

## TERMINATION - ADOPTION QUESTIONNAIRE

Date: \_\_\_\_\_

Please complete this questionnaire as completely and accurately as you can. Where appropriate, provide documents, receipts and other supporting information separately. **All information that you provide will be held in strict confidence.**

### 1. Adoptive Mother.

a. Name: \_\_\_\_\_

b. Date of birth: \_\_\_\_\_

c. Place of birth: \_\_\_\_\_

d. Social Security Number: \_\_\_\_\_

e. Driver's License Number: \_\_\_\_\_

f. Email address: \_\_\_\_\_

g. Adoptive mother maiden name: \_\_\_\_\_

### 2. Adoptive Father.

a. Name: \_\_\_\_\_

b. Date of birth: \_\_\_\_\_

c. Place of birth: \_\_\_\_\_

d. Social Security Number: \_\_\_\_\_

e. Driver's License Number: \_\_\_\_\_

f. Email address: \_\_\_\_\_

### 3. What are your telephone numbers?

a. Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

b. Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

c. Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

d. Which number do you prefer that we to contact you? \_\_\_\_\_

4. Adoptive Child.

a. Name: \_\_\_\_\_

b. Date of birth: \_\_\_\_\_

c. Place of birth: \_\_\_\_\_

d. Social Security Number: \_\_\_\_\_

e. Place of birth: \_\_\_\_\_

f. Does the adoptive child have any disabilities or special needs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Adoptive parents other children.

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

6. Birth Mother.

a. Name: \_\_\_\_\_

b. Date of birth: \_\_\_\_\_

c. Place of birth: \_\_\_\_\_

d. Social Security Number: \_\_\_\_\_

e. Driver's License Number: \_\_\_\_\_

f. Email address: \_\_\_\_\_

g. Birth mother maiden name: \_\_\_\_\_

7. Birth Father.

a. Name: \_\_\_\_\_

b. Date of birth: \_\_\_\_\_

c. Place of birth: \_\_\_\_\_

d. Social Security Number: \_\_\_\_\_

e. Driver's License Number: \_\_\_\_\_

f. Email address: \_\_\_\_\_

8. What is the date of your marriage? \_\_\_\_\_

9. How long have you lived in Texas? \_\_\_\_\_ Length in county of residence? \_\_\_\_\_

10. How long has adoptive child resided with the two of you? \_\_\_\_\_

11. Are you requesting a name change for the adoptive child? \_\_\_\_\_ If yes, what name are you requesting? \_\_\_\_\_

12. Please complete the following concerning Adoptive Mother's employment.

a. Employer: \_\_\_\_\_

b. Length of employment: \_\_\_\_\_

c. Job Title: \_\_\_\_\_

d. Street Address: \_\_\_\_\_

e. City, State, Zip: \_\_\_\_\_

f. Telephone number: \_\_\_\_\_

g. Gross salary per month or annually: \$ \_\_\_\_\_ (per \_\_\_\_\_)

13. Describe Adoptive Mother's education (schools attended, dates attended, degrees obtained):

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14. Complete the following concerning Adoptive Father's employment.

- a. Employer: \_\_\_\_\_
- b. Length of employment: \_\_\_\_\_
- c. Job Title: \_\_\_\_\_
- d. Street Address: \_\_\_\_\_
- e. City, State, Zip: \_\_\_\_\_
- f. Telephone number: \_\_\_\_\_
- g. Gross salary per month or annually: \$\_\_\_\_\_ (per \_\_\_\_\_)

15. Describe Adoptive Father's education (schools attended, dates attended, degrees obtained):

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16. Does Adoptive Mother have a will? \_\_\_\_\_

17. Does Adoptive Father have a will? \_\_\_\_\_

18. How were you referred to this office?

If an individual referred you, provide their name, address and telephone so we can thank them:

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If you found us via the Internet, which search engine or directory did you use? (Google, Yahoo, Yahoo Yellow Pages, AOL Yellow Pages, FindLaw, etc.):

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What search terms did you use to locate our website? \_\_\_\_\_

