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Adoption Application

PLEASE TYPE OR PRINT

Date ____/____/____

HUSBAND / WIFE

HUSBAND'S NAME: Last _____ First _____ Middle _____

WIFE'S NAME: Last _____ First _____ Middle _____

ADDRESS: _____ City _____ State _____ Zip _____

PHONE: Home (____) _____ Fax (____) _____ Cellular / Page (____) _____

MARRIAGE: Date _____ Place _____

RESIDENCE: How long have you lived at the above address? _____ Do you own? Yes No

OCCUPATION: Husband _____ Business Phone (____) _____

Employer _____ Address _____

OCCUPATION: Wife _____ Business Phone (____) _____

Employer _____ Address _____

Email Address _____ Email Address _____

PERSONAL

HUSBAND

Place of Birth: _____ Age: _____

Social Security Number: _____

Date of Birth: ____/____/____ Religion: _____

Race: _____ Nationality _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Health Insurance Company: _____

Have you ever been arrested?: Yes No

If yes, please explain: _____

Are you a homosexual?: Yes No

Have you ever filed for divorce, separation or annulment of this marriage Yes No

If so, please provide details: _____

No

CHILDREN

HUSBAND

Number of Biological Children: _____

Number of Adopted Children: _____

Ages of Children: _____

Where do the children reside? _____

Do you have any animals? _____ What? _____

WIFE

Place of Birth: _____ Age: _____

Social Security Number: _____

Date of Birth: ____/____/____ Religion: _____

Race: _____ Nationality _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Health Insurance Company: _____

Have you ever been arrested?: Yes No

If yes, please explain: _____

Maiden Name: _____

Are you a homosexual?: Yes No

Have you ever filed for divorce, separation or annulment of this marriage Yes No

If so, please provide details: _____

WIFE

Number of Biological Children: _____

Number of Adopted Children: _____

Ages of Children: _____

Where do the children reside? _____

How are they with children? _____

EDUCATION

HUSBAND

Degree: _____

Major: _____

College: _____

Post-Graduate Education: _____

WIFE

Degree: _____

Major: _____

College: _____

Post-Graduate Education: _____

MILITARY SERVICE

HUSBAND

Branch: _____ Dates of Service: _____

WIFE

Branch: _____ Dates of Service: _____

HOBBIES & INTERESTS

HUSBAND

WIFE

PRIOR MARRIAGES

HUSBAND

Date of Prior Marriage: _____

Date and Place of Termination: ____/____/____ _____

WIFE

Date of Prior Marriage: _____

Date and Place of Termination: ____/____/____ _____

FINANCIAL STATUS

HUSBAND

Annual Income: _____

Amount in Savings: _____

Other Investments: _____

WIFE

Annual Income: _____

Amount in Savings: _____

Other Investments: _____

ADOPTEE PREFERENCES

What ethnic background would you consider?

- Caucasian
- Black
- Black / Caucasian Mix
- Hispanic
- Black / Hispanic Mix
- Caucasian / Hispanic Mix
- Asian
- Asian / Black Mix
- Asian / Caucasian Mix
- Native American (Indian)
- East Indian
- Middle Eastern

Would you consider any of the following special conditions?

- Physical Deformity
- Cerebral Palsy
- Mild Retardation
- Unusually Birthmark
- Blind / Sight Impaired
- Deaf / Hearing Impaired
- Moderate Retardation
- Needs Minor Surgery

Would You consider a child at risk for:

- Sickle Cell Anemia
- Risk of Other Inherited Disorder
- Drug Exposed
- Type of Drug _____
- Degree of Exposure _____
- Premature Birth
- Positive HIV (AIDS) Antibodies
- Hepatitis C
- Other _____

Needs Major Surgery

Down Syndrome

Other _____

Other _____

ABOUT YOUR ADOPTION

These questions are directed towards both members of the couple. If the answers are different for each individual member, please make an appropriate notation and disclose all relevant information.

Have you had a Home Study completed? Yes No If so, by whom? _____ (enclose copy with application)

Have you ever been turned down for adoption or received a negative home study? Yes No Name of agency or social worker _____ for what reason?

Do you have any physical, emotional, or mental problems that may affect your suitability as an adoptive parent? _____

If so, please explain (attach extra pages if necessary): _____

If each spouse is a member of a different religion or belief, under what religion or belief will your child be raised? _____

If both members of the couple are employed, will a leave-of-absence be taken or employment terminated in order to take care of your child? Yes No

If so, by whom? _____ If not, who will care for the child? _____

Does either member of the couple smoke cigarettes? Yes No If so, how many per day? _____ How Long? _____

Does either member of the couple drink alcohol? Yes No If so, with what frequency? _____

Have you ever participated in counseling? Yes No If so, when _____ where _____ for what reason? _____

attach additional pages if necessary

Was the counseling court ordered? Yes No

Do you have an infertility problem? Yes No Please explain _____

Why do you wish to adopt? _____

How were you referred to us? _____

REFERENCES

Please give the names, address and telephone numbers of four (4) individuals who may be contacted concerning your desire to adopt.

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ Phone (____) _____
Relationship _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ Phone (____) _____
Relationship _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ Phone (____) _____
Relationship _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ Phone (____) _____
Relationship _____

PROFILE & PHOTOS

We require 5 copies of your portfolio. If your portfolio is not available at the time of your application, please enclose no less than 3 current photos.

SIGNATURES

Your signature indicates that information contained in this Adoption Application is true and correct and you agree to update your application when any events occur rendering the information inaccurate prior to finalization of your adoption.

Hausmann and Hickman, P.A. retains the right to decline service to any potential client. Scheduling of a consultation does not guarantee Hausmann and Hickman, P.A., will represent you in an adoption placement.

Prospective Adoptive Mother's Signature

Date

Prospective Adoptive Father's Signature

Date

CONSULTATION COMMENTS *(Office Use Only)*

