

# JOY BUCK GOTHARD

ATTORNEY AT LAW

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Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

## **ADOPTION INFORMATION FORM** *Information about Prospective Adoptive Parents*

**Mother's Full Legal Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Employer: \_\_\_\_\_

Duration of Employment: \_\_\_\_\_

Education completed: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_ Is this a work email? \_\_\_\_\_

Do you consent to the transmission of confidential information to you via email? Yes \_\_\_\_\_ No \_\_\_\_\_

**Father's Full Legal Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Employer: \_\_\_\_\_

Duration of Employment: \_\_\_\_\_

Education completed: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_ Is this a work email? \_\_\_\_\_

Do you consent to the transmission of confidential information to you via email? Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

*County*

Date of Marriage: \_\_\_\_\_ Prior Marriages: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Names and ages of other children living in the home: \_\_\_\_\_

Referred By: \_\_\_\_\_

Is it ok for us to thank the person who referred you? Yes \_\_\_\_\_ No \_\_\_\_\_

## **Information about Child to be Adopted**

Current legal name of child to be adopted: \_\_\_\_\_

Do you want to change the child's name? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state child's new name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
*Facility City County State*

**Information about the Biological Mother:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

*County*

Other contact information: \_\_\_\_\_

Have parental rights been terminated? \_\_\_\_\_

If not, will Mother agree to surrender/terminate her rights? \_\_\_\_\_

Other important information: \_\_\_\_\_

**Information about the Biological Father:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

*County*

Other contact information: \_\_\_\_\_

Have parental rights been terminated? \_\_\_\_\_

If not, will Mother agree to surrender/terminate her rights? \_\_\_\_\_

Other important information: \_\_\_\_\_

Do you have physical custody of the child? If so, for how long? \_\_\_\_\_

Has the Home Study been completed? If so, state name of agency and date of completion and provide a copy: \_\_\_\_\_

Do you prefer and open or closed adoption? \_\_\_\_\_

**Questions for Adoptive Parents**

1. Have you ever been convicted, arrested, or even accused of any criminal act, substance abuse, domestic abuse, child, or sexual abuse, even if it has been expunged from your record?
2. Have you ever been rejected as a perspective adoptive parent or been the subject of an unfavorable home study?
3. Have you ever had your parental rights to another child terminated?
4. Have you ever given another child up for adoption?
5. Have you ever lost custody of any other child for any reason?
6. Are there any animals in the home, and if so, can you provide proof of current vaccinations?
7. Have you ever adopted a child before?
8. What is your motivation for adopting this child?
9. Are you healthy and free of infectious diseases?

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