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STEPPARENT ADOPTION QUESTIONNAIRE

ADOPTING PARENT

YOUR FULL NAME (First, Middle, Last)		
YOUR FULL LEGAL NAME AT THE TIME THE CHILD(REN) WAS/WERE BORN		
YOUR MAIDEN NAME (if any)		
RESIDENCE ADDRESS		
TELEPHONE NUMBERS:	WORK:	HOME:
OTHER CONTACT NUMBERS:	CELL:	
EMAIL ADDRESS		
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER		
DATE OF BIRTH		
PLACE OF BIRTH (CITY/STATE/COUNTRY)		
RACIAL ETHNICITY		
CITIZENSHIP		
NUMBER OF PRIOR MARRIAGES		
CRIMINAL CONVICTIONS (If yes, list charges)		
NAME & ADDRESS OF CURRENT EMPLOYER		
CURRENT OCCUPATION/JOB TITLE		
MONTHLY INCOME (BEFORE TAXES)		
OCCUPATION AT TIME CHILD(REN) WAS/WERE BORN		
RESIDENCE ADDRESS AT THE TIME THE CHILD WAS BORN		

DATE OF MARRIAGE	
PLACE OF MARRIAGE (CITY & STATE)	
CURRENT TYPE OF HOME (ie: apartment w/3 bedrooms)	
NUMBER OF PERSONS LIVING IN THE HOME (adults & children)	
LIST ALL CHILDREN & OTHER DEPENDENTS INCLUDING THOSE NOT LIVING IN THE HOME (NAMES, AGES, AND RELATIONSHIP TO ADOPTIVE PARENT)	
NUMBER OF YEARS CHILD(REN) TO BE ADOPTED LIVED WITH YOU	

INFORMATION ON CHILD TO BE ADOPTED:

FULL LEGAL NAME *As Stated on Birth Certificate	
SEX	
DATE OF BIRTH	
PLACE OF BIRTH	
RACIAL ETHNICITY	
CHILD'S NAME AFTER ADOPTION	
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	
BIRTH CERTIFICATE NUMBER	

COMMENTS:

INFORMATION ON CHILD TO BE ADOPTED:

FULL NAME *As Stated on Birth Certificate	
SEX	
DATE OF BIRTH	
PLACE OF BIRTH	
RACIAL ETHNICITY	
CHILD'S NAME AFTER ADOPTION	
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	
BIRTH CERTIFICATE NUMBER	

INFORMATION CONCERNING CHILD(REN)'S BIOLOGICAL MOTHER:

CURRENT FULL LEGAL NAME (first, middle, last)	
MAIDEN NAME	
NAME AS LISTED ON BIRTH CHILD(REN)'S CERTIFICATE	
CURRENT RESIDENCE ADDRESS	
TELEPHONE NUMBERS	WORK: HOME:
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	
DATE OF BIRTH	
PLACE OF BIRTH	
RACIAL ETHNICITY	
CITIZENSHIP	
CRIMINAL CONVICTIONS	
MARRIAGES DATE MARRIED/DIVORCE/STATE (we will need certified copies of all Decrees)	
MARITAL STATUS AT TIME CHILD(REN) BORN	SINGLE, MARRIED, DIVORCED, WIDOWED

ADDRESS AT TIME CHILD(REN) BORN	
CURRENT OCCUPATION/JOB TITLE	
EMPLOYER'S NAME & ADDRESS	
MONTHLY INCOME BEFORE TAXES	\$
OCCUPATION/JOB TITLE AT TIME CHILD(REN) BORN	

INFORMATION CONCERNING CHILD(REN)'S BIOLOGICAL FATHER:

CURRENT FULL LEGAL NAME (first, middle, last)	
NAME AT TIME OF CHILD'S BIRTH OR AS STATED ON CHILD'S BIRTH CERTIFICATE	
CURRENT RESIDENCE ADDRESS (or last known address)	
TELEPHONE NUMBERS	WORK: HOME:
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	
DATE OF BIRTH	
PLACE OF BIRTH	
RACIAL ETHNICITY	
. . . Information Concerning Child(ren)'s Biological Father, continued	
MARITAL STATUS AT TIME OF CONCEPTION & BIRTH OF CHILD (mark off appropriate ones:)	<input type="checkbox"/> unmarried at conception only <input type="checkbox"/> unmarried at conception & birth <input type="checkbox"/> married, date: _____ name of spouse _____ <input type="checkbox"/> widowed, date: <input type="checkbox"/> separated, date:
HAS FATHER EVER PAID CHILD SUPPORT, IF SO, LAST DATE OF PAYMENT AND AMOUNT?	

<p>IF FATHER & MOTHER WERE NEVER MARRIED, WAS PATERNITY EVER ESTABLISHED? (Father declared legal father of child through court proceedings? Name on birth certificate is not enough. If so, we will need certified copy of Paternity Judgment.)</p>	
<p>INDIAN TRIBAL INFORMATION (mark yes or no to each question:</p>	<p>_____ child to be adopted is a member of an Indian tribe; _____ child to be adopted is the biological child of a member of an Indian tribe; _____ child to be adopted is a certified or registered member of an Indian tribe; _____ natural mother of child is a certified or registered member of an Indian tribe; _____ natural father of child is a certified or registered member of an Indian tribe.</p>

PLEASE SEND THE FOLLOWING DOCUMENTS

These documents become permanent records for the Family Court Adoption File. These documents will **NOT** be returned. Please order additional copies from the Department of Health or Family Court (for Divorce Decrees) if these are your only documents.

- _____ Each Child’s Birth Certificate (certified copy required)
- _____ Current Marriage Certificate (certified copy required)
- _____ Divorce Decrees (certified copy required) for all divorces (if applicable)
- _____ Each child’s medical records relating to the child’s birth (obtain by requesting a set of the birth records from the hospital where the child was born)
- _____ Paternity Judgment (certified copy, if applicable)
- _____ Death Certificate of biological parent (certified copy, if applicable)

HOW DID YOU COME TO HEAR ABOUT OUR OFFICE? (please choose one)

- _____ Referral (name of person who referred you _____)
- _____ Google Search
- _____ AVVO
- _____ Lawyers.com
- _____ Other: _____

COMMENTS: