

11. Sibling Names, Ages, and Addresses

12. Has anyone in your family (parents or siblings) abused drugs or alcohol now or in the past? (if yes, give details)

13. Has anyone in your family been in psychotherapy, been hospitalized or received medication for mental or emotional difficulties? (If yes, give details)

14. Has anyone in your family (parents or siblings) been arrested or convicted of a serious crime? (If yes, give details)

15. Has anyone in your extended family been investigated for physical or sexual abuse? (If yes, give details)

16. Were your parents ever separated?

Did they Divorce and/or remarry?

17. When did you move out of your parents' home? _____

18. Describe your relationship with your parents when you were growing up.

19. Describe how you saw your mother and father's relationship with each other as you were growing up.

20. Describe your present relationship with your parents.

21. What happy, rewarding memories do you have of your life as a child?

Provide the following information about your school history:

22. Where did you attend?

Elementary School:

Junior High:

High School :

Year Graduated:

College :

Year Graduated:

What were your grades like throughout your education?

23. Did you receive any special education services? (If yes, give details)

24. Did you leave any educational program prior to completion? (If yes, give details)

Provide the following information on your work history:

25. For all your jobs prior to and including your current employment provide:

Job Title	Place of Work	Salary	Dates of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

26. Have you ever been fired or laid off from any job? (If yes, give details)

27. Describe your present occupation in detail. How do you feel about your present employment? (Include job security, satisfaction, future goals)

28. Do you experience problems living within your monthly income?

29. Have you ever filed for Bankruptcy? (If yes, give details including the year)

30. List your debts:

31. List your assets:

32. List your monthly expenditures:

33. What company do you use for health insurance and will they cover adoptive children?

34. Do you have any life insurance policies? Who are the listed beneficiaries?

35. Do you have a religious affiliation?

Name of religion?

36. Do you belong to a congregation or synagogue?

How often do you attend?

37. What have been the most fulfilling accomplishments in your life?

38. How do you spend your leisure time?

Provide the following information about your relationship and marital history with the other party to this evaluation:

39. When/Where did you meet the other parent?

40. If you lived together before marriage, give dates. _____

41. Date engaged? _____

42. Married: Date _____ Place _____

43. List residences and dates you lived at each:

44. What attracted you to the other parent?

45. Describe the things you like about the other parent.

46. Describe the things you dislike about the other parent.

47. How do you handle disagreements, hurt feelings, frustrations or conflicts between you and your spouse?

48. Describe how your marriage/relationship has changed in the years since it began.

49. Have you and you spouse ever separated of divorced? (If yes, give details)

50. Please list any prior marriages you may have had and the dates of divorce.
(Include any children from these relationships)

Provide the following information about your background:

51. Have you ever been in psychotherapy or counseling, including individual, marital, family, chemical dependency or family violence treatment? (If yes, give details)

52. Have you ever been hospitalized for mental or emotional difficulties? (If yes, include dates and locations)
53. Has any physician prescribed medication for any mental or emotional difficulties? (If yes, give details)
54. Are you or have you ever been in military service? (If yes, give details; Branch, Rank, Dates, Honors, Type of Discharge)
55. Have you ever been arrested? (If yes, give details; Dates, Location, Charges, Convictions, Disposition)
56. Have you ever been under investigation or supervision by any Government Agency? (Social Services, Probation, Police, Court, etc...)
- Dates/Jurisdiction?
57. Do you drink alcohol? (If yes, describe frequency)

64. How do cope with stress/change?

65. In case of your death, what would be your plans for your children's care?
(Provide names and relationship to you)

Provide the following information about your parenting:

66. In what ways would you bring up your child as you were raised? What would you do differently?

67. How do you, or how will you, discipline your children?

68. Describe your present relationship with your children (if any):

69. What types of activities do you or will you do with your children?

Provide the following information about your home:

70. Describe your home and property (how old, number of rooms, pool, etc).

Do you have the following and how many of each?

*Smoke detectors:

*Fire extinguishers:

*Fire alarms:

*Carbon Monoxide detectors

71. Describe the neighborhood where your home is located (isolated, rural, suburban, etc).

72. Why did you move to your present neighborhood and what do you like or dislike about living there?

73. List the schools your child will attend and tell how far they are from where you live.

References:

Please list the names, addresses and phone numbers of three (3) persons you are using as references:

To the best of my knowledge, the information provided on this questionnaire is the truth.

Signature _____ Date _____

- Please be prepared to provide me with copies of your marriage license (if any) and your birth certificate
- Please obtain a copy of your most recent government tax return

