

GUZIK LAW OFFICE, P.A.

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STEPARENT ADOPTION QUESTIONNAIRE

Date: _____ Referred by: _____

I. PARENT INFORMATION

ADOPTIVE PARENT # 1/STEPARENT

Full name (first, middle and last): _____

Maiden name and/or all former names: _____

Current residential address: _____

County of residence: _____

List all of your past residences for the past 5 years:

Home phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Best way to contact: Mail; Home phone; Work phone; Cell phone; Email

Date of birth: _____ Birthplace: _____ Social Security No. _____

Length of residence in Minnesota: _____ Faith/Religion: _____

Highest level of education: _____ Year completed: _____

Present health: _____ Physician/Clinic: _____

Present or past United States Military service? _____

Relationship to child, if any: _____

ADOPTIVE PARENT #2/CHILD'S PARENT

Full name (first, middle and last): _____

Maiden name and/or all former names: _____

Current residential address: _____

County of residence: _____

List all of your past residences for the past 5 years:

Work Phone: _____ Cell Phone: _____

Email address: _____

Date of birth: _____ Birthplace: _____ Social Security No. _____

Length of residence in Minnesota: _____ Faith/Religion: _____

Highest level of education: _____ Year completed: _____

Present health: _____ Physician/Clinic: _____

Present or past United States Military service? _____

Relationship to child, if any: _____

MARRIAGE INFORMATION

Date and place of marriage: _____

OTHER PARENT

Does the child have another parent who is known and whose rights have not been

terminated? _____ Other parent's name: _____

Other parent's address: _____

Other parent's DOB: _____ Other parent's SSN: _____

Does the other parent consent to this adoption? _____

II. CHILD TO BE ADOPTED

Child's full name: _____

Child's date of birth: _____ Child's county of birth: _____

City and State of Child's birth: _____

Biological mother's full name: _____

Biological mother's date of birth: _____ Age: _____

Have the biological mother's rights been terminated? _____

Biological father's full name: _____

Biological father's date of birth: _____ Age: _____

Have the biological father's rights been terminated? _____

Child's address (if not the same as prospective parents): _____

With whom does the child reside? _____

How long has child resided in that home? _____

Will the child's name be changed as part of this adoption? _____

Child's new name (First Middle Last) _____

Does the child own any real estate? ____ If so, describe: _____

Does the child own any personal property, including bank accounts, or anything else valued over \$100.00? ____ If so, describe: _____

List Child's residential addresses for the past 5 years:

Other names used by Child:

III. OTHER RESIDENTS OF HOUSEHOLD

Full name (first, middle and last): _____

Maiden name and/or all former names: _____

Current residential address: _____

County of residence: _____

List their residences for the past 5 years.

Date of birth: _____ Birthplace: _____

Relationship to Parent #1:

Relationship to Parent #2:

Relationship to child:

Full name (first, middle and last):

Maiden name and/or all former names: _____

Current residential address: _____

County of residence: _____

For the past 5 years, please list all of your addresses:

Date of birth: _____ Birthplace: _____

Relationship to Parent #1:

Relationship to Parent #2:

Relationship to child:

IV. CRIMINAL BACKGROUND CHECK

Parent #1 criminal history, if any:

Parent #2 criminal history, if any:

Other resident criminal history, if any:
