



# Adoption Intake Form

## MINOR TO BE ADOPTED

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

Name of Biological Mother: \_\_\_\_\_

Name of Biological Father: \_\_\_\_\_

List addresses where the child has lived for the previous 5 years with dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date child began residing with the petitioner(s) : \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Birthplace (city, county, state): \_\_\_\_\_

Sex: \_\_\_\_\_

Property and value: \_\_\_\_\_

Education: \_\_\_\_\_

**Full Name of child after adoption:** \_\_\_\_\_

Native American decent?            Yes            No

Is the minor living in the home of the petitioner(s)?            Yes            No

If so, what date did the minor begin living there?: \_\_\_\_\_

If the minor is not residing at the home of the Petitioner(s), name where the child is currently residing:

\_\_\_\_\_

## BIOLOGICAL PARENT/FIRST PETITIONER

(Fill out if you are the biological parent (if step parent adoption) or the adoptive parent)

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

Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Length of time at address above: \_\_\_\_\_

e-mail: \_\_\_\_\_

Relationship to Petitioner(s): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Race: \_\_\_\_\_

Origin or decent: \_\_\_\_\_

Of Hispanic decent?            Yes            No

Please specify: \_\_\_\_\_

Education: \_\_\_\_\_

Highest grade level completed: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Married?            Yes            No

Date of marriage: \_\_\_\_\_

Place of marriage: \_\_\_\_\_

Former names/maiden name: \_\_\_\_\_

Employer: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Position: \_\_\_\_\_

Business/industry: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Previous employer: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Gross monthly income: \_\_\_\_\_

**OTHER INCOME**

Source/amount: \_\_\_\_\_

Source/amount: \_\_\_\_\_

**CHILDREN OF CURRENT MARRIAGE/RELATIONSHIP**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

**CHILDREN OF DIFFERENT MARRIAGE/RELATIONSHIP**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Have you ever been arrested?            Yes            No

Are you in good health?            Yes            No

Explain any chronic illnesses, past future surgeries, medications you are currently taking and other relevant health information

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a history of alcohol or drug abuse?      Yes      No

Other important information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who was the physician who delivered the child to be adopted by petitioner?:  
\_\_\_\_\_

What was your residence at the time of the child's birth?:  
\_\_\_\_\_

What is your maiden name?: \_\_\_\_\_

## SECOND PETITIONER

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

Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Length of time at address above: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthplace: \_\_\_\_\_

e-mail: \_\_\_\_\_

Race: \_\_\_\_\_

Origin or decent: \_\_\_\_\_

Of Hispanic decent?            Yes            No

Please specify: \_\_\_\_\_

Education: \_\_\_\_\_

Highest grade level completed: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Former names: \_\_\_\_\_

Employer: \_\_\_\_\_

Length of employment : \_\_\_\_\_

Position: \_\_\_\_\_

Business/industry: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Previous employer: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Gross monthly income: \_\_\_\_\_

**OTHER INCOME**

Source/amount: \_\_\_\_\_

Source/amount: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Place of marriage: \_\_\_\_\_

Previous marriage: \_\_\_\_\_

Ended by: \_\_\_\_\_

**CHILDREN OF CURRENT MARRIAGE/RELATIONSHIP**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

**Children of different marriage/relationship**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Have you ever been arrested?      Yes      No

Are you in good health?      Yes      No

Explain any chronic illnesses, past future surgeries, medications you are currently taking and other relevant health information

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Do you have a history of alcohol or drug abuse?      Yes      No

Other important information: \_\_\_\_\_

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### INFORMATION OF BIRTH PARENTS

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

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

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Length of time at address above: \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Education: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Is an Agency involved?      Yes      No

If yes, please provide, name of agency, contact name, address, and phone number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### HOW DID YOU HEAR ABOUT THE GALLOWAY LAW, LLC?

Please Circle one:

Business Card                      Internet search                      Website                      Referral

Please explain:

Other: \_\_\_\_\_