

Cause Number:



North Texas Family Services
Lauren Gordon, LCSW

Mailing address:
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Rowlett TX 75088

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Interview office:
2411 Wesley Street, Suite 303, Greenville, TX

PERSONAL HISTORY QUESTIONNAIRE

*Please answer all questions completely. Use additional 8 ½ X 11 paper as needed.
You are responsible for providing updates if any information changes.*

Identifying Information: Adoptive Parents

Mother's Name: _____
Last First Middle Maiden/Other names by which you are known

Present Address: _____
Street Apt. # City State Zip Code

Telephone Numbers: _____
Home Work Cell Fax

Age: _____ Date of Birth: _____ Drivers License & State: _____

Height: _____ Weight: _____ Eye Color: _____

Social Security Number: _____ - _____ - _____ Place of Birth: _____

Father's Name: _____
Last First Middle Other names by which you are known

Telephone

Numbers: _____
Home Work Cell Fax

Age: _____ Date of Birth: _____ Drivers License & State: _____

Height: _____ Weight: _____ Eye Color: _____

If you have had a homestudy completed in the past, when and by whom? _____

Has anyone in the household ever been involved with CPS as an alleged perpetrator? Yes No

If yes, explain: _____

Residence Information

Type of Residence: House Apartment Mobile Home Do you: Own Rent

of Bedrooms/Bathrooms _____ / _____ Monthly payment _____ Current value _____

How long at present address? _____ # of times you have moved in the last ten years? _____

Previous addresses _____ How long at that address: _____

_____ How long at that address: _____

Your Education

School Name/Location	Dates of Attendance	Degree/Grade Completed

Military Service and Status Mother Father

Branch _____ Dates of active duty _____ Rank at Discharge _____

Discharge Status _____ If other than honorable, explain: _____

Biological Family History

Adoptive Mother's Family

Names of Parents: _____

Names of Step-Parents: _____

Names and Ages of Siblings: _____

Adoptive Father's Family

Names of Parents: _____

Names of Step-Parents: _____

Names and Ages of Siblings: _____

Marital/Relationship History

List, in chronological order, all marriages, cohabitation or long term relationships, or any relationships resulting in children, including your current relationship. Use additional pages if necessary.

Name of Partner	Date of Marriage / Cohabitation	Date of Separation	Date of Divorce (if applicable)
	Names of children (if any):		
Name of Partner	Date of Marriage / Cohabitation	Date of Separation	Date of Divorce (if applicable)
	Names of children (if any):		

Name of Partner	Date of Marriage / Cohabitation	Date of Separation	Date of Divorce (if applicable)
	Names of children (if any):		

Are you presently contemplating marriage? Yes No

If yes, name & address of prospective spouse: _____

Employment History List all jobs held in the last ten years (use additional pages as needed)

Employer name, address, and telephone	Dates of Employment	Job Title	Reason for Leaving

Monthly Income

	Gross	Net
Employment/Self-employment	\$ _____	\$ _____
Child support	\$ _____	\$ _____
Spouse income	\$ _____	\$ _____
Other (describe)	\$ _____	\$ _____

Medical/Behavioral Health History

If any person involved in the case is taking prescription medication, has any physical disability, chronic medical condition, surgery within the last 5 years or has received psychiatric, psychological, or other behavioral health treatment, evaluation, or counseling please complete the following information (use additional pages as needed):

Person treated	Treatment provider's name, address, and telephone	Dates of Treatment

List any prescription medications you currently take: _____

Anyone involved in the case have a history of/been treated for drug or alcohol abuse? Yes No

If yes, please explain: _____

Criminal History

Has anyone in the household been arrested, convicted of a felony or misdemeanor, or do they have a police or criminal action pending? Yes No

If yes, please explain: _____

Is anyone in the household 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 anyone in the household? Yes No

If yes, please explain: _____

Children in Adoption Petition

Name	Date of birth & social security #	School/Work Name and Address	Frequency of Overnight Visits

Other Children in Household

Name/Lives with	Date of birth & social security #	School/daycare name and address	Grade

Name, address, and telephone number of the children’s pediatrician/primary physician:

Have any of the children been treated for a current or chronic health problem? Yes No

If yes for what condition and by who? _____

Have any of the children received any behavioral/mental health counseling or treatment? Yes No

If yes for what condition and by who? _____

Do any individuals stay or live in your home, on full time or part time basis, that are not listed in the marital or children sections of this form? Yes No

Family Violence

Has there been violence in your relationship? Yes No

If yes how often and over what period of time? _____

Has there been violence or neglect involving the children? Yes No

If yes how often and over what period of time? _____

Has anyone involved in this case ever been involved with Child Protective Services? Yes No

If so, when and in what county? _____

Animals

Breed	Name	Age	Bite History?

Name, address, and telephone number of your primary veterinarian:

Identifying Information: Children's Biological Parents

Mother's Name: _____
Last First Middle Maiden/Other names by which she is known

Present Address: _____
Street Apt. # City State Zip Code

Telephone Numbers: _____
Home Work Cell

Age: _____ Date of Birth: _____

Child's Name: _____

Father's Name (1) :

_____ Last First Middle Maiden/Other names by which he is known

Present Address: _____
Street Apt. # City State Zip Code

Telephone Numbers: _____
Home Work Cell

Age: _____ Date of Birth: _____

Child's Name: _____

Father's Name (2) :

_____ Last First Middle Maiden/Other names by which he is known

Present Address: _____
Street Apt. # City State Zip Code

Telephone Numbers: _____
Home Work Cell

Age: _____ Date of Birth: _____

Please answer the following questions on 8 1/2 x 11-inch, letter size, paper and return with this form. Please write on only one side of the paper. Brief, concise answers are the most helpful in understanding your case. If the question does not apply to your situation you may mark N/A.

1. How has termination of biological parental rights affected the children?
2. What do you feel are the children's needs, strengths and weaknesses?
3. Describe the involvement of your current spouse, prospective spouse or cohabitant with the children.
4. What activities do you enjoy with your children?
5. Describe yourself as a parent, focusing on your strengths.
6. List any concerns, not already stated, you have about parenting the child(ren) to be adopted.
7. Briefly describe your marriage or partnership with the other parent and why it is ending or has previously ended.
8. What involvement or access schedule will the children have with biological family after adoption?
9. List the areas of agreement and disagreement you and the other party have concerning a parenting plan for the children.
10. Briefly describe your childhood, including who raised you and how. Include what resource or support your extended family is to you and the children.

Parenting References:

Attached to this form is a parenting reference questionnaire. Please make copies and give the questionnaire to four separate individuals who know you and your children. Please ask the respondents to complete the questionnaire as best possible and return them directly to our office (not to you). Respondents may use additional paper as needed, but please ask them to use **only 8 1/2 x 11 inch paper** and **write on only one side**. Please inform them that the information will not be confidential and a copy will be provided to the Court and each attorney of record.