

LAURIE W. FIEDLER
ATTORNEY AT LAW
504 VALLEY ROAD
WAYNE, NJ 07470
PHONE: 973-633-6510
FAX: 973-633-8262
E-MAIL: HisLaw@aol.com

ADOPTION

It is important that you answer each question fully. If a question does not apply to your particular situation, please indicate by marking the question "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: Refer to the question number to which your answer applies, and attach your answer to this questionnaire.

DATE: _____

1. PERSONAL INFORMATION

Name: _____

Address: _____

Phone: (Home) () - _____
(Business) () - _____
(Cell) _____
(Fax) _____

How long at present address? _____

Previous Addresses (include dates you resided there):

S.S.#: _____ - _____ - _____

Date of Birth: _____, Age: _____

Your Age when adoptive child was born: _____

Your Place of Birth: _____

Race: _____

Residence at Time of Infant's Birth: _____

Driver's License #: _____

Email: _____

Occupation: _____
Name, address, and phone number of employer; and how long employed?

Names, dates of birth, emancipated or unemancipated, and
relationship to you of all adults residing with you:

2. MARITAL STATUS

Single: _____ Married: _____ Divorced: _____
Separated: _____ Widowed _____

Date of Marriage: _____

3. SPOUSE'S INFORMATION

Name: _____

Address: _____

Phone: (Home) () - _____

(Business) () - _____

(Cell) _____

(Fax) _____

How long at present address? _____

Previous Addresses (include dates you resided there):

S.S.#: _____ - _____

Date of Birth: _____, Age: _____

Age when adoptive child was born: _____

Place of Birth: _____

Race: _____

Residence at Time of Infant's Birth: _____

Driver's License #: _____

Email: _____

Occupation: _____
Name, address, and phone number of employer; and how long employed?

4. PREVIOUS MARRIAGES

Have you ever been married in the past? Yes No

If yes were you divorced? Yes No

5. CHILDREN

Names, dates of birth, ages, and addresses of all biological children or other dependents: (Please indicate if adopted or natural):

6. ADOPTEE

Name of child to be adopted: _____

Date of Birth: _____ Age: _____

Adoptee born in: _____

How did you find out about this child: _____

Name of child after adoption: _____

Name of child to be adopted: _____

Date of Birth: _____ Age: _____

Adoptee born in: _____

How did you find out about this child: _____

Name of child after adoption: _____

7. BIRTH PARENTS

Do you have any knowledge of the birth parents?
[] Yes [] No

If yes, please state the name, address and marital status of the birth parents: _____

8. CUSTODY

Do you have custody of the child? _____

When did you receive custody of the child? _____

9. AGENCY

Was the adoptee under the care of an Agency prior to your custody?
[] Yes [] No

Name and address of Agency: _____

Phone number: () _____

Name of contact at Agency: _____

Date of Placement of the Adoptee: _____

Other attorneys currently or previously involved: _____

How were you referred to us? _____
