

NOTE: If this document opens in a browser window, you should save it to your computer and reopen it in the correct software program prior to entering data or you may lose it. If you are having technical problems using this questionnaire, please call (866) 946-0325.

Do It Yourself Documents

Adoption Questionnaire

www.doityourselfdocuments.com

Returning the Questionnaire:

Microsoft Word & Adobe Acrobat: To return this questionnaire using secure/encrypted email, please *save this file to your computer* then [click here](#) to upload it or copy and paste the following line into your browser's address bar and click enter: <https://www.hightail.com/u/Do-It-Yourself-Documents>

Adobe Reader (free version): Use the "Submit Form" button to email your data back to our office. You should open your email browser prior to selecting this option.

Alternatively, you may return this questionnaire by fax, mail or dropping it off at one of our offices, see [Office Locations](#).

Adoption Questionnaire

Process

In order for us to process your paperwork, we will need you to complete this questionnaire. You should save this questionnaire to your desktop or somewhere on your computer that you can easily find. Once you complete the questionnaire, you can return it by seeing the section above, "Returning the Questionnaire". Upon receipt of the fully completed questionnaire and payment, your documents will be processed and sent to you within 24 hours with full instructions for signing. If you are using one of our offices to review, sign and receive your documents, we will contact you within a few business hours to schedule an appointment.

Fees:

The filing fees for this process varies from state to state and in some instances, counties have different filing fees. You should call the clerk of the court in your county to verify the exact fees, view our website or call us at (866) 946-0325.

Questions while completing this questionnaire:

If you have any questions while completing the questionnaire, please do not hesitate to contact us, either through the chat located on any page of the website or by calling us at (866) 946-0325.

Throughout this questionnaire, you will see sections as the one below this paragraph. They are for you to add any additional information you think we should know regarding the section of the questionnaire you are working on. Feel free to use them to add additional information or leave us comments to help us improve on our questionnaire.

Additional info add here:

How would you like your documents returned to you:

- Return to you by Priority Mail
- Return by secure/encrypted email
- Come to our office to sign. [View Offices Available](#); add office:

Petitioner 1 Information:

First Name:

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Middle Name:			
Last Name:			
Relation to child if any:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Registered Domestic Partnership		
	Date of marriage or registry:		
Date of Birth (mm/dd/yyyy):			
Race (Check all that apply):	Spanish/Hispanic/Latino?		
<input type="checkbox"/> White	<input type="checkbox"/> No, not Spanish/Hispanic/Latino		
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Yes, Cuban		
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes, Mexican/Mexican American/Chicano		
<input type="checkbox"/> Asian	<input type="checkbox"/> Yes, Puerto Rican		
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Other Spanish/Hispanic/Latino		
Telephone Number:	()		
E-mail Address:			
Additional info add here:			

Petitioner's Address:

Address:		County:	
City:	State:	Zip Code:	
Which county will you be filing in:			

Petitioner 2 Information (if applicable):

First Name:			
Middle Name:			
Last Name:			
Relation to child if any:			
Date of Birth (mm/dd/yyyy):			
Race (Check all that apply):	Spanish/Hispanic/Latino?		

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<input type="checkbox"/> White	<input type="checkbox"/> No, not Spanish/Hispanic/Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Yes, Cuban
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes, Mexican/Mexican American/Chicano
<input type="checkbox"/> Asian	<input type="checkbox"/> Yes, Puerto Rican
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Other Spanish/Hispanic/Latino
Date of Birth (mm/dd/yyyy):	
Telephone Number:	()
E-mail Address:	
Additional info add here:	

Does the spouse have any Native American or Alaska native Ancestry?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
If yes, include the name of any tribe(s) in spouse's ancestry and indicate whether or not spouse is a member:	
Is the parent a member of the military service on active duty?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No

Name of Child/Adult Being Adopted (Adoptee):

First Name:	
Middle Name:	
Last Name:	
Change Adoptee's Name to:	
Additional info add here:	

Does the adoptee have any Native American or Alaska native Ancestry?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
If yes, include the name of any tribe(s) in adoptee's ancestry and indicate whether or not adoptee is a member:	

Adoptee's Birth and Race Information:

Gender:	(<input type="checkbox"/>) Male (<input type="checkbox"/>) Female
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Date of Birth (<i>mm/dd/yyyy</i>):			
Time of Birth (<i>include am or pm</i>):			
Name Of Hospital:			
County:		City:	
State:			
Race (Check all that apply):		Spanish/Hispanic/Latino?	
<input type="checkbox"/> White		<input type="checkbox"/> No, not Spanish/Hispanic/Latino	
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Yes, Cuban	
<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes, Mexican/Mexican American/Chicano	
<input type="checkbox"/> Asian		<input type="checkbox"/> Yes, Puerto Rican	
<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> Other Spanish/Hispanic/Latino	

Adoptee's Special Needs and/or Medical Conditions?

