

ADULT ADOPTION QUESTIONNAIRE

CALHOUN COUNTY 37th CIRCUIT COURT

Name of Adult Adoptee:

Name AFTER adoption:

First Middle Last First Middle Last

____ Female ____ Male Date of Birth: _____

Contact information: Phone No.: _____ Email: _____

Present Address: _____

BIRTH MOTHER INFORMATION:

First Middle Last Name before 1st Marriage Date of Birth
(If applicable)

Present address: _____
No. Street Apt # City State Zip Code

LEGAL FATHER INFORMATION:

First Middle Last Date of Birth

Present address: _____
No. Street Apt # City State Zip Code

PROPOSED ADOPTIVE PARENT(S) INFORMATION:

#1: _____
First Middle Last Date of Birth Female Male

Present address: _____
No. Street Apt # City State Zip Code

Contact information: Home#: _____ Cell#: _____

Work#: _____ Email address: _____

Employer's Name/Address/phone number:

#2: _____
First Middle Last Date of Birth

Female Male

Present address: _____
No. Street Apt # City State Zip Code

Contact information: Home#: _____ Cell#: _____

Work#: _____ Email address: _____

Employer's Name/Address/phone number:

FURTHER INFORMATION:

Have either of the proposed adoptive parent(s) had any contact with Children's Protective Services? ___yes ___no

If yes, Date: _____

Have either of the proposed adoptive parents ever been convicted in a criminal proceeding, imprisoned, or placed on probation or parole? ___ yes ___ no If yes, give details including date, place, nature offense/disposition:

Brief reason for adoption:

REFERENCES: The letters MUST be attached to this questionnaire

Please list individuals (not relatives) who have known you well enough to write a letter to the court on your behalf.

1. Name: _____ Phone Number: _____

Present address: _____
Street Apt # City State Zip Code

2. Name: _____ Phone Number: _____

Present address: _____
Street Apt # City State Zip Code

I HAVE EXAMINED THIS ADOPTION QUESTIONNAIRE AND THE CONTENTS ARE TRUE. THIS FORM AND LETTERS MUST BE SUBMITTED TO THE COURT WITH THE PETITION FOR ADOPTION.

Date

Signature of Adult Adoptee

Date

Signature of proposed adoptive parent

Date

Signature of proposed adoptive parent