

Date: _____

RELATIONSHIP TO CHILD: _____

P E R S O N A L D A T A F O R M

Please answer each question. Use extra paper if needed. If more space is needed, use the back side of the pages.

IDENTIFYING INFORMATION

Name _____
(Last) (First) (Middle) (Maiden)

Address: _____
(Street) (City) (State) (Zip)

Phone: Home _____ Work _____
Pager _____ Alternate _____
Email _____

Birth Date: _____ Place: _____ Sex: _____ Race: _____

Social Security No.: _____ Driver License No.: _____

CURRENT EMPLOYMENT

Present Employer: _____ Date Of Employment: _____
Street: _____ Title: _____
Town: _____ State: _____ Supervisor: _____
Zip Code: _____ Phone: _____ Schedule: _____

MILITARY SERVICE AND STATUS

Branch _____ Dates Of Active Duty _____ Discharge Status _____

EDUCATIONAL HISTORY

Education: _____ Highest level of education completed: _____
Where: _____ When: _____

College or vocational training- dates and places:

CRIMINAL HISTORY

Have you been arrested, convicted of a felony or misdemeanor, or do you have a police or criminal action pending?

Yes No

If Yes, please explain: _____

Are you on probation or parole? Yes No

If Yes, explain and provide the name, address and telephone number of the probation or parole officer:

Has a protective order been issued against you? Yes No

If Yes, please explain: _____

LIVING ARRANGEMENTS

Type of residence: House Apartment Mobile Home Do You: Own Rent

Of Bedrooms ___ # Of Bathrooms ___ Monthly Payment _____ Current Value _____

Name of complex or community: _____

Landlord and phone number if renting: _____

Names, relationship, and ages of all occupants:

NAME	AGE	NAME	AGE

Addresses:

Present _____ Since _____

Previous _____ Dates _____

Reason For Moving: _____

Previous _____ Dates _____

Reason For Moving: _____

Previous _____ Dates _____

Reason For Moving: _____

Previous _____ Dates _____

Reason For Moving: _____

Previous _____ Dates _____

Reason For Moving: _____

Previous _____ Dates _____

Reason For Moving: _____

(List all other addresses in the past five years on the other side)

MEDICAL HISTORY

State your present health: _____

List any present medical concerns:

List any medications you take (include name, dosage and reason)

Name	Dosage	Reason

Have you drunk alcohol over the past year? Yes No

If yes, what do you drink (circle all that applies): Beer Wine Mixed Drinks Strait Alcohol

Frequency: _____ per _____ Amount: _____

Have you used illegal substances in the past? Yes No

If Yes, explain: _____

Have you used illegal substances in the past year? Yes No

If yes, what have you used: _____

Frequency: _____ per _____ Amount: _____

Do you have a history of, or been treated for drug or alcohol abuse? Yes No

If Yes, explain:

Has your spouse drunk alcohol over the past year? Yes No

If yes, what does your spouse drink (circle all that applies): Beer Wine Mixed Drinks Strait Alcohol

Frequency: _____ per _____ Amount: _____

Has your spouse used illegal substances in the past? Yes No

If Yes, explain: _____

Has your spouse used illegal substances in the past year? Yes No

If yes, what has your spouse used: _____

Frequency: _____ per _____ Amount: _____

Does your spouse have a history of, or been treated for drug or alcohol abuse? yes no

if Yes, explain: _____

Do you smoke? Yes ___ No ___ How many packs per day _____

Does your spouse smoke? Yes ___ No ___ How many packs per day _____

Do you have any significant acute or chronic medical condition(s) that could affect your ability to parent a child?

Yes No

If Yes, explain: _____

Please list all diagnosis of diseases or disorders

For the next few questions, "immediate family" refers to yourself, your mother, your father, and your siblings.

