

STEPARENT ADOPTION QUESTIONNAIRE

1. Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.
2. If a particular question does not apply, enter "n/a".
3. **CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

Date: _____

A. CLIENT INFORMATION:

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

How long have you resided in FL: _____

***May we send mail to the above address?** _____

If no, please provide alternate mailing address: _____

Soc. Sec. No.: _____ DOB: _____

DL#: _____

State issuing DL: _____

Home Phone: _____

Cell Phone: _____

Fax Number: _____

Work Number: _____

E-mail Address: _____

Name and address of nearest relative not living with you: _____

Address _____ City _____ State _____ Zip _____

Phone _____

E-mail address _____

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Occupation: _____

Employer's Name: _____

Employer's Address: _____

Employer's phone: _____

How did you hear about our office? _____

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained, and reason to discontinue service.)

Atty Name: _____

Date Retained: _____

Reason to Discontinue Service: _____

B. NON-CUSTODIAL PARENT'S INFO:

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Soc. Sec. No.: _____ DOB: _____

Home Phone: _____

Cell Phone: _____

Fax Number: _____

E-mail Address: _____

Employer's Name (if any): _____

Employer's Address: _____

Phone: _____

Occupation: _____

Non-custodial parent's physical description for purpose of having process served (if applicable):

Ethnicity: _____

Hair color: _____

Ht: _____

Wt: _____

Distinguishing marks: _____

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Vehicle Description: _____

Where would you like the non-custodial parent served (if applicable) ? _____

Days/Times non-custodial parent would be available at the above location: _____

Current Full Name of Child to be adopted: _____

Full Name of Child after adoption: _____

Full Name of Stepparent: _____

Full Name of Birth mother: _____

Full Maiden name of Birth mother: _____

Birth Mother's date of birth: _____

Birth Mother's current address: _____

Physical Description of Birth Mother: _____

Child(ren)'s Date of Conception (month/year): _____

Location of Conception (city/state): _____

Child(ren)'s Date of Birth: _____

Child(ren)'s County of Birth: _____

Child(ren)'s City and State of Birth: _____

The child(ren) has resided in the Stepparent's custody since (mo/yr)?: _____

Stepparent's age: _____

Stepparent's date of birth: _____

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Stepparent's address: _____

Stepparent has resided at this address since (mo/yr): _____

Stepfather's place of employment: _____

Stepfather's employment address: _____

Any previous divorces of Stepparent? _____

If yes, please list the date of divorce, county, city and state of divorce:

Date of marriage of Birth Mother and Stepparent: _____

County, City & State of Marriage: _____

Birth Father's full name: _____

Birth Father's date of birth: _____

Birth Father's current address: _____

*****Please supply us with a certified copy of the child(ren)'s birth certificate to be adopted. This document will be filed with the Hillsborough Clerk of the Circuit Court and NOT returned to your possession.***

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THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # 3 :

Child's Full Legal Name: _____

Place of Birth: _____ Date of Birth: _____ Sex: _____

Child's Residence for the past 5 years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child
_____/present			
_____/____			
_____/____			
_____/____			
_____/____			
_____/____			

2. Participation in custody proceeding(s):

[one only]

____ I HAVE NOT participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or any other state, concerning custody of a child subject to this proceeding.

____ I HAVE participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or another state, concerning custody of a child subject to this proceeding. Explain:

- a. Name of each child:
- b. Type of proceeding:
- c. Court and state:
- d. Date of court order or judgment (if any):

3. Information about custody proceeding(s):

[one only]

____ I HAVE NO INFORMATION of any custody proceeding pending in a court of this or any other state concerning a child subject to this proceeding.

____ I HAVE THE FOLLOWING INFORMATION concerning a custody proceeding pending in a court of this or another state concerning a child subject to this proceeding, other than set out in item 2. Explain:

- a. Name of each child:
- b. Type of proceeding:
- c. Court and state:
- d. Date of court order or judgment (if any):

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4. Persons not a party to this proceeding:

[one only]

I DO NOT KNOW OF ANY PERSON not a party to this proceeding who has physical custody or claims to have custody or visitation rights with respect to any child subject to this proceeding.

I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this proceeding has (have) physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this proceeding:

a. Name and address of person:

() has physical custody () claims custody rights () claims visitation rights.

Name of each child:

b. Name and address of person:

() has physical custody () claims custody rights () claims visitation rights.

Name of each child:

c. Name and address of person:

() has physical custody () claims custody rights () claims visitation rights.

Name of each child:

5. Knowledge of prior child support proceedings:

[one only]

The child(ren) described in this affidavit are NOT subject to existing child support order(s) in this or any state or territory.

The child(ren) described in this affidavit are subject to the following existing child support order(s):

a. Name of each child:

b. Type of proceeding:

c. Court and address:

d. Date of court order/judgment (if any):

e. Amount of child support paid and by whom: