



ENGEL
LAW OFFICE

*The Kensington, Suite J
157 West Third Street
Winona, Minnesota 55987
Phone: (507) 453-3646
Fax: (507) 457-0519*

**MINNESOTA
ADOPTION
QUESTIONNAIRE**

READ THE FOLLOWING CAREFULLY: Please fill out this form as completely as possible. The more time and attention that you put into the completion of this form, the less time we will need to spend in obtaining such data for you and from you. This effort on your part could result in a substantial reduction in the fees charged for professional services. If a question does not apply to your situation, answer "N/A" (not applicable). If a question applies to your situation but you do not know the answer, please write "unknown." If you need additional space for an answer, you may use the back of a page. **ALL INFORMATION YOU PROVIDE ON THIS FORM IS STRICTLY CONFIDENTIAL AND PROTECTED BY THE ATTORNEY/CLIENT PRIVILEGE.**

Date: _____ Referred by: _____

YOUR PERSONAL INFORMATION

Your full name: _____

Previous names you have used: _____

Street address: _____

City: _____ State : _____ Zip: _____ County: _____

Address to which mail should be sent: _____

Home phone:(_____) _____ Work phone:(_____) _____ ext. _____

Cell/pager: (_____) _____ E-mail: _____

Method of contact: I prefer that you contact me at home/work/cell/e-mail (circle one). You may contact me at home work cell e-mail (check all that apply). **DO NOT CONTACT ME** at home work cell e-mail (check all that apply).

Birthplace: _____ Birthdate: _____
(city county state)

SSN: _____ Length of residence in MN: _____

Your state of health: _____ Family doctor: _____

Emergency contact: In the event that you must be reached by this office on short notice, give the name, address, telephone number and relationship of the person most likely to know where you are at ALL times.:

Name: _____ Address: _____

Phone number(s): _____ Relationship: _____

INFORMATION REGARDING CHILD TO BE ADOPTED

Full name: _____

Previous names the child has used: _____

Street address: _____

City _____ State _____ Zip _____ County _____

Birthplace: _____ Birthdate: _____
(city county state)

SSN: _____ Length of residence in MN: _____

Property owned by child: _____

Desired name for child following adoption: _____

INFORMATION REGARDING MOTHER