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**ADOPTION APPLICATION**  
PLEASE TYPE OR PRINT

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT 1: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

APPLICANT 2: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: Home (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Cellular / Page (\_\_\_\_) \_\_\_\_\_

MARRIAGE (If Applicable): Date \_\_\_\_\_ Place \_\_\_\_\_

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

OCCUPATION: Applicant 1 \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

OCCUPATION: Applicant 2 \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

**PERSONAL**

**APPLICANT 1**

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: \_\_\_\_\_

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

If so, please provide details: \_\_\_\_\_

**CHILDREN**

**APPLICANT 1**

Number of Biological Children: \_\_\_\_\_

Number of Adopted Children: \_\_\_\_\_

Ages of Children: \_\_\_\_\_

Where do the children reside? \_\_\_\_\_

Do you have any animals? \_\_\_\_\_ What? \_\_\_\_\_

**APPLICANT 2**

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: \_\_\_\_\_

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

If so, please provide details: \_\_\_\_\_

**APPLICANT 2**

Number of Biological Children: \_\_\_\_\_

Number of Adopted Children: \_\_\_\_\_

Ages of Children: \_\_\_\_\_

Where do the children reside? \_\_\_\_\_

How are they with children? \_\_\_\_\_



## EDUCATION

### APPLICANT 1

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

College: \_\_\_\_\_

Post-Graduate Education: \_\_\_\_\_

## MILITARY SERVICE

### APPLICANT 1

Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

## HOBBIES & INTERESTS

### APPLICANT 1

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## PRIOR MARRIAGES

### APPLICANT 1

Date of Prior Marriage: \_\_\_\_\_

Date and Place of Termination: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

## FINANCIAL STATUS

### APPLICANT 1

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

### APPLICANT 2

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

College: \_\_\_\_\_

Post-Graduate Education: \_\_\_\_\_

### APPLICANT 2

Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

### APPLICANT 2

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### APPLICANT 2

Date of Prior Marriage: \_\_\_\_\_

Date and Place of Termination: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

### APPLICANT 2

Annual Income: \_\_\_\_\_

Amount in Savings: \_\_\_\_\_

Other Investments: \_\_\_\_\_

*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 applicant 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 Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Adoptive Parent's Signature

\_\_\_\_\_  
Date

**CONSULTATION COMMENTS** *(Office Use Only)*

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