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521 Fifth Avenue, Suite 1700

New York, NY 10175

(212) 593-6111

\_\_ Mailing address

2280 Grand Avenue, Suite. 202

Baldwin, NY 11510

(516) 887-1975

**X Mailing address**

Additional conference offices: Brooklyn, Queens, Bronx, Nassau, Suffolk, Westchester

www.greenbergmerola.com

# ADOPTION INFORMATION

Instructions:

1) We realize this questionnaire is complicated. However, we have tried to make it as simple as possible. Please call if you do not understand anything!! DO NOT FILL OUT INCORRECTLY, **CALL US INSTEAD!**

2) Write **LEGIBLY**!!!

3) **DO NOT LEAVE ANY BLANK LINES!!!!!** If answer is no or none, write no or none, or we will think you forgot to read the question.

4) If child is an Indian according to the Indian Child Welfare Act of 1978, call us.

**INFORMATION FOR ADOPTER (PERSON DOING THE ADOPTION**

Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ SS # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Place of birth \_\_\_\_\_\_\_\_\_\_\_\_\_(City)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(State)\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Country)

Married \_\_\_ Unmarried \_\_\_ Married but living separate from spouse \_\_\_\_\_ (for \_\_\_ years )

Religious faith \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_ Yearly salary (gross) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Money to be received from Commissioner on behalf of adopted child (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you get child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child has been with you from \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Specify full name and date of birth of EVERYONE living in household besides you, spouse, and

adoptive child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Specify full information regarding any criminal record for anyone over 18 living in the house

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any information if child, or any member of household was or is the subject of any child abuse or

maltreatment proceeding. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any other prior or pending proceedings affecting the custody of the adoptive child. Include any

that were dismissed or withdrawn. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all prior addresses for yourself from **1973** to the present for you, spouse, and anyone else who resides in the house who is over 18.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Previous address | City | State | Zip | FROM | TO |
| YOU |  |  |  | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
|  |  |  |  | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
|  |  |  |  | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
|  |  |  |  | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
|  |  |  |  | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| SPOUSE OR CO-ADOPTER |  |  |  | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
|  |  |  |  | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
|  |  |  |  | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
|  |  |  |  | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| OTHER PERSONS OVER 18 –ADD THEIR NAME- |  |  |  | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
|  |  |  |  | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
|  |  |  |  | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
|  |  |  |  | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
|  |  |  |  | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
|  |  |  |  | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
|  |  |  |  | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
|  |  |  |  | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
|  |  |  |  | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |

**INFORMATION FOR ADOPTER’S SPOUSE OR CO-ADOPTER IF ALSO ADOPTIONG**

Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ SS # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Place of birth \_\_\_\_\_\_\_\_\_\_\_\_\_(City)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(State)\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Country)

Married \_\_\_ Unmarried \_\_\_ Married but living separate from spouse \_\_\_\_\_ (for \_\_\_ years )

Religious faith \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_ Yearly salary (gross) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Money to be received from Commissioner on behalf of adopted child (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION FOR ADOPTEE (PERSON GETTING ADOPTED)**

Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ SS # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Birth place (City, State, Country) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religious faith \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If child will be known by a different name after adoption indicate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was child every adopted before this (if yes provide details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name and address of EVERYONE who has lawful custody of the child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If child has a LEGAL guardian give name, address, relationship, nature , date & place of

appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION FOR ADOPTEE’S REAL PARENTS**

## MOTHER

Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ SS # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Heritage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth place (City, State, Country) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religious faith \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education at time of birth of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description at time of birth of child Height \_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_ Hair Color \_\_\_\_\_\_\_\_\_

Eye Color \_\_\_\_\_\_\_\_\_\_ Skin Color \_\_\_\_\_\_\_\_\_\_\_

## FATHER

Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ SS # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Heritage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth place (City, State, Country) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religious faith \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education at time of birth of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description at time of birth of child Height \_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_ Hair Color \_\_\_\_\_\_\_\_\_

Eye Color \_\_\_\_\_\_\_\_\_\_ Skin Color \_\_\_\_\_\_\_\_\_\_\_