ADOPTION
CLIENT INTAKE QUESTIONNAIRE:

CONFIDENTIAL. Please complete every section that applies to your adoption. If a question does not apply, write "N/A." If you need more room, attach additional pages and note the question number. Do not leave required dates or names blank; if unknown, write "Unknown."

NAME OF THE CLIENT(s) / PETITIONER(s):

[__] Primary Party (Petitioner 1): _____

[__] Additional Party (Petitioner 2 / Spouse / Partner): _____

[__] Additional Party (if applicable): _____

Syndicate Plan Member ID: _____ Plan Start Date: _____

ADDRESS & CONTACTS:

Name(s): _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

Email: _____

Preferred method of contact:

[__] Phone [__] Text [__] Email

PART 1 — CASE INFORMATION

1.1 Type of adoption (check one):

[__] Stepparent Adoption [__] Domestic Partner Adoption

[__] Independent Adoption [__] Agency Adoption

[__] Relative / Kinship Adoption [__] Intercountry Adoption

[__] Adult Adoption [__] Other / Not Sure

1.2 Has any family law, custody, guardianship, juvenile dependency, or adoption case ever been filed involving the child or the child's family? [__] Yes [__] No

If yes — Court / County / State: _____

Case Number(s): _____ Year Filed: _____

Type of case and outcome: _____

1.3 Are there any current custody, visitation, or support orders for the child? [__] Yes [__] No

If yes, describe (and attach copies): _____

1.4 Will the child's name be changed? [__] Yes [__] No

New First: _____ Middle: _____ Last: _____

1.5 Does the child have a court-appointed guardian and/or conservator? [__] Yes [__] No

Name: _____

Address: _____

1.6 Months the child has lived in the Petitioner(s)' home: _____ Since (date): _____

1.7 County where you intend to file: _____

PART 2 — CHILD INFORMATION

Child's Name:

Current Legal Name — First: _____ Middle: _____

Current Legal Last Name: _____

Name on Birth Certificate (if different): _____

Proposed Name After Adoption — First / Middle / Last: _____

Birth & Description:

Date of Birth: _____ Age: _____ Sex: _____

Birthplace (City, County, State, Country): _____

Race / Ethnicity: _____ Religion: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Current Address of Child: _____

Legal Status & Placement:

Child's legal status before adoption (e.g., in parent's custody, dependent of court, freed for adoption): _____

_____

Last placement type before adoption (e.g., parent's home, relative, foster care, agency): _____

_____

Has the child ever been previously adopted? [__] Yes [__] No

If yes — County / State: _____ Case #: _____

Indian Child Welfare Act (ICWA) Inquiry:

Federal and state law require this question in every adoption. Answer based on what you know or have been told.

Is the child, or either birth parent, a member of, or eligible for membership in, a federally recognized Indian tribe, or is there any reason to believe the child may have Native American ancestry? [__] Yes [__] No

If yes or unsure — Tribe(s) / Band(s) and family member(s) with ancestry: _____

_____

Health:

Child's Regular Physician — Name: _____

Physician Address / Phone: _____

Describe the child's overall health, including any medical, developmental, or emotional needs: _____

_____

_____

Family Relationships & Contact:

How long has the child lived with the stepparent or relative petitioning to adopt? _____

Contact with extended family of the parent whose rights will be terminated — how often does the child see that parent, grandparents, cousins, etc.? _____

_____

How do those visits usually go? _____

_____

Will the child continue to visit these family members after the adoption? [__] Yes [__] No

Explain: _____

_____

Open to a written post-adoption contact agreement with a birth relative? [__] Yes [__] No

Describe the child's relationships with brothers/sisters (including half- and step-siblings), friends, etc.: _____

_____

_____

Recreational activities / hobbies of the child: _____

_____

Has the child had any trouble with police, juvenile court, or school discipline? [__] Yes [__] No

If yes, explain: _____

_____

School (if school-age):

Name of School: _____

School Address: _____

Current Grade: _____ Current Teacher: _____ Overall Grade Avg.: _____

Please attach a copy of the child's most recent report card.

