

Confidential Client Questionnaire (Direct Adoption)

**** This information is required in order to assist you in resolving your family matters ****

Introductory Matters

1. How did you hear about our firm?	
2. Briefly describe the issues you are coming to see us about	
3. Have you or your family ever used our firm for assistance in the past?	

Prospective Adoptive Parent (#1)

 Full Legal Name: _____
(first)
(middle)
(last)

 Name on birth certificate: _____
(first)
(middle)
(last)

 Telephone: Home: _____ Work: _____
 Cell: _____ Other: _____

Email Address: _____

Home Address: _____

Date of Birth: _____ Place of Birth: _____

 Marital Status:

<input type="checkbox"/> Married	<input type="checkbox"/> Cohabiting with Partner
<input type="checkbox"/> Single	<input type="checkbox"/> Separated
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed

If married, Date of Marriage: _____

Place of Marriage: _____

Have you ever been divorced? YES NO

Has your spouse or interdependent partner been divorced? YES NO NOT APPLICABLE

Occupation: _____

Name / Address of your Employment: _____

Person who placed / will place the child in your custody: _____

Your relationship to the child: _____

Do you have an agreement to pay or give anything for your agreeing to adopt? YES NO

If yes, Details (provide copy of agreement): _____

Is there an agreement or an order regarding access to the child? YES NO

If yes, Details (provide copy of agreement or order): _____

Prospective Adoptive Parent (#2)

Full Legal Name: _____
(first) (middle) (last)

Name on birth certificate: _____
(first) (middle) (last)

Telephone: Home: _____ Work: _____
Cell: _____ Other: _____

Email Address: _____

Home Address: _____

Date of Birth: _____ Place of Birth: _____

Marital Status: _____ Married _____ Cohabiting with Partner
_____ Single _____ Separated
_____ Divorced _____ Widowed

If married, Date of Marriage: _____

Place of Marriage: _____

Have you ever been divorced? YES NO

Has your spouse or interdependent partner been divorced? YES NO NOT APPLICABLE

Occupation: _____

Name / Address of your Employment: _____

Person who placed / will place the child in your custody: _____

Your relationship to the child: _____

Do you have an agreement to pay or give anything for your agreeing to adopt? YES NO

If yes, Details (provide copy of agreement): _____

Is there an agreement or an order regarding access to the child? YES NO

If yes, Details (provide copy of agreement or order): _____

Birth Mother

Full Legal Name: _____
(first) (middle) (last)

Name on birth certificate: _____
(first) (middle) (last)

Telephone: Home: _____ Work: _____
Cell: _____ Other: _____

Email Address: _____

Home Address: _____

Date of Birth: _____ Place of Birth: _____

Marital Status: _____ Married _____ Cohabiting with Partner
_____ Single _____ Separated
_____ Divorced _____ Widowed

If married, Date of Marriage: _____

Place of Marriage: _____

Occupation: _____

Name / Address of her employment: _____

Marital status at time of child's birth MARRIED UNMARRIED

If married, did the marriage end in annulment or divorce less than 300 days before the birth of the child? YES NO

If unmarried, did she marry the father after the birth of the child? YES NO

If unmarried, did she and the father of the child cohabit with each other for 12 consecutive months during which time the child was born? YES NO

If unmarried, was she and the father of the child each other's adult interdependent partners at the time of the birth of the child or become each other's adult interdependent partners after the birth of the child? YES NO

Does she have a verbal or written agreement to be paid or to receive anything from the prospective adoptive parent(s)?

YES NO

If yes, Details (provide copy of agreement): _____

Has any payment or reward been given or received by her? YES NO

Does she have a verbal or written agreement regarding access to the child or exchange of letters and /or pictures, etc.?

YES NO

If yes, Details (provide copy of agreement): _____

Is she available to complete the required Family and Medical History? YES NO

Will she require that a Home Assessment Report be completed? (6-8 week delay) YES NO

Does she have any written agreements or court orders about guardianship of the child? YES NO
(provide copy of order or agreement)

Birth Father

Full Legal Name: _____
(first) (middle) (last)

Name on birth certificate: _____
(first) (middle) (last)

Telephone: Home: _____ Work: _____
Cell: _____ Other: _____

Email Address: _____

Home Address: _____

Date of Birth: _____ Place of Birth: _____

Marital Status: _____ Married _____ Cohabiting with Partner
_____ Single _____ Separated
_____ Divorced _____ Widowed

If married, Date of Marriage: _____

Place of Marriage: _____

Occupation: _____

Name / Address of his employment: _____

Marital status at time of child's birth MARRIED UNMARRIED

If married, did the marriage end in annulment or divorce less than 300 days before the birth of the child? YES NO

If unmarried, did he marry the mother after the birth of the child? YES NO

If unmarried, did he and the mother of the child cohabit for 12 consecutive months during which time the child was born? YES NO

If unmarried, was he and the mother of the child each other's adult interdependent partners at the time of the birth of the child or become each other's adult interdependent partners after the birth of the child? YES NO

Does he have a verbal or written agreement to be paid or to receive anything from the prospective adoptive parent(s)?

