

GOTHARD WATERS

ATTORNEYS AT LAW

190 South Lowe Avenue ▪ PO Box 806 ▪ Cookeville, Tennessee 38503

Phone (931) 526-4045 ▪ Facsimile (931) 526-4055

Appointment Date: _____ Time: _____

ADOPTION INFORMATION FORM

Information about Prospective Adoptive Parents

Mother's Full Legal Name: _____

Age: _____ Date of Birth: _____ Place of birth: _____

Social Security No.: _____

Employer: _____

Duration of Employment: _____

Education completed: _____

Telephone: (Home) _____ (Work) _____

(Cell) _____

Email Address: _____ Is this a work email? _____

Do you consent to the transmission of confidential information to you via email? Yes _____ No _____

Father's Full Legal Name: _____

Age: _____ Date of Birth: _____ Place of birth: _____

Social Security No.: _____

Employer: _____

Duration of Employment: _____

Education completed: _____

Telephone: (Home) _____ (Work) _____

(Cell) _____

Email Address: _____ Is this a work email? _____

Do you consent to the transmission of confidential information to you via email? Yes _____ No _____

Address: _____

Street

City _____ *State* _____ *Zip* _____ *County* _____

Date of Marriage: _____ Prior Marriages: (Mother) _____ (Father) _____

Names and ages of other children living in the home: _____

Referred By: _____

Is it ok for us to thank the person who referred you? Yes _____ No _____

Information about Child to be Adopted

Current legal name of child to be adopted: _____

Do you want to change the child's name? Yes _____ No _____

If yes, please state child's new name: _____

Age: _____ Date of Birth: _____ Social Security No.: _____
Place of Birth: _____
Facility City County State

Information about the Biological Mother:

Name: _____
Address: _____
Street

City State Zip County

Other contact information: _____
Have parental rights been terminated? _____
If not, will Mother agree to surrender/terminate her rights? _____
Other important information: _____

Information about the Biological Father:

Name: _____
Address: _____
Street

City State Zip County

Other contact information: _____
Have parental rights been terminated? _____
If not, will Mother agree to surrender/terminate her rights? _____
Other important information: _____

Do you have physical custody of the child? If so, for how long? _____
Has the Home Study been completed? If so, state name of agency and date of completion and provide a copy: _____
Do you prefer and open or closed adoption? _____

Questions for Adoptive Parents

1. Have you ever been convicted, arrested, or even accused of any criminal act, substance abuse, domestic abuse, child, or sexual abuse, even if it has been expunged from your record?
2. Have you ever been rejected as a perspective adoptive parent or been the subject of an unfavorable home study?
3. Have you ever had your parental rights to another child terminated?
4. Have you ever given another child up for adoption?
5. Have you ever lost custody of any other child for any reason?
6. Are there any animals in the home, and if so, can you provide proof of current vaccinations?
7. Have you ever adopted a child before?
8. What is your motivation for adopting this child?
9. Are you healthy and free of infectious diseases?