

ADOPTION INTAKE FORM

Type: PRIVATE___ STEP-PARENT___ D.C.S. ___ [CASE MANAGER _____]

PARENTAL INFORMATION:

Full Name of Adopting/Natural Father: _____ Race: _____

Date of Birth: _____ SS# _____

Usual Occupation: _____ Kind of Business or Industry : _____

Birthplace: (City, County, State or Foreign Country) _____

Full Name of Adopting/Natural Mother: _____ Race: _____

Date of Birth: _____ SS# _____

Usual Occupation: _____ Kind of Business or Industry : _____

Birthplace: (City, County, State or Foreign Country) _____

Maiden Name: _____ Date of Marriage: _____

Place of Marriage (City, County, State): _____

HAS EITHER ADOPTIVE PARENT EVER BEEN CONVICTED OF ANY OF THE FOLLOWING FELONIES? YES or NO

Murder; Causing or Assisting Suicide; Voluntary manslaughter; Reckless homicide; Battery as a felony; Aggravated battery; Kidnapping; Criminal confinement; A felony sex offense; Car jacking; Arson; Incest; Neglect of a dependent; Child selling; A felony involving a weapon; A felony relating to controlled substances; An offense relating to material or a performance that is harmful to minors or obscene; A felony that is substantially equivalent to a felony as listed above for which the conviction was entered in another state.

CHILD INFORMATION:

1st Child's Name At Birth: _____ Race: _____

S.S.N: _____ Sex: _____ Date of Birth: _____

Birthplace Of Child (City, County, State or Foreign Country) _____

Since What Date Has the Child Resided With You? _____

Child's Name To Be Changed To: _____

2nd Child's Name at Birth: _____ **Race:** _____

S.S.N: _____ Sex: _____ Date of Birth: _____

Birthplace of Child: (City, County, State or Foreign Country) _____

Since What Date Has The Child Resided With You? _____

Child's Name To Be Changed To: _____

3rd Child's Name at Birth: _____ **Race:** _____

S.S.N: _____ Sex: _____ Date of Birth: _____

Birthplace: (City, County, State or Foreign Country) _____

Since What Date Has The Child Resided With You? _____

Child's Name To Be Changed To: _____

NATURAL PARENTS INFORMATION:

Full Name of Natural Father: _____

Address: _____

Maiden Name of Natural Mother: _____

Address: _____

QUESTIONS:

YES NO DATE/EXPLANATION

Have Parental Rights Been Terminated? _____

Do Parents Consent to Adoption? _____

Last Time Parent(s) Visited Child? _____

Parent Supported Child in Last Year? _____

Is there a Support Case? _____