Does this adoptee have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine	
Special needs basis (Check all that apply):	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Medical conditions or mental, physical, or emotional disabilities. <input type="checkbox"/> Age <input type="checkbox"/> Racial/origin background <input type="checkbox"/> Part of a Sibling group <input type="checkbox"/> Other:
Medical Conditions of Mental, Physical, or Emotional disabilities (Check all that apply):	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Mental retardation <input type="checkbox"/> Visual/hearing impaired <input type="checkbox"/> Physical disability <input type="checkbox"/> Emotional disability <input type="checkbox"/> Other medical disability:

Adoptee's Address for the past 5 years:

Complete information concerning any other places where the adoptee lived in the <i>past five years</i> , and the names and current address of the persons with whom the adoptee has lived during that period is provided here:	
1.) Adoptee resides now with (person(s)):	
<input type="checkbox"/> Adoptee has resided here since:	
<input type="checkbox"/> Address:	
2.) Adoptee resided with (person(s)):	

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From:	To:
Address:	
Person(s) now resides:	
3.) Adoptee resided with (person(s)):	
From:	To:
Address:	
Person(s) now resides:	
4.) Adoptee resided with (person(s)):	
From:	To:
Address:	
Person(s) now resides:	

Biological Mother's Information

Biological parent (MOTHER) whose parental rights are being terminated:	
<input type="checkbox"/> Yes <input type="checkbox"/> No No	Is this parent in agreement with terminating their rights? If not there may be additional costs for service fees and/or publication by newspaper depending on their whereabouts.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the parent deceased? If yes, date:
First Name:	
Middle Name:	
Current Last Name:	
Name at Birth of Adoptee:	
Race (Check all that apply):	Spanish/Hispanic/Latino?
<input type="checkbox"/> White	<input type="checkbox"/> No, not Spanish/Hispanic/Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Yes, Cuban
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes, Mexican/Mexican American/Chicano
<input type="checkbox"/> Asian	<input type="checkbox"/> Yes, Puerto Rican
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Other Spanish/Hispanic/Latino
Date of Birth (mm/dd/yyyy):	
Telephone Number:	()
E-mail Address:	

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Marital Status at the time of birth:	(<input type="checkbox"/>) Married (<input type="checkbox"/>) Single (<input type="checkbox"/>) Unable to determine
Additional info add here:	

Mother's Address:

Address:		County:	
City:	State:	Zip Code:	
Does the parent have any Native American or Alaska native Ancestry?			(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
If yes, include the name of any tribe(s) in the parent's ancestry and indicate whether or not parent is a member:			
Is the parent a member of the military service on active duty?			(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No

Biological Father's Information

Biological parent (FATHER) whose parental rights are being terminated:	
(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	Is this parent in agreement with terminating their rights? If not there may be additional costs for service fees and/or publication by newspaper depending on their whereabouts.
(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	Is the parent is deceased? If yes, date:
First Name:	
Middle Name:	
Last Name:	
Race (Check all that apply):	Spanish/Hispanic/Latino?
(<input type="checkbox"/>) White	(<input type="checkbox"/>) No, not Spanish/Hispanic/Latino
(<input type="checkbox"/>) Black or African American	(<input type="checkbox"/>) Yes, Cuban
(<input type="checkbox"/>) American Indian/Alaska Native	(<input type="checkbox"/>) Yes, Mexican/Mexican American/Chicano
(<input type="checkbox"/>) Asian	(<input type="checkbox"/>) Yes, Puerto Rican
(<input type="checkbox"/>) Native Hawaiian or Pacific Islander	(<input type="checkbox"/>) Other Spanish/Hispanic/Latino
Date of Birth (mm/dd/yyyy):	
Telephone Number:	()
E-mail Address:	
Marital Status at the time of birth:	(<input type="checkbox"/>) Married (<input type="checkbox"/>) Single (<input type="checkbox"/>) Unable to determine

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Additional info add here:	
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Father's Address:

Address:		County:
City:	State:	Zip Code:
Does the parent have any Native American or Alaska native Ancestry?		(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
If yes, include the name of any tribe(s) in the parent's ancestry and indicate whether or not parent is a member:		
Is the parent a member of the military service on active duty?		(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No

Additional Information

Has there been any other cases, legal or otherwise, involving the children? If so, please list the court, the case number, the kind of proceeding and the date of the judgment or order:

Was a foreign adoption process completed? If so, please provide a copy of the foreign adoption paperwork.

Additional info add here:	
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