

YOUR EMPLOYMENT		YOUR SPOUSE'S EMPLOYMENT	
Occupation:		Occupation:	
Highest year of education completed:		Highest year of education completed:	
Are you presently	yes (complete A Below)	Is spouse presently	yes (complete A Below)
Employed?	no (complete B Below)	Employed?	no (complete B Below)
A. Present Employer		A. Present Employer	
Employer's Name:		Employer's Name:	
Employer Phone:		Employer's Phone:	
Employer's Address:		Employer's Address:	
City:	State:	City:	State:
Employer at time of child birth:		Employer at time of child birth:	

Working with an Agency? Yes:	No:
Name of Agency: Phone	
Have a Home Study? Yes:	No:
Prepared by:	Completed on:
Working with DSHS Caseworker? Name(s):	

2. CHILD(REN)/ADOPTEE(S) INFORMATION REGARDING CHILD/ADOPTEE			
1. Child's Name and Current Address:		DOB/SSN	Age/Sex
First	Middle	Date of Birth	Age: Due date (unborn):
Last			Living with Birth Mother Natural Father Other:
Address:		Place of Birth:	City, State, Hospital
Child's Name at Birth:			
New Name Desired for Child:		Finalization date desired: _____ (Adoption Dockets are on Friday's at 2:00 p.m.)	
2. Child's Name and Current Addresses		DOB/SSN	Age/Sex
First	Middle	Date of Birth	Age: Due date (unborn):
Last			Living with Birth Mother Natural Father Other:
Address:		Place of Birth: City, State, Hospital	
Child's Name at Birth:			
New Name Desired for Child:		Finalization date desired: (Adoption Dockets are on Friday's at 2:00 p.m.)	
3. RESIDENCES OF CHILD			

During the last five (5) years, has the child(ren) listed in Section 3 above lived in any Place other than the state of Washington or with any person other than you and your spouse, birth mother or birth father?

yes no

If yes, list each child and every address (other than the address listed in Section 4 above) where the child(ren) have resided during the last five (5) years and with whom they have resided:

Child's Name	Prior Address	Dates		Resided With
		From:	To:	
		From:	To:	
		From:	To:	
		From:	To:	

Have you or your spouse participated as a party in any legal proceeding concerning the child) listed in Section 4 above? yes no

Do you know of any person who has or claims to have custody or visitation rights to the child (ren) listed in Section above? yes no

If you answered yes to either of the preceding two questions, please complete the following and attach a copy of any court order or judgment.

Child's Name	County and State of Proceeding	Cause No.

4. SPECIAL NEEDS OF CHILD(REN)

Do any of the children have any disabilities, handicaps or special requirements? (emotional/mental, physical, educational) If so, indicate which child and describe in detail:

5. Information Regarding Natural Mother

First Name:	Middle:	Last:	Date of Birth:	Age:
Residence/Address			Phone Number:	SSN:
Native American Ancestry?			Represented by an attorney? Yes No	
If so, which tribe?			If so, whom?	
A Member of the Armed Forces:			Rights Terminated?	Date Terminated:
If so, which one?				

6. Information Regarding Natural Father/Possible Father's List information about natural father and all potential father's

#1 First Name:	Middle:	Last:	Date of Birth:	Age
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Address:	Phone Number: Place of birth:	SSN:
Native American Ancestry? If so, which tribe?	Represented by an attorney? Yes No If so, whom?	
A member of the Armed forces? If so, which one?	Rights Terminated?	Date Terminated:
#2 First Name: Middle: Last:	Date of Birth:	Age
Address:	Phone Number: Place of birth:	SSN:
Native American Ancestry? If so, which tribe?	Represented by an attorney? Yes No If so, whom?	
A member of the Armed forces? If so, which one?	Rights Terminated?	Date Terminated:
#3 First Name: Middle: Last:	Date of Birth:	Age
Address:	Phone Number: Place of birth:	SSN:
Native American Ancestry? If so, which tribe?	Represented by an attorney? Yes No If so whom?	
A member of the Armed forces? If so, which one?	Rights Terminated?	Date Terminated: