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CO-PARENT ADOPTION CLIENT QUESTIONNAIRE

ADOPTION OF: _____

CONFIDENTIALITY NOTE: As with any attorney-client communication, all information you disclose to this office orally or in writing will be held in the strictest possible confidence and released to no one without your consent.

INSTRUCTIONS: The following information is needed by our Firm in order to properly advise you and handle your adoption case. The allowance of an adoption decree creates new familial and legal relationships, and terminates the legal relationship between the adoptive child and those not included in the petition.

Both parties in a “second”, “step”, or “co-parent” adoption are referred to as “petitioners”, and both must join in the adoption petition. Petitions for adoption are filed with the Probate and Family Court in the county where the petitioners reside.

For the purposes of this form, the first petitioner already has a legally established parental relationship with the adoptive child – either by birth or by previous adoption – and the second petitioner is seeking to establish a parental relationship with the adoptive child.

If any question does not apply, please indicate “n/a”. If you have questions, please call me. If additional space is required, attach a separate sheet.

1. FIRST PETITIONER (LEGALLY ESTABLISHED PARENT)

Biographical Information

Your full name (first, middle, last): _____

Street address: _____ City: _____ State: _____

Zip: _____ Home phone: _____ Cell phone: _____

E-mail address: _____ Preferred method of contact: _____

SSN: _____ Date of birth: _____ City of birth: _____

Education

Highest level of education attained: _____ Name, City, State
of School: _____

If applicable, please describe your: (1) undergraduate degree _____;
(2) graduate degree _____; and/or (3) other certification
or licensure _____.

Current Employment

Name of employer: _____ Job title: _____

Employer street address: _____ City: _____

State: _____ Zip: _____ Length of employment: _____

Salary or rate of pay: _____ Monthly take-home income: _____

Pension/401(k)/Retirement: Yes / No Current value (describe): _____

Health insurance: Yes / No Cost to you: _____/month. Health ins. through spouse/partner? YES / NO

Prior Employment

Please describe your employment for the past five years. Attach separate sheets, if necessary.

Name of employer: _____ Job title: _____

Employer street address: _____ City: _____

State: _____ Zip: _____ Dates of employment: _____ - _____ Salary/Rate of Pay: _____

Reason for separation: _____

Other Sources of Income

Do you have:

Other sources of income other than employment (not including your partner/spouse)? Explain: _____

Other assets, property, or investments not listed above (not including that attributed to your partner/spouse)?

Explain: _____

Criminal Record

A CORI (Criminal Offense Record Information) report will need to be submitted for each person over the age of 14 who resides in the adoptive home, including both petitioners. A criminal offense is not a bar to adoption, and may have no bearing on one's ability to parent or provide a loving home.

If you have any criminal convictions other than minor traffic violations, please list the offense, explain the circumstances, date and place of any conviction: _____

Other Biological/Adopted Children

Please list the name, date of birth, and address (if different from above) of any biological or adopted children:

<u>Full Name</u>	<u>Date of Birth</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. SECOND PETITIONER (PARENT SEEKING ADOPTION)

Biographical Information

Your full name (first, middle, last): _____

Street address: _____ City: _____ State: _____

Zip: _____ Home phone: _____ Cell phone: _____

E-mail address: _____ Preferred method of contact: _____

SSN: _____ Date of birth: _____ City of birth: _____

Education

Highest level of education attained: _____ Name, City, State
of School: _____

If applicable, please describe your: (1) undergraduate degree _____;
(2) graduate degree _____; and/or (3) other certification
or licensure _____.

Current Employment

Name of employer: _____ Job title: _____

Employer street address: _____ City: _____

State: _____ Zip: _____ Length of employment: _____

Salary or rate of pay: _____ Monthly take-home income: _____

Pension/401(k)/Retirement: Yes / No Current value (describe): _____

Health insurance: Yes / No Cost to you: _____/month. Health ins. through spouse/partner? YES / NO

Prior Employment

Please describe your employment for the past five years. Attach separate sheets, if necessary.

Name of employer: _____ Job title: _____

Employer street address: _____ City: _____

State: _____ Zip: _____ Dates of employment: _____ - _____ Salary/Rate of Pay: _____

Reason for separation: _____

Other Sources of Income

Do you have:

Other sources of income other than employment (not including your partner/spouse)? Explain: _____

Other assets, property, or investments not listed above (not including that attributed to your partner/spouse)?

Explain: _____

Criminal Record

A CORI (Criminal Offense Record Information) report will need to be submitted for each person over the age of 14 who resides in the adoptive home, including both petitioners. A criminal offense is not a bar to adoption, and may have no bearing on one's ability to parent or provide a loving home.