Describe the child's adjustment at school: _____

_____

Child's Attitude About Adoption:

Does the child know about this adoption? [__] Yes [__] No

Does the child want to be adopted? [__] Yes [__] No

A child 12 or older generally must consent to the adoption in California.

Describe in the child's own words if possible: _____

_____

Additional comments about the child (anything the social worker or judge should know): _____

_____

_____

PART 3A — ADOPTING PARENT: PETITIONER 1

Last Name: _____ First: _____ Middle: _____

Other names used (maiden, prior married, aliases): _____

Date of Birth: _____ Place of Birth (City, State, Country): _____

Race / Ethnicity: _____ Relationship to Child: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Driver's License / State ID No.: _____ State: _____

SSN (last 4 digits only): _____ Citizenship: _____

Do not write your full Social Security number on this form. If it is required, we will collect it separately through a secure channel.

Home Phone: _____ Work / Cell Phone: _____

Time lived in current State: _____ Time lived in County: _____

Education — schools attended, locations, highest grade/degree completed, and dates: _____

_____

_____

Present Marriage / Domestic Partnership — Date: _____ Place: _____

Previous Marriage(s) — Date(s): _____ Place(s): _____ Ended by: _____

_____

Occupation — brief history of past and present employment, including employers and dates: _____

_____

_____

Annual Income (yours only, not your spouse's): $ _____ Source: _____

Health — brief health history in your own words: _____

_____

Religion: _____ Attendance: _____

Hobbies and recreational activities: _____

_____

Marital relationship (if applicable) — What do you consider important in your marriage/partnership? _____

_____

Motive for adoption — Why do you want to adopt this child? _____

_____

_____

Autobiography — Brief summary of your life from infancy to present, including places lived, occupations, previous experience with children, and anything else related to this adoption: _____

_____

_____

_____

_____

Background / Record Clearance:

Have you ever been convicted of a crime (felony or misdemeanor, including DUI)? [__] Yes [__] No

If yes — Type, location, and date of each conviction: _____

_____

Have you ever been the subject of a child abuse/neglect report, CPS investigation, or restraining order?

[__] Yes [__] No

If yes, explain: _____

_____

PART 3B — ADOPTING PARENT: PETITIONER 2 / SPOUSE / PARTNER (if applicable)

In a stepparent adoption, Petitioner 2 is usually the child's custodial birth parent. Complete Part 3B for that parent and skip Part 4A.

Last Name: _____ First: _____ Middle: _____

Other names used (maiden, prior married, aliases): _____

Date of Birth: _____ Place of Birth (City, State, Country): _____

Race / Ethnicity: _____ Relationship to Child: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Driver's License / State ID No.: _____ State: _____

SSN (last 4 digits only): _____ Citizenship: _____

Syndicate Subscription Legal Plans

Do not write your full Social Security number on this form. If it is required, we will collect it separately through a secure channel.

Home Phone: _____ Work / Cell Phone: _____

Time lived in current State: _____ Time lived in County: _____

Education — schools attended, locations, highest grade/degree completed, and dates: _____

_____

_____

Present Marriage / Domestic Partnership — Date: _____ Place: _____

Previous Marriage(s) — Date(s): _____ Place(s): _____ Ended by: _____

_____

Occupation — brief history of past and present employment, including employers and dates: _____

_____

_____

Annual Income (yours only, not your spouse's): $ _____ Source: _____

Health — brief health history in your own words: _____

_____

Religion: _____ Attendance: _____

Hobbies and recreational activities: _____

_____

Marital relationship (if applicable) — What do you consider important in your marriage/partnership? _____

_____

Motive for adoption — Why do you want to adopt this child? _____

_____

_____

Autobiography — Brief summary of your life from infancy to present, including places lived, occupations, previous experience with children, and anything else related to this adoption: _____

_____

_____

_____

_____

Background / Record Clearance:

Have you ever been convicted of a crime (felony or misdemeanor, including DUI)? [__] Yes [__] No

If yes — Type, location, and date of each conviction: _____

_____

Have you ever been the subject of a child abuse/neglect report, CPS investigation, or restraining order?

