

Adoption Intake Sheet

Information on Child/Children:

Name on birth certificate: _____
First
Middle
Last

Name after adoption: _____
First
Middle
Last

Social Security Number: _____

Date of Birth: _____

Place of Birth (Hospital): _____
Address
City
State
Zip

Race: _____

Enrolled member of a Native American Indian tribe or eligible for enrollment? _____

If Yes name of Tribe: _____

Roll Number _____

Child's Residence Information for past five years:

From (date)	To (date)	Where (street, city, state, zip)	With whom?

Has any person other than a parent received a court order granting visitation? _____

If so, name: _____

Address: _____

Telephone Number _____

Relationship to Child: _____

Court granting visitation _____

Case Number _____

Biological Mother

First Middle Last

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Home Phone Number: _____ Cell Phone Number: _____

County lived in for last 30 days: _____

E-Mail Address: _____

Social Security No.: _____ Date of Birth: _____

City and State of Birth: _____

Enrolled member of a Native American Indian tribe? _____

If yes name of Tribe: _____

Roll Number: _____

Have parental rights been terminated? _____

If yes how and by what agency: _____

If rights have not been terminated, will biological mother relinquish rights? _____

If rights have not been terminated, will biological mother consent to the adoption? _____

Has there ever been a custody, visitation or child support order involving biological mother and child to be adopted?_____

Date and name of order (i.e. Divorce Decree, Paternity Decree, etc.):_____

Court and Case Number:_____

Has biological mother paid child support according to any order in 12 out of the last 14 months? _____

Has biological mother visited child in 12 out of the last 14 months?_____

Date, city and state of marriage to current step-parent:_____

Biological Father

First Middle Last

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Home Phone Number: _____ Cell Phone Number: _____

County lived in for last 30 days: _____

E-Mail Address: _____

Social Security No.: _____ Date of Birth: _____

City and State of Birth: _____

Enrolled member of a Native American Indian tribe? _____

If yes name of Tribe: _____

Roll Number: _____

Have parental rights been terminated?_____If yes how and by what agency:_____

If rights have not been terminated, will biological father relinquish rights?_____

If rights have not been terminated, will biological father consent to the adoption?____

Has there ever been a custody, visitation or child support order involving biological father and child to be adopted? _____

Date and name of order (i.e. Divorce Decree, Paternity Decree, etc.): _____

Court: _____

Case Number:_____

Has biological father paid child support in 12 out of the last 14 months?_____

Has biological father visited child in 12 out of the last 14 months? _____

Date, city and state of marriage to current step-parent: _____

Adoptive Mother

First Middle Last

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Home Phone Number: _____ Cell Phone Number: _____

County lived in for last 30 days: _____

E-Mail Address: _____

Social Security No.: _____ Date of Birth: _____

City and State of Birth: _____

Address of adoptive mother at time of this child's birth: _____

Is adoptive mother subject to registration requirements of the Illinois sex offender's registration act or any similar act in any other state? Yes No

(Fill out if child or adoptive mother is of Native American descent)

Relationship of adoptive mother to child: _____

If no relationship, is adoptive mother a member of the child's tribe? _____

If yes, Roll Number: _____

If not a member of the child's tribe, is adoptive mother a member of some other tribe? _____

If yes, Roll Number _____

If not a member of any Native American Indian tribe, does the adoptive mother have any Indian heritage, although not enrolled? _____

Adoptive Father

First Middle Last

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Home Phone Number: _____ Cell Phone Number: _____

County lived in for last 30 days: _____

E-Mail Address: _____

Social Security No.: _____ Date of Birth: _____

City and State of Birth: _____

Is adoptive father subject to registration requirements of the Illinois sex offender's registration act or any similar act in any other state? Yes No

(Fill out if child or adoptive father is of Native American descent)

Relationship to child: _____

If no relationship, is adoptive father a member of the child's tribe? _____

If yes, Roll Number _____

If not a member of the child's tribe, is adoptive father a member of some other tribe?

If yes, Roll Number: _____

If not a member of any Indian tribe, does the adoptive father have any Indian heritage, although not enrolled? _____

If yes, explain: _____

Has either prospective adoptive parent been convicted of a felony:

- a. In the last five years for physical assault, domestic abuse, battery or drug-related offense? Yes No
- b. For child abuse or neglect? Yes No
- c. For a crime against a child, including, but not limited to, child pornography? Yes No
- d. For a crime involving violence, including, but not limited to, rape, sexual assault or homicide, but excluding physical assault or battery? Yes No

Is adoptive home free from ongoing domestic abuse? Yes No

Has any domestic abuse ever occurred in adoptive home? Yes No