1. Have you or anyone in your immediate family ever had a severe mental illness (schizophrenia, bi-polar, major depression)? Yes ___ No ___ If Yes, who? _____
2. Have you, your children or anyone in your immediate family ever been committed to a facility for mental or emotional disturbances? Yes ___ No ___ If Yes, who and when? _____
3. Are you now receiving or have ever received psychiatric care? Yes ___ No ___
4. Have you or anyone in your immediate family ever been incarcerated? Yes ___ No ___
If Yes, who? _____
5. Have you or anyone in your immediate family ever had any experience with, or involvement in, child abuse, as an aggressor or victim? Yes ___ No ___ If Yes, who? _____
6. Have you or anyone in your immediate family ever had any experience with, or involvement in child molestation as an aggressor or victim? Yes ___ No ___ If Yes, who? _____
7. Have you or anyone in your immediate family ever had any experience with, or involvement in child neglect as an aggressor or victim? Yes ___ No ___ If Yes, who? _____
8. Have you or anyone in your immediate family ever had any experience with, or involvement in assault as an aggressor or victim? Yes ___ No ___ If Yes, who? _____
9. Have you or anyone in your immediate family ever had any experience with, or involvement in, spouse abuse as an aggressor or victim? Yes ___ No ___ If Yes, who? _____
10. Have you or anyone in your immediate family ever had any experience with, or involvement in, drug abuse
Yes ___ No ___ If Yes, who? _____
11. Have you or anyone in your immediate family ever received treatment for chemical dependency?
Yes ___ No ___ If Yes, who? _____
12. Have you or anyone in your immediate family ever had any experience with, or involvement in, alcohol abuse? Yes ___ No ___ If Yes, who? _____

DOCTORS

(List all doctors seen by yourself or your children in the past 5 years, including fax number or email)

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates Of Treatment: _____
Fax or email: _____

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates Of Treatment: _____
Fax or email: _____

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates Of Treatment: _____
Fax or email: _____

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates Of Treatment: _____
Fax or email: _____

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates Of Treatment: _____
Fax or email: _____

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates Of Treatment: _____
Fax or email: _____

(List any hospital or clinic used by you or your children in the past 5 years)

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates Of Treatment: _____
Fax or email: _____

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates Of Treatment: _____
Fax or email: _____

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates Of Treatment: _____
Fax or email: _____

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates Of Treatment: _____
Fax or email: _____

(List all others on a separate sheet following the same format)

RELATIONSHIP HISTORY

Current Relationship:

Name: _____ Duration of relationship _____

Circle all that apply, did you? marry _____ live with _____ date _____

If you lived together, list duration: from _____ to _____

Where and when was the marriage: _____

How quickly was the child(ren) introduced? _____

Check any of the following that best describe the various roles you play in the relationship:

not applicable initiator wage earner caregiver
 head of household peacemaker decision maker follower
 leader comforter rational one negotiator
 emotional one risk taker organizer manager
 social planner money manager compromiser homemaker
 other: _____ other: _____

Check any of the following that best describe the various roles your spouse/partner plays in the relationship:

not applicable initiator wage earner caregiver
 head of household peacemaker decision maker follower
 leader comforter rational one negotiator
 emotional one risk taker organizer manager
 social planner money manager compromiser homemaker
 other: _____ other: _____

How often do you and your spouse/partner argue?

not applicable once or twice a year almost daily
 never once or twice a month once a day
 rarely once or twice a week several times a day

Check any of the following that best describe the major areas of disagreement between you and your spouse/partner:

not applicable personal habits sexual relations
 personal expectations discipline of children household chores
 politics friends religion
 work values leisure time
 alcohol/drugs in-laws separate activities
 shared activities emotional closeness emotional separateness
 time apart time together family involvement
 money travel other: _____

Check any of the following that best describe how you typically react when you have a major disagreement with your spouse/partner:

not applicable agree to disagree reach agreement through mutual give and take sometimes yell and shout take time to think things over before discussing leave the house to cool off give in and attempt to smooth things over become silent seek outside help such as a counselor/clergy try to outwit spouse/partner sometimes pound or break things change the topic
 things get physical (pushing, shoving) other: _____

Have you and your spouse/partner ever gone through a difficult period that threatened your relationship or caused you to separate? Yes No