[__] Yes [__] No

If yes, explain: _____

_____

PART 3C — HOUSEHOLD & RELATIVES

All people living in your home, including children:

Full Name	Relationship to Child	Date of Birth	Relationship to Petitioner(s)

Directions to your home (for home study visit):

_____

_____

Relatives of Adopting Parent(s):

Name	Relationship	City / State	Phone	Contact with child?

PART 4A — CUSTODIAL BIRTH PARENT (if not listed in Part 3B)

Last Name: _____ First: _____ Middle: _____

Name before marriage / other names used: _____

Date of Birth: _____ Place of Birth: _____

Race / Ethnicity: _____ SSN (last 4 only): _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Driver's License / State ID No.: _____ State: _____

Address: _____

Home Phone: _____ Work / Cell Phone: _____

Education — schools attended, locations, highest grade completed, and dates: _____

_____

Present Marriage — Date: _____ Place: _____

Previous Marriage(s) — Date(s): _____ Place(s): _____

Occupation — brief employment history, including dates: _____

_____

Annual Income (yours only): $ _____ Source: _____

Health — brief health history in your own words: _____

_____

Religion: _____ Attendance: _____

Hobbies and recreational activities: _____

_____

Motive for adoption / why you support this adoption: _____

_____

Autobiography — brief summary of your life, places lived, and anything related to this adoption: _____

_____

_____

_____

PART 4B — NON-CUSTODIAL / OTHER BIRTH PARENT

Last Name: _____ First: _____ Middle: _____

Other names used: _____

Street Address (last known): _____

City, State, Zip: _____

Home Phone: _____ Work / Cell Phone: _____

Email / Social Media (if known): _____

Date of Birth: _____ Place of Birth: _____

Race / Ethnicity: _____ SSN (last 4, if known): _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Driver's License No. (if known): _____

Parentage & Consent:

This parent's legal relationship to the child (check all that apply):

- [__] Married to other parent at birth
- [__] Named on birth certificate
- [__] Signed Voluntary Declaration of Parentage
- [__] Established by court order
- [__] Alleged parent only
- [__] Unknown

Consent status:

- [__] Will sign consent
- [__] Will not consent
- [__] Cannot be located
- [__] Deceased
- [__] Rights already terminated
- [__] Unknown

Date of this parent's last contact with the child: _____

Date of last child support payment from this parent: _____

Describe this parent's contact and support over the past year (frequency, type, amounts): _____

_____

_____

If deceased — date and place of death: _____

Other Information:

Education — schools attended, highest grade completed (if known): _____

_____

Present Marriage — Date: _____ Place: _____

Previous Marriage(s) — Date(s): _____ Place(s): _____

Occupation — brief employment history, including dates (if known): _____

_____

Other people in this parent's home, including children, and relationship of each: _____

_____

Health — brief health history (if known): _____

_____

Other information about this parent that should be in the court file for the child's future information: _____

_____

_____

Relatives of Non-Custodial Birth Parent:

Name	Relationship	City / State	Phone	Contact with child?

PART 5 — DOCUMENT CHECKLIST

Please provide copies of the following, if available. Check each item you are including.

[__] Child's birth certificate

[__] Petitioners' photo IDs

[__] Marriage certificate / domestic partnership registration

[__] Divorce judgment(s) for prior marriages

[__] Existing custody / visitation / support orders

[__] Birth parent death certificate (if applicable)

[__] Child's most recent report card

[__] Guardianship / dependency court orders

[__] Tribal enrollment documents (if any)

[__] Agency / placement documents (if any)

Certification:

I/We declare that the information provided in this questionnaire is true, correct, and complete to the best of my/our knowledge. I/We understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of evaluating and preparing my/our adoption matter.

Signed and dated this ____ day of _____, 20___

Signature (Primary Party): _____

Print Name: _____

Signature (Additional Party): _____

Print Name: _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.