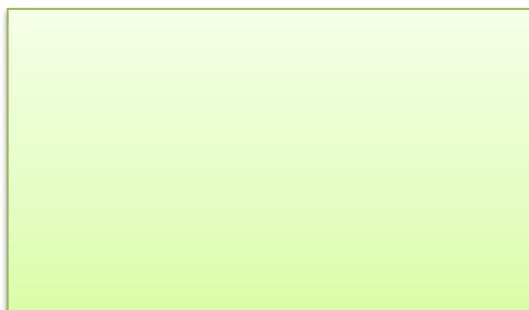
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address/Telephone Number

*Office Stamp:*



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

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

DATE OF PHYSICAL EXAM: \_\_\_\_\_

I, \_\_\_\_\_ have examined the above named  
(Examining Physician)  
Patient. He/She is in good physical and mental health  
without any disabilities or conditions that would interfere  
with his/her ability to parent an adopted child to adulthood.

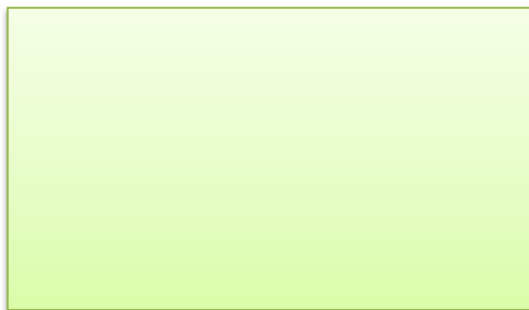
DATE: \_\_\_\_\_

Doctor Signature *(ORIGINAL SIGNATURE REQUIRED)*

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

Address/Telephone number

*Office Stamp:*



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

## Letters of References

How many are required? 3 (in total)

Who can submit the letter of reference?

- Non-family member
- Close friend/clergy/co-worker /neighbor
- Friends that you spend a lot of time with you, especially those with children or have seen you interact with children

What must be included?

- Date of letter (Must remain current for 1 year)
- Name and contact information.
- *Signature must be original; although the letter may be printed on a computer.*

Why are the letters necessary?

- The Court requires the letters to issue a certification as a qualified adoptive parent
- Must be incorporated into home study evaluation (please give Social Worker copies of letters)

Who should the letters be sent to?

- Letters may be sent directly to Faith Getz Rousso, Esq., 377 Oak Street, Suite 104, Garden City, NY 11530;
- Client **must** provide originals to the office.

What should the letter say?

- How do they know you? (i.e. co-worker, neighbor, college friend, etc.)
- How long do they know you?
- Info about your character
- Your strengths. (i.e. caring, kind, reliable, genuine...)
- Attributes you may have that would be fitting for parenting a child (i.e. patient, trustworthy, loving ...)
- If applies, their observations of you interacting with children
- In their opinion, you will be a good parent