If Yes, please describe briefly including dates _____

Do you expect any change in your marital status, employment, family size, or place of residence within the next year? Yes I plan to change _____ No

If Yes, please explain _____

PREVIOUS RELATIONSHIPS (PLEASE LIST ALL RELATIONSHIPS)

1. Name: _____ Duration Of Relationship _____
Did You? Marry Live With Date
If you lived together, list duration: From _____ To _____
Where and when was the marriage: _____
Where and when was the divorce: _____
Reason for separation or divorce: _____
How quickly were the children introduced? _____

3. Name: _____ Duration Of Relationship _____
Did You? Marry Live With Date
If you lived together, list duration: From _____ To _____
Where and when was the marriage: _____
Where and when was the divorce: _____
Reason for separation or divorce: _____
How quickly were the children introduced? _____

4. Name: _____ Duration Of Relationship _____
Did You? Marry Live With Date
If you lived together, list duration: From _____ To _____
Where and when was the marriage: _____
Where and when was the divorce: _____
Reason for separation or divorce: _____
How quickly were the children introduced? _____

(PLEASE LIST OTHERS BY DUPLICATING THIS PAGE)

PARENTING

Do you receive or pay child support for any children? receive _____ pay _____

If so, how much _____ how often _____

If you are required to pay child support, are you in arrears or current? _____ If you are in arrears, please list the reason why?

Other than the child(ren) in this study, what type of custody arrangements do you have with the your child's other parent, describe your relationship with the children.

How do you discipline the child(ren) in your home?

If you spank, for what offenses, what do you spank with, and what is the average amount of hits?

Do you discipline all the children in your home the same way? yes _____ no _____

If not, how is it different? _____

Define a good parent-child relationship

How do you express affection toward your child(ren)?

How do you handle conflicts with your children?

How do you handle your child's feelings of anger, sadness, insecurity, rebellion, etc...

Why do you want to this stepparent adoption now?

Please give a brief description of yourself as a parent, focusing on your strengths: _____

Give a brief description of your spouse as a parent, focusing on their strengths:

FAMILY HISTORY

Father's full name _____

Is he still living? Y N If deceased, age at death _____

Cause of death _____

If still living, health of father _____

Father's occupation/prior occupation _____

Check as many of the following that best characterize your childhood relationship with your father:

- no relationship friendly affectionate took care of father
- abusive warm anxious afraid of father
- idolized gentle consistent unpredictable
- neglectful smothering distant full of conflict
- caring demonstrative superficial relaxed
- supportive over protective strained loving
- fun respectful close uninvolved
- other: _____ other: _____

How would you rate your father's ability to manage his life:

- very good good fair poor unknown

Check as many of the following that best describe the personal characteristics of your father when you were a child:

- not applicable active moody easy going
- worrier outgoing overly critical kind
- perfectionist generous hardworking self-centered
- domineering aggressive flexible unforgiving
- isolated shy content stubborn
- happy irresponsible serious irrational
- optimistic pessimistic compassionate manipulative
- calm temperamental friendly/social passive
- violent understanding warm prejudiced
- substance abuser nervous/anxious supportive emotional
- preoccupied fun/playful dramatic reassuring
- self-confident rigid irritable controlling
- other: _____ other: _____

Mother's full name _____

Is she still living? Y N If deceased, age at death _____

Cause of death _____

If still living, health of mother _____

Mother's occupation /prior occupation _____

Check as many of the following that best characterize your childhood relationship with your mother:

- no relationship friendly affectionate took care of mother
 abusive warm anxious afraid of mother
 idolized gentle consistent unpredictable
 neglectful smothering distant full of conflict
 caring demonstrative superficial relaxed
 supportive over protective strained loving
 fun respectful close uninvolved
 other: _____ other: _____

How would you rate your mother's ability to manage her life:

very good good fair poor unknown

Check as many of the following that best describe the personal characteristics of your mother when you were a child:

