

Agency Adoption Worksheet

Wagner Law Firm, PC

1. The Adoptive Parents

	Husband	Wife
Full Name (Including Middle Name)		
Maiden Name	N/A	
Date of Birth		
Place of Birth		
Current Age		
Social Security Number		

Date of Marriage	
City and State of Marriage	
Current Street Address	
Duration at Residence	
Adoptive Mother's Address at Time of Child's Birth	
Inside City Limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Costs Associated with the Adoption § 14-15-10, N.D.C.C.	
The court requires you file a Report of Expenditures which discloses the amount you have expended with regard to this adoption. Please write in the amount you expended with regard to each category set forth below:	
Birth of the child	\$
Placement of the child with you	\$
Medical or hospital care received by the birth mother or by the minor during the birth mother's prenatal care	\$
Adoption agency fees	\$
Any other services relating to the adoption (describe)	\$
Do you have health insurance that covers the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. The Child

Full Name (Including Middle Name)	
Date of Birth	
Place of Birth	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date Child was Placed in Adoptive Parents' Home	
Date Adoptive Parents Acquired Custody of Child	

Was child ever placed with an adoption agency? If so, give the name, address, and phone number of such agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Person/agency that placed minor with adoptive parents.	
Does the child have any property? If so, please enter description and value of all property owned by child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone contest or not consent to this adoption? If so, enter the name and address of each person and why they are contesting this adoption.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were the parental rights ever terminated? If so, give the date and court of law in which such rights were terminated.	<input type="checkbox"/> Yes <input type="checkbox"/> No