

**TERMINATION/ADOPTION QUESTIONNAIRE**

Adoptive Mother: \_\_\_\_\_  
(First) (Middle) (Last)

SSN: \_\_\_\_\_ TDL: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt. No.) (City) (County) (State) (Zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(City, State)

Adoptive Father: \_\_\_\_\_  
(First) (Middle) (Last)

SSN: \_\_\_\_\_ TDL: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt. No.) (City) (County) (State) (Zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(City, State)

How long have you resided in Texas? \_\_\_\_\_

How long have you resided in this County? \_\_\_\_\_

How long have the two of you been married? \_\_\_\_\_

How long have the adoptive children been residing with the two of you? \_\_\_\_\_

Adoptive Mother's Maiden Name: \_\_\_\_\_

Birth Mother: \_\_\_\_\_  
(First) (Middle) (Last)

SSN: \_\_\_\_\_ TDL: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt. No.) (City) (County) (State) (Zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(City, State)

Birth Father: \_\_\_\_\_  
(First) (Middle) (Last)

SSN: \_\_\_\_\_ TDL: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt. No.) (City) (County) (State) (Zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(City, State)

**Children to be Adopted**

**\*A copy of each child's birth certificate must be provided to our office.**

Full Legal Name (First, Middle, Last)	Sex	Birth Date	Birth Place	SSN	TDL
_____	---	_____	_____	_____	_____
_____	---	_____	_____	_____	_____
_____	---	_____	_____	_____	_____

Are you requesting a name change for the children? Yes/No (Circle One)

If yes, what name are you requesting? \_\_\_\_\_

Are there any court orders (including Attorney General Cases) regarding the children? Yes/No (Circle One)

If yes, you must provide a copy of the Court Order to our office.

Do the adoptive parents have any other children that are not listed above? Yes/No (Circle One)  
If yes, list names and ages:

Has the birth father been visiting with the children? Yes/No (Circle One)

If yes, how often? \_\_\_\_\_

Has the birth father been paying child support? Yes/No (Circle One)

If yes, what amount? \$\_\_\_\_\_

If no, when is the last time support was paid? \_\_\_\_\_

Has the birth mother been visiting with the children? Yes/No (Circle One)

If yes, how often? \_\_\_\_\_

Has the birth mother been paying child support? Yes/No (Circle One)

If yes, what amount? \$\_\_\_\_\_

If no, when is the last time support was paid? \_\_\_\_\_

Adoptive Mother's Employment:

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Monthly Take Home Pay: \$ \_\_\_\_\_

Adoptive Father's Employment:

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Monthly Take Home Pay: \$ \_\_\_\_\_

Birth Mother's Employment:

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Monthly Take Home Pay: \$ \_\_\_\_\_

Birth Father's Employment:

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Monthly Take Home Pay: \$ \_\_\_\_\_

Special Instructions (For Attorney's Use):