- not applicable active moody easy going
 worrier outgoing overly critical kind
 perfectionist generous hardworking self-centered
 domineering aggressive flexible unforgiving
 isolated shy content stubborn
 happy irresponsible serious irrational
 optimistic pessimistic compassionate manipulative
 calm temperamental friendly/social passive
 violent understanding warm prejudiced
 substance abuser nervous/anxious supportive emotional
 preoccupied fun/playful dramatic reassuring
 self-confident rigid irritable controlling
 other: _____ other: _____

Were your parents married Y N Are they still married Y N Divorced Y N

If divorced, when _____ where _____

If divorced what was your age at the time of the divorce _____

Effect of the divorce on you and your siblings: _____

of times your father has been married _____

of times your mother has been married _____

Check all that apply that best describes your current relationship with your father:

- father deceased dependent
- no contact loving
- strained very close
- distant comfortable
- caring over involved
- emotionally intense not involved enough
- abusive on again, off again
- flexible problematic
- hostile enjoyable
- understanding improving
- argumentative gratifying
- manipulative i am a caretaker for
- positive other: _____
- supportive other: _____

Check all that apply that best describes your current relationship with your mother:

- mother deceased dependent
- no contact loving
- strained very close
- distant comfortable
- caring over involved
- emotionally intense not involved enough
- abusive on again, off again
- flexible problematic
- hostile enjoyable
- understanding improving
- argumentative gratifying
- manipulative i am a caretaker for
- positive other: _____
- supportive other: _____

Are your parents aware of your desire for the stepparent adoption Y N

Are they supportive of you Y N

Full names and ages of all siblings (full, step, half) and where they live

name age where they live

Are your siblings aware of the stepparent adoption Y N

Are they supportive of the stepparent adoption Y N

Is your relationship to your siblings: positive? Y N Ongoing? Y N

While living with your parents, did you move around a lot or stay in one place?

List the names of all cities you lived in while living with your parents and what age you were when you lived in each city

city

age

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Would you say you primarily lived in suburban, urban or rural areas? _____

Check as many of the following that describe what your childhood experience was like:

- painful stable traumatic
- happy confusing spoiled
- fun frightening enjoyable
- wonderful chaotic sad
- exciting lonely stimulating
- unhappy secure difficult to remember
- carefree sickly other: _____

Check as many of the following that best describe what you were like as a child (preteen):

- happy awkward responsible rebellious
- shy temperamental self-confident sad
- disobedient curious stubborn friendly
- irresponsible outgoing compliant unhappy
- calm anxious/nervous sickly thoughtful
- aggressive serious active insecure
- quiet fearful hyperactive funny
- obedient other: _____ other: _____

Check as many of the following that best describe what you were like as a teenager:

- happy awkward responsible rebellious
- shy temperamental self-confident sad
- disobedient curious stubborn friendly
- irresponsible outgoing compliant unhappy
- calm anxious/nervous sickly thoughtful
- aggressive serious active insecure
- quiet fearful hyperactive funny
- obedient other: _____ other: _____

Are there issues or incidents from your childhood that currently cause you distress? Y N

If yes, please explain:

CHILDREN

(List all biological or adopted children)

1. Name: _____ Name Of Other Parent: _____
Date Of Birth: _____ Place Of Birth: _____
Child's Address: _____
Child's phone number: _____ Child's e-mail address: _____

2. Name: _____ Name Of Other Parent: _____
Date Of Birth: _____ Place Of Birth: _____
Child's Address: _____
Child's phone number: _____ Child's e-mail address: _____

3. Name: _____ Name Of Other Parent: _____
Date Of Birth: _____ Place Of Birth: _____
Child's Address: _____
Child's phone number: _____ Child's e-mail address: _____

4. Name: _____ Name Of Other Parent: _____
Date Of Birth: _____ Place Of Birth: _____
Child's Address: _____
Child's phone number: _____ Child's e-mail address: _____

5. Name: _____ Name Of Other Parent: _____
Date Of Birth: _____ Place Of Birth: _____
Child's Address: _____
Child's phone number: _____ Child's e-mail address: _____

6. Name: _____ Name Of Other Parent: _____
Date Of Birth: _____ Place Of Birth: _____
Child's Address: _____
Child's phone number: _____ Child's e-mail address: _____

7. Name: _____ Name Of Other Parent: _____
Date Of Birth: _____ Place Of Birth: _____
Child's Address: _____
Child's phone number: _____ Child's e-mail address: _____

8. Name: _____ Name Of Other Parent: _____
Date Of Birth: _____ Place Of Birth: _____
Child's Address: _____
Child's phone number: _____ Child's e-mail address: _____

FAMILY VIOLENCE QUESTIONNAIRE

Please answer all the following questions. Circle your response.

