

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

Step Parent 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](#).

Step Parent 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 such as the one below this paragraph. Please 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 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:

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Petitioner's Information:

Petitioner is the person adopting the child.

First Name:			
Middle Name:			
Last Name:			
Is the Petitioner in the Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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's Spouse Information:

Spouse is the biological parent of the child being adopted by the petitioner.

First Name:			
Middle Name:			

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Last Name:			
Is the Petitioner's Spouse in the Military?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No		
Gender:	(<input type="checkbox"/>) Male (<input type="checkbox"/>) Female		
Relation to child:	(<input type="checkbox"/>) Mother (<input type="checkbox"/>) Father		
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		
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:			
Telephone Number:	()		
E-mail Address:			
Additional info add here:			

Child's Information:

First Name:			
Middle Name:			
Last Name:			
Mother's Name at time of birth:			
Change Child's Name to:			
Additional info add here:			

Child's Birth and Race Information:

Gender:	(<input type="checkbox"/>) Male (<input type="checkbox"/>) Female		
Date of Birth (mm/dd/yyyy):			

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Time of Birth (09:30 a.m.)	
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
Does the child 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 child's ancestry and indicate whether or not child is a member:	

Child's Special Needs and/or Medical Conditions?

Does this child 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:

Child's Address for the past 5 years:

Complete information concerning any other places where the child lived in the **past five years**, and the names and current address of the persons with whom the child has lived during that period is provided here:

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1.) Child resides now with (person(s)):		
<input type="checkbox"/>	Child has resided here since:	
<input type="checkbox"/>	Address:	
2.) Child resided with (person(s)):		
<input type="checkbox"/>	From:	To:
<input type="checkbox"/>	Address:	
<input type="checkbox"/>	Person(s) now resides:	
3.) Child resided with (person(s)):		
<input type="checkbox"/>	From:	To:
<input type="checkbox"/>	Address:	
<input type="checkbox"/>	Person(s) now resides:	
4.) Child resided with (person(s)):		
<input type="checkbox"/>	From:	To:
<input type="checkbox"/>	Address:	
<input type="checkbox"/>	Person(s) now resides:	
Additional info add here:		

Other Biological Parent's Information

The biological parent whose parental rights are being terminated:		<input type="checkbox"/> Father	<input type="checkbox"/> Mother
<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 this parent 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	

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(<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	

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 info add here:		