If you have any criminal convictions other than minor traffic violations, please list the offense, explain the circumstances, date and place of any conviction: _____

Other Biological/Adopted Children

Please list the name, date of birth, and address (if different from above) of any biological or adopted children:

Full Name

Date of Birth

Address

2. YOUR RELATIONSHIP

When and how did you first meet? _____

When did you come to live together? _____

Are you legally married? YES / NO Date of marriage: _____ City: _____

If NO, have you celebrated your commitment publicly? Date of celebration: _____ City: _____

* *Same-sex married petitioners:* If same-sex marriage had been legal prior to May 17, 2004, when *would* you have become legally married? _____ Explain: _____

Do you rent your current residence? YES / NO Do you own your current residence? YES / NO

If you own your current residence, is it titled: Individually / Jointly / Jointly as a Married Persons

Have you each prepared Powers of Attorney and/or Health Care Proxies naming each other as financial and health-care decision-maker should you become unable to make or communicate your wishes? YES / NO

Have you each prepared wills naming the other as Executor/rix of your respective estates? YES / NO

* *First Petitioner:* have you named the Second Petitioner as Guardian of the adoptive child in your will? YES / NO

Friends and Family

Affidavits (sworn statements) will likely be needed in order to motion the court to waive certain costly and invasive requirements, such as a home study, notice of termination of parental rights, and six-month residency requirements.

Please list below any important family members, close friends or colleagues who can attest to your relationship as a couple, your relationship with the adoptive child, and as a family unit.

Name

City/State

Relation

3. CHILD TO BE ADOPTED

Child's full name (current birth cert.): _____ Date of birth: _____

Do you plan to change the Child's name as part of the adoption process? YES / NO If YES, what would you like the Child's full name be: _____

Place of birth (hospital, birth center, home, etc.): _____

City: _____ State: _____ Did you plan together to conceive the child and to raise the child together? YES / NO _____ If NO, when did you both decide that you would raise the child together as a family? _____

From whose accounts are the child's expenses (daycare, toys, clothes, education) paid?
first petitioner's / second petitioner's / joint account? / _____

Did either/both petitioner(s) take any kind of maternity/paternity leave or other time off during/after the birth of the child? Parenting classes? Birthing classes?

Explain: _____

* *Second petitioner*: please describe some of the caretaking or parental duties you perform for the adoptive child on a routine basis, such as changing diapers, arranging day-care, income contributions, reading to child, attending school or extracurricular events, etc.: _____

A. If Child Conceived by First Petitioner (If Child Adopted by First Petitioner, See Below)

Is another person, other than the petitioners, listed as a parent on the child's birth certificate? YES / NO

If YES, please provide the following: Name: _____

Street address: _____ City: _____ State: _____

Relationship to petitioners: _____

Please describe any arrangements/agreements/contracts that exist (if any) between you and the other parent regarding his parental rights or expectations: _____

Has this person executed an "Adoption Surrender & Consent Form"? YES / NO Will they? YES / NO

For Alternative Insemination by Known Donor

For how long did you attempt to become pregnant? _____ Date you became pregnant: _____

Please provide the following information about the known donor: Name: _____

Street address: _____ City: _____ State: _____

Relationship to petitioners: _____

Please describe any arrangements/agreements/contracts that exist (if any) between you and the known donor regarding his parental rights or expectations: _____

Did you use the services of a clinic or medical provider to obtain the donor sperm and/or perform the insemination?

If YES, please provide the following: Name of Clinic/Medical Provider: _____

Clinic address: _____ City: _____ State: _____

Name and address of physician/medical provider: _____

Alternative Insemination by Anonymous Donor

Please provide the following: Source of donor sperm (sperm bank): _____

Street address: _____ City: _____ State: _____

Was the anonymous sperm donor an "open donor" (arrangement by which the child born of an anonymous donor may contact the donor when s/he turns 18, but the anonymous donor may not contact the child)? YES / NO If YES, please explain the arrangement/agreement/contract in detail: _____

Did you use the services of a clinic or medical provider to obtain the donor sperm and/or perform the insemination?

If YES, please provide the following: Name of Clinic/Medical Provider: _____

Clinic address: _____ City: _____ State: _____

Name and address of physician/medical provider: _____

B. If Child Previously Adopted by First Petitioner

Date of adoption decree: _____ Court issuing decree: _____

Did any other person join in the previous adoption with you? YES / NO Explain: _____

Please list any other parents of the child whose consent is required for this adoption, or whose parental rights will be terminated in favor of the second petitioner's: Full name: _____

Street address: _____ City: _____ State: _____

5. FORMS NEEDED TO PREPARE AND FILE A PETITION FOR ADOPTION

I am happy to help you obtain each of the required documents listed below if you do not already have them. In almost every instance, certified copies are required by the court.

- Certified birth certificate of child to be adopted
- Marriage certificate of petitioners, if applicable
- Adoption decree, if child previously adopted
- Adoption Surrender Form (where known donor or surrogate used)
- Petition for Adoption
- Affidavit of Petitioner for Adoption

