

APPLICATION FOR INDEPENDENT ADOPTION



HOUSEHOLD INFORMATION			
Applicant 1 Name:		Applicant 2 Name:	
Applicant 1 Phone: ()		Applicant 2 Phone: ()	
Email address(es):			
Address:			
City:	State:	Zip:	County:
How long at this address?		Police District:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (please explain):			
# of Bedrooms:			
INSURANCE			
(Under "Amount," please list the amount of liability coverage and not the cost of premiums.)			
Homeowner's/Renter's Liability Insurance Co.:		Amount: \$	
Auto Insurance Company:		Amount: \$	
Life Insurance Company:		Amount: \$	
Health Insurance Company:			
LIST ALL PEOPLE RESIDING AT THIS ADDRESS			
Full Name	Date of Birth	Birthplace (County/State)	Social Security #
	- -	/	- -
	- -	/	- -
	- -	/	- -
	- -	/	- -
MARRIAGE INFORMATION			
Date:	City:	State:	County:
HOUSEHOLD INCOME			
Applicant 1 Annual Salary: \$		Applicant 2 Annual Salary: \$	
Other Income: \$			
Amount in Savings: \$		Amount in Checking: \$	
Other Accounts: \$			
HOUSEHOLD DEBTS AND MONTHLY EXPENSES			
Mortgage:	Monthly Payment: \$	Total Owed: \$	
Auto Loan:	Monthly Payment: \$	Total Owed: \$	
Auto Loan:	Monthly Payment: \$	Total Owed: \$	
Credit Card:	Monthly Payment: \$	Total Owed: \$	
Credit Card:	Monthly Payment: \$	Total Owed: \$	
Other:	Monthly Payment: \$	Total Owed: \$	
Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date filed:			
Auto: \$	Utilities: \$	Food: \$	
Clothing: \$	Charities: \$	Recreation: \$	
Other: \$			
Please provide any additional financial information you believe is important:			

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APPLICANT 1 INFORMATION

First Name:	Middle:	Last:
Please list any other names by which you have been known:		
Age:	Race:	
If any Native American heritage, please list tribe:		and %:
Driver License #:		State of Issue:
Highest Grade Completed (1-12):	College or Degree Program:	
Church or Religious Affiliation:		
Health Status:		

PLEASE LIST ALL EMPLOYMENT FOR THE PAST FIVE YEARS

Occupation or Title	Employer	City	Dates of Employ
			to
			to
			to

Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," please complete the following line:
Branch:	Dates of Service: to	Type of Discharge (if applicable):

PREVIOUS MARRIAGES

Have you been married previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," how many times?	
Name of Former Spouse	Divorce Date	County	Presiding Judge
	- -		
	- -		

APPLICANT 2 INFORMATION

First Name:	Middle:	Last:	Maiden:
Please list any other names by which you have been known:			
Age:	Race:		
If any Native American heritage, please list tribe:			and %:
Driver License #:			State of Issue:
Highest Grade Completed (1-12):	College or Degree Program:		
Church or Religious Affiliation:			
Health Status:			

PLEASE LIST ALL EMPLOYMENT FOR THE PAST FIVE YEARS

Occupation or Title	Employer	City	Dates of Employ
			to
			to
			to

Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," please complete the following line:
Branch:	Dates of Service: to	Type of Discharge (if applicable):

PREVIOUS MARRIAGES

Have you been married previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," how many times?	
Name of Former Spouse	Divorce Date	County	Presiding Judge
	- -		
	- -		

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CHILD INFORMATION (if known)

First Name:	Middle:	Last:
Age:	Race:	If any Native American heritage, please list tribe:
Health Status:		
Name of School:	Grade Level:	Performance:
How long has the child known the applicants?		
What activities does the child enjoy?		
Describe any special needs:		

REFERENCES

We will send forms to six individuals whom you select to serve as references. Couples count as two individuals but will be given one form. References cannot be family members.

1	Name:	Phone Number:
	Address:	
2	Name:	Phone Number:
	Address:	
3	Name:	Phone Number:
	Address:	
4	Name:	Phone Number:
	Address:	
5	Name:	Phone Number:
	Address:	
6	Name:	Phone Number:
	Address:	

LEGAL REPRESENTATION FOR THE ADOPTION

We do not plan to have legal representation. We would like referrals to lawyers who can help us.
 We have or are planning to have legal representation from the following lawyer or law firm:

Name:	Phone:	Fax:	
Address:	City:	State:	Zip:

SIGNATURES

Receipt of this completed application will serve as notification to us of your interest in a domestic adoption. Your signature attests to the fact that the information you provided is true and accurate to the best of your knowledge.

Applicant 1 Signature	Date	Applicant 2 Signature	Date
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