

Identified 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

Describe all *oral* agreements that have been made between the birth parents and the adoptive parents. Include such things as exchange of money, payment of medical expenses, agreements regarding communication with the child, etc.

Attach a copy of all *written* agreements between the adoptive parents and the birth parents. If no written agreements exist, please state so.

List all disbursements that have been made by the adoptive parents in connection with this adoption. Include such things as medical expenses, attorneys fees, funds paid to the birth parents, funds paid to adoption agencies, etc.

Do you have an acquaintance who is either an attorney or a social worker who could act as guardian ad litem for the child? Yes No
 If so, give the name, address, and phone number of any such person(s).

2. The Birth Parents

	Father	Mother
Full Name (Including Middle Name)		
Date of Birth		
Current Age		
Current Address		
If a minor, the name and address of the minor's parents and/or legal guardian		

<p>Was the birth mother married at the time of conception? If yes, the name of the person to whom the birth mother was married at the time of conception.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the birth mother married after the time of conception? If yes, the name and address of the person to whom the birth mother has married.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Was the birth mother cohabitating with anyone? If yes, the name and address of the person with whom the birth mother was cohabitating at the time of conception.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is any man paying support for this child? If yes, the name and address of the person paying support.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has any man <i>formally</i> acknowledged paternity? If yes, the name and address of the man formally acknowledging paternity.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has any man <i>informally</i> acknowledge paternity? If yes, the name and address of the man informally acknowledging paternity.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. 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