YES NO

If yes, Details (provide copy of agreement): _____

Has any payment or reward been given or received by him? YES NO

Does he have a verbal or written agreement regarding access to the child or exchange of letters and /or pictures, etc.?

YES NO

If yes, Details (provide copy of agreement): _____

Is he available to complete the required Family and Medical History? YES NO

Will he require that a Home Assessment Report be completed? (6-8 week delay) YES NO

Does he have any written agreements or court orders about guardianship of the child? YES NO
(provide copy of order or agreement)

Additional Guardians of Child

Are there any other guardians of the child? YES / NO

Name: _____ Relationship: _____

Address: _____

Name: _____ Relationship: _____

Address: _____

Is there either a former guardian or a birth parent who would have been involved in these proceedings, but has since died? YES NO

Child Being Adopted

Full Legal Name: _____
(first) (middle) (last)

Birth Name: _____
(first) (middle) (last)

Telephone: Home: _____ Work: _____

Cell: _____ Other: _____

Email Address: _____

Home Address: _____

Date of Birth: _____ Place of Birth: _____

If born outside of Canada, what is the Child's status in Canada? _____

Where does the child usually reside? _____

If over age 12, is the child willing to consent to the adoption? YES NO UNDER 12

Surname to appear on birth registration after adoption order granted: _____

Are any of the following documents in effect with respect to the child:

1. Agreement of Court Order regarding access: YES NO
2. Agreement or Court Order regarding custody: YES NO
3. Agreement or Court Order regarding guardianship: YES NO
4. Restraining Order: YES NO

Items to be Obtained

1. **Criminal Background Check**: (one for each prospective adoptive parent)
 - a. Attend in person at the local RCMP office
 - b. Bring 2 pieces of I.D., one of which must have a photo
 - c. Fill out RCMP forms
 - d. Pay \$25.00 (cheque or money order – or attend at City Hall to use cash or debit)
2. **Intervention Record Check** – complete the form enclosed (one for each prospective adoptive parent)
3. **Family and Medical History** – to be completed by the birth mother and father (if available)
4. **Statement of Petitioner** – write a letter to the Court (Court House, 4704 - 50 Street, P.O. Box 1900, St. Paul, AB, T0A 3A0) with the subject as “Statement of Petitioner” describing the kinds of activities you and the child do (or will do) together. Be sure to sign and date the letter and print your name under your signature. If there are two prospective adoptive parents, you may write a joint letter with both signatures on one letter.
5. **Vital Statistics documents** – see below for those that apply to your situation.

Please return the following to our firm:

1. This Questionnaire
2. Criminal Background Check(s)
3. Intervention Record Check(s)
4. Family and Medical History
5. Statement of Petitioner(s)
6. Copy of any agreements made in relation to this adoption
7. Copy of any agreements relating to the child
8. Child's birth documents:
 - If born in Alberta, certified print of Registration of Live Birth (not birth certificate)
 - If born in another province in Canada or outside of Canada, certified or notarized copy of child's birth certificate or birth document (including name, birth date, birthplace). In Canada, obtain from Vital Statistics in that province. Outside Canada, document must be government-issued.
9. Certified copy of Marriage Certificate (from Vital Statistics) – if prospective adoptive parent(s) is/are married.
10. Certified or notarized copies of all documents outlining the terms of the divorce as well as the final divorce document(s) – if either prospective adoptive parents have been previously divorced
11. Certified or notarized copy of Death Certificate – for anyone who would be involved in the adoption if not deceased
12. Certified or notarized copy of any Restraining Order or Guardianship Order concerning the child.
13. Certified or notarized copy of any Access Agreement or Order concerning the child.
14. If child born outside Canada, provide documentation showing that the child has been lawfully admitted to Canada for permanent residence.
15. Photocopy of prospective adoptive parent(s) birth certificate or other birth document.