1. Do you fear being in the same room with your spouse? Y N
2. Do you believe you and your spouse can communicate on an equal basis? Y N
3. Are you psychologically intimidated by your spouse? Y N
4. Are you physically intimidated by your spouse? Y N
5. Are you afraid of your spouse for any other reason? Y N
6. Are child rearing and family decisions shared? Y N
7. Does your spouse have a drug or alcohol problem? Y N
8. Has your spouse ever denied or threatened to deny access to your child(ren)? Y N
9. Do you have any serious concerns about your child's emotional or physical safety? Y N
10. Has child protective services ever been contacted regarding your family? Y N
11. Has there been or is there a protective order or peace bond in this case? Y N
12. Were the police or texas department of public safety ever called to your home? Y N
13. Has there been any affairs during this marriage? Y N
14. Have you experienced any of the following types of abuse from your spouse?
Yes No Verbal Abuse
Yes No Emotional Abuse
Yes No Physical Abuse
Yes No Sexual Abuse

If you answered Yes to any of the four choices in question 14, please explain: _____

The following time frames the abuse(s) occurred:

___ dating or engaged ___ married or living together ___ while separated ___ divorced

On a scale of 1 to 10, what best described your level of concern for your physical safety at this time?

None	slight	moderate	high	severe
1 2	3 4	5 6	7 8	9 10

EMPLOYMENT HISTORY AND ESTIMATED INCOME/EXPENSE STATEMENT

Your past employment history for previous ten years (use back if necessary)

1) employer name: _____

Address _____

Telephone # _____ date of employment _____

Supervisor name _____ position _____

Reason for leaving: _____

2) employer name: _____

Address _____

Telephone # _____ dates of employment _____

Supervisor name _____ position _____

Reason for leaving: _____

3) employer name: _____

Address _____

Telephone # _____ dates of employment _____

Supervisor name _____ position _____

Reason for leaving: _____

Have you ever been fired? ___yes ___no

If yes, briefly describe the circumstances: _____

If you are employed outside of the home, how many hours per week do you work?

___non-applicable ___20-30 hours ___41-50 hours

___less than 20 hours ___31-40 hours ___more than 50 hours

Whether you work inside or outside of the home, do you enjoy your work?

___no ___most of the time

___some of the time ___all of the time

Do you plan any career or job changes in the near future? Y N If yes, explain:

INCOME (THIS PAGE DOES NOT NEED TO BE DUPLICATED FOR EACH PDF):

	GROSS	NET
FROM EMPLOYMENT	\$ _____	\$ _____
OWN BUSINESS	\$ _____	\$ _____
PUBLIC ASSISTANCE (TANF, SSI, FOOD STAMPS)	\$ _____	\$ _____
CHILD SUPPORT	\$ _____	\$ _____
SPOUSE INCOME	\$ _____	\$ _____
OTHER SOURCES (SPOUSAL SUPPORT, GIFTS, ETC.)	\$ _____	\$ _____

TOTAL PERSONS SUPPORTED BY THIS INCOME _____

ACCOUNT BALANCES

LIST ALL CHECKING ACCOUNT AND BALANCES	LIST ALL SAVINGS ACCOUNTS AND BALANCES
1. _____ \$ _____	1. _____ \$ _____
2. _____ \$ _____	2. _____ \$ _____
3. _____ \$ _____	3. _____ \$ _____
4. _____ \$ _____	4. _____ \$ _____
5. _____ \$ _____	5. _____ \$ _____
TOTAL CHECKING: _____	TOTAL SAVINGS: _____

