

**ADOPTION QUESTIONNAIRE**  
**CALHOUN COUNTY 37<sup>th</sup> CIRCUIT COURT**

**Name of child:**

**Name AFTER adoption:**

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
First Middle Last

\_\_\_\_ Female    \_\_\_\_ Male    Date of Birth: \_\_\_\_\_

**BIRTH MOTHER INFORMATION:**

\_\_\_\_\_  
First Middle Last Date of Birth

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

Contact Information: Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer's Name/Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ If self-employed, name and type of business: \_\_\_\_\_

**LEGAL FATHER INFORMATION:**

\_\_\_\_\_  
First Middle Last Date of Birth

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

Contact Information: Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer's Name/Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ If self-employed, name and type of business: \_\_\_\_\_

**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: \_\_\_\_\_

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

**FURTHER INFORMATION:**

Date adoptive parent(s) and child(ren) began living together: \_\_\_\_\_

Brief reason for adoption: \_\_\_\_\_  
\_\_\_\_\_

Have the birth parents or proposed adoptive parent(s) had any contact with Children's Protective Services?  yes  no  
If yes, Date: \_\_\_\_\_

Have 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 of offense/disposition: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES: Your 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: \_\_\_\_\_  
                          No.                  Street                  Apt #                  City                  State                  Zip Code
  
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Present address: \_\_\_\_\_  
                          No.                  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 proposed adoptive parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of proposed adoptive parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adoptee, if over the age of 14