
ADOPTION QUESTIONNAIRE

The following questions ask for basic information which KIRK & SIMAS needs to assist you in your adoption proceeding. For us to assist you well, they must be answered completely. You should be detailed in your information and attach a sheet of paper that refers to the question number if more information is required.

1. PERSONAL HISTORY:

Adoptive Mother's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Social Security #: _____ Driver's License #: _____

Birth Date: _____ Birth Place: _____

If you have been known by any other names please state the names you have been known by and the years in which the name was used. _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: _____ Occupation: _____

Adoptive Father's Full Name: _____

(If different from adoptive mother's) Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Social Security #: _____ Driver's License #: _____

Birth Date: _____ Birth Place: _____

If you have been known by any other names please state the names you have been known by and the years in which the name was used. _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: _____ Occupation: _____

2. **MARITAL INFORMATION:**

Marriage Date: _____

How long have you lived in Santa Barbara County? _____

How long have you lived in California? _____

3. **MINOR CHILDREN:**

For each minor child please state:

Name	Birth date	Sex	Where residing

Are any of the children adopted? If your answer is “yes”, state the child’s name and the jurisdiction of the adoption proceeding. Yes No _____

Do you have foster children? If your answer is “yes”, state the children’s names and how long you have had the child. Yes No _____

4. **PERSONS SHARING RESIDENCE:**

Name, age and relationship of every other person in your household not listed above:

5. MEDICAL HISTORY:

Does any person living at your address have any serious or chronic medical conditions? If your answer is “yes”, state the person’s name and a brief description of each medical condition. Yes No _____

6. LEGAL ACTIONS:

Are you a party, or do you anticipate being a party, to any legal or administrative proceeding other than this action? If your answer is “yes”, state your role and the name, jurisdiction, case number, and a brief description of each proceeding.

Yes No _____

Other than traffic offenses, has either of you ever been arrested or convicted? If your answer is “yes”, describe the circumstances, date, jurisdiction, case number and penalty.

Yes No _____

7. ADOPTIVE CHILD:

Child’s Birth Name: _____

Birth Date: _____ Sex: _____ Birth Place: _____

8. BIRTH MOTHER:

Birth Mother’s Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Birth Place: _____ Race: _____

Has Birth Mother given consent to this adoption? Yes No

Does Birth Mother have any other children? Yes No

10. BIRTH FATHER:

Birth Father's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Birth Place: _____ Race: _____

Has Birth Father given consent to this adoption? Yes No

Does Birth Father have any other children? Yes No