INVESTMENTS

SOURCE _____ \$ _____

SOURCE _____ \$ _____

SOURCE _____ \$ _____

PROPERTY OWNED

DESCRIPTION: _____ VALUE \$: _____

DESCRIPTION: _____ VALUE \$: _____

DESCRIPTION: _____ VALUE \$: _____

DESCRIPTION: _____ VALUE \$: _____

LIFE INSURANCE POLICIES

NAME OF CARRIER _____ INSURED AMOUNT \$ _____

BENEFICARY (IES) _____ POLICY NUMBER _____

NAME OF CARRIER _____ INSURED AMOUNT \$ _____

BENEFICARY (IES) _____ POLICY NUMBER _____

DEBTS (LOAN, CREDIT CARD, ETC.)

LENDER	AMOUNT OWED	TYPE OF DEBT	MONTHLY PAYMENT

HAVE YOU EVER FILED FOR BANKRUPTCY? Y ___ N ___ IF SO, DATE OF FILING _____

EXPLANATION: _____

ESTIMATED REGULAR MONTHLY EXPENSES MONTHLY PAYMENT

MORTGAGE/RENT \$ _____ SECOND MORTGAGE \$ _____

PROPERTY TAXES (MONTHLY AVERAGE) \$ _____

UTILITIES: GAS \$ _____ UTILITIES: WATER \$ _____

UTILITIES: ELECTRIC \$ _____ CABLE/ SATELLITE \$ _____

CAR PAYMENT 1 \$ _____ CAR PAYMENT 1 \$ _____

CAR PAYMENT 3 \$ _____ CAR PAYMENT 4 \$ _____

AUTO INSURANCE (MONTHLY AVERAGE) \$ _____

CAR FUEL (MONTHLY AVERAGE) \$ _____

CAR REPAIR/MAINTENANCE (MONTHLY AVERAGE) \$ _____

HOMEOWNER'S INSURANCE (MONTHLY AVERAGE) \$ _____

HEALTH, DENTAL, VISION INSURANCE (MONTHLY AVG) \$ _____

LIFE INSURANCE \$ _____ SHORT TERM/LONG TERM DISABILITY \$ _____

LOAN PAYMENT 1 \$ _____ LOAN PAYMENT 2 \$ _____

LOAN PAYMENT 3 \$ _____ LOAN PAYMENT 4 \$ _____

CREDIT CARD PAYMENT \$ _____ CREDIT CARD PAYMENT \$ _____

CREDIT CARD PAYMENT \$ _____ CREDIT CARD PAYMENT \$ _____

CREDIT CARD PAYMENT \$ _____ CREDIT CARD PAYMENT \$ _____

CHILD SUPPORT \$ _____ CHILD CARE \$ _____ GROCERIES \$ _____

ENTERTAINMENT \$ _____ CLOTHING \$ _____

PERSONAL EXPENSES (IE.HAIR, NAILS, MEMBERSHIPS) \$ _____

CONTRIBUTIONS TO SAVINGS ACCOUNT \$ _____

OTHER (PLEASE DESCRIBE) \$ _____

OTHER (PLEASE DESCRIBE) \$ _____

OTHER (PLEASE DESCRIBE) \$ _____

OTHER (PLEASE DESCRIBE) \$ _____

TOTAL EXPENSES \$ _____

TOTAL INCOME: \$ _____

EXTRA MONEY AVAILABLE \$ _____

I (WE) CERTIFY THAT THIS FINANCIAL STATEMENT IS AN ACCURATE DESCRIPTION OF MY (OUR) MONTHLY INCOME AND EXPENSES AND HEREBY AUTHORIZE BRADLEY S. CRAIG, LMSW, CLFE TO CHECK MY(OUR) CREDIT STATUS AND HISTORY AS REQUIRED TO ESTABLISH MY (OUR) FINANCIAL STABILITY.

PLEASE ATTACH THE LAST 2 YEARS TAX RECORDS, NOT INCLUDING ATTACHMENTS.

SIGNATURE PARENT _____ DATE: _____

SIGNATURE STEPPARENT _____ DATE: _____