

JOHNSON • NEWCOMB • LLP
ADOPTION QUESTIONNAIRE

NAME OF CLIENT: _____.
COURT: _____.
CASE NUMBER: _____.
DATE: _____.

I. GENERAL INSTRUCTIONS:

The answers you give on this form are for our use only in the preparation and evaluation of your adoption case. All answers are confidential; no information will be released to any unauthorized person without your consent. If you so desire, at the conclusion of your case, this interview questionnaire will be returned to you. Please be candid in answering all questions. Although some questions may ask for personal information, all questions have a legitimate purpose. These questions are aimed at getting the information necessary to prepare your case adequately and professionally.

Answer each question as fully and accurately as possible. It is very important that you immediately take time to complete this questionnaire. Our ability to efficiently process your claim depends upon the information that you supply. If you have any questions, or if anything is unclear or hard to understand, please let us know and we will do our best to assist you. Please note that we handle many types of adoptions and this form may have sections that do not apply to your circumstances. Please only fill out the sections that apply.

Finally, please type or print legibly.

II. GENERAL BACKGROUND INFORMATION:

Client's Name: _____ If wife, Maiden Name: _____
Address: _____ Length: _____
Resident of Kentucky Since: _____
Social Security Number: _____
Date of Birth: _____ Birthplace: _____
Telephone Number: (H) _____ (W) _____ (C) _____
Email Address: _____
How Many Times Married: _____
County of Divorce: _____ When Filed: _____
County of Divorce: _____ When Filed: _____

III. EMPLOYMENT INFORMATION:

Current Employer: _____
Employer's Address: _____
How Long Employed: _____
Job Duties: _____
Rate of Pay: _____ Per Hour; _____ Per Month; _____ Per Year _____

IV. CLIENT'S SPOUSE:

Spouse's Name: _____ If wife, Maiden Name: _____
Current Address: _____ Length: _____
Resident of Kentucky Since: _____
Social Security Number: _____
Date of Birth: _____ Birthplace: _____
Telephone Number: (H) _____ (W) _____ (C) _____
Email Address: _____
How Many Time Married: _____
County of Divorce: _____ When Filed: _____
County of Divorce: _____ When Filed: _____

V. EMPLOYMENT INFORMATION:

Current Employer: _____
Employer's Address: _____
How Long Employed: _____
Job Duties: _____
Rate of Pay: _____ Per Hour; _____ Per Month; _____ Per Year _____

VI. MARRIAGE OF CLIENT AND SPOUSE:

Date of Marriage: _____ County: _____ State: _____
How long has child lived in home with Step-parent: _____

VII. MOTHER OF CHILD (IF DIFFERENT):

Name: _____ If wife, Maiden Name: _____
Current Address: _____ Length: _____

Resident of Kentucky Since: _____
Social Security Number: _____
Date of Birth: _____ Birthplace: _____
Telephone Number: (H) _____ (W) _____ (C) _____
Email Address: _____

VIII. MOTHER'S EMPLOYMENT INFORMATION:

Current Employer: _____
Employer's Address: _____
How Long Employed: _____
Job Duties: _____
Rate of Pay: _____ Per Hour; _____ Per Month; _____ Per Year _____

IX. FATHER OF CHILD (IF DIFFERENT):

Name: _____
Current Address: _____ Length: _____
Resident of Kentucky Since: _____
Social Security Number: _____
Date of Birth: _____ Birthplace: _____
Telephone Number: (H) _____ (W) _____ (C) _____
Email Address: _____

X. FATHER'S EMPLOYMENT INFORMATION:

Current Employer: _____
Employer's Address: _____
How Long Employed: _____
Job Duties: _____
Rate of Pay: _____ Per Hour; _____ Per Month; _____ Per Year _____

XI. MARRIAGE OF PARENTS OF CHILD (IF APPLICABLE):

Date of Marriage: _____ County: _____ State: _____
Date of Separation: _____
Date of Divorce: _____ County of Divorce: _____ Case No. _____
Custody Arrangement: _____
Support Arrangement: _____
Last Visitation: _____
Last Support Payment Received: _____

XII. CHILD TO BE ADOPTED INFORMATION:

1. Full Legal Name of Child Prior to Adoption: _____
Date of Birth: _____ Place: _____ Age: _____
Social Security Number (if known): _____
Any Special Health or School Considerations: _____

Name of Child After Adoption: _____
Present Residence: _____
Date child began residing with adoptive parent(s): _____

2. Full Legal Name of Child Prior to Adoption: _____
Date of Birth: _____ Place: _____ Age: _____
Social Security Number (if known): _____
Any Special Health or School Considerations: _____

Name of Child After Adoption: _____
Present Residence: _____
Date child began residing with adoptive parent(s): _____

XIII. IF FOREIGN ADOPTION:

Date You Received Possession of Child: _____
Date Foreign Adoption was Granted: _____
Date You Arrived Home with Child: _____
City, State, Province, Country of Foreign Adoption: _____
Name of Private Adoption Agency: _____
Address of Private Adoption Agency: _____
Case Worker Name: _____ Telephone No. _____
Date Home Study was Completed: _____

PLEASE PROVIDE FOREIGN ADOPTION PAPERS AND TRANSLATION AND HOME STUDY, INCLUDING ANY FOLLOW-UP VISITS