

**MICHAEL L. HAWKINS & ASSOCIATES, P.L.L.C.**  
**ADOPTION QUESTIONNAIRE**

**NAME OF CLIENT:** \_\_\_\_\_.  
**COURT:** \_\_\_\_\_.  
**CASE NUMBER:** \_\_\_\_\_.  
**DATE:** \_\_\_\_\_.

**I. GENERAL INSTRUCTIONS:**

The answers you give on this form are for our use only in the preparation and evaluation of your adoption case. All answers are confidential; no information will be released to any unauthorized person without your consent. If you so desire, at the conclusion of your case, this interview questionnaire will be returned to you. Please be candid in answering all questions. Although some questions may ask for personal information, all questions have a legitimate purpose. These questions are aimed at getting the information necessary to prepare your case adequately and professionally.

Answer each question as fully and accurately as possible. It is very important that you immediately take time to complete this questionnaire. Our ability to efficiently process your claim depends upon the information that you supply. If you have any questions, or if anything is unclear or hard to understand, please let us know and we will do our best to assist you.

Finally, please type or print legibly.

**II. GENERAL BACKGROUND INFORMATION:**

**Client's Name:** \_\_\_\_\_ If wife, Maiden Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Length: \_\_\_\_\_  
Resident of Kentucky Since: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Telephone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
How Many Time Married: \_\_\_\_\_  
County of Divorce: \_\_\_\_\_ When Filed: \_\_\_\_\_  
County of Divorce: \_\_\_\_\_ When Filed: \_\_\_\_\_

**III. EMPLOYMENT INFORMATION:**

1. Current Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
How Long Employed: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Per Hour; \_\_\_\_\_ Per Month; \_\_\_\_\_ Per Year

**IV. CLIENT'S SPOUSE:**

**Spouse's Name:** \_\_\_\_\_ If wife, Maiden Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Length: \_\_\_\_\_  
Resident of Kentucky Since: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Telephone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
How Many Time Married: \_\_\_\_\_  
County of Divorce: \_\_\_\_\_ When Filed: \_\_\_\_\_  
County of Divorce: \_\_\_\_\_ When Filed: \_\_\_\_\_

**V. EMPLOYMENT INFORMATION:**

1. Current Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
How Long Employed: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Per Hour; \_\_\_\_\_ Per Month; \_\_\_\_\_ Per Year

**VI. MARRIAGE OF CLIENT AND SPOUSE:**

Date of Marriage: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
How long has child lived in home with Step-  
parent: \_\_\_\_\_

**VII. MOTHER OF CHILD (IF DIFFERENT):**

**Name:** \_\_\_\_\_ If wife, Maiden Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Length: \_\_\_\_\_  
Resident of Kentucky Since: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Telephone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

**VIII. MOTHER'S EMPLOYMENT INFORMATION:**

1. Current Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
How Long Employed: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Per Hour; \_\_\_\_\_ Per Month; \_\_\_\_\_ Per  
Year

**IX. FATHER OF CHILD (IF DIFFERENT):**

**Name:** \_\_\_\_\_ If wife, Maiden Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Length: \_\_\_\_\_  
Resident of Kentucky Since: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Telephone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

**X. FATHER'S EMPLOYMENT INFORMATION:**

1. Current Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
How Long Employed: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Per Hour; \_\_\_\_\_ Per Month; \_\_\_\_\_ Per  
Year

**XI. MARRIAGE OF PARENTS OF CHILD:**

Date of Marriage: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Date of Separation: \_\_\_\_\_  
Date of Divorce: \_\_\_\_\_ County of Divorce: \_\_\_\_\_ Case No. \_\_\_\_\_  
Custody Arrangement: \_\_\_\_\_  
Support Arrangement: \_\_\_\_\_  
Last Visitation: \_\_\_\_\_  
Last Support Payment Received: \_\_\_\_\_

**XII. CHILD TO BE ADOPTED INFORMATION:**

1. Full Legal Name of Child Prior to Adoption: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_ Age: \_\_\_\_\_  
Any Special Health or School Considerations: \_\_\_\_\_  
Name of Child After Adoption: \_\_\_\_\_  
Present Residence: \_\_\_\_\_  
Custody Arrangement: \_\_\_\_\_

2. Full Legal Name of Child: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_ Age: \_\_\_\_\_  
Any Special Health Considerations: \_\_\_\_\_  
Present Residence: \_\_\_\_\_  
Desired Custody Arrangement: \_\_\_\_\_

**XIII. IF FOREIGN ADOPTION:**

Date You Received Possession of Child: \_\_\_\_\_  
Date Foreign Adoption was Granted: \_\_\_\_\_  
Date You Arrived Home with Child: \_\_\_\_\_  
City, State, Province, Country of Foreign Adoption: \_\_\_\_\_  
Name of Private Adoption Agency: \_\_\_\_\_  
Address of Private Adoption Agency: \_\_\_\_\_  
Case Worker Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Date Home Study was Completed: \_\_\_\_\_

**PLEASE PROVIDE FOREIGN ADOPTION PAPERS AND TRANSLATION AND HOME STUDY, INCLUDING ANY FOLLOW-UP VISITS**

Please insure that all questions are answered truthfully and completely to the best of your knowledge and belief. Again, thank you for your time and cooperation in completing this questionnaire. Once completed, please bring it by our office or mail it to:

Michael L. Hawkins & Associates, PLLC  
P.O. Box 595  
Frankfort, Kentucky 40602  
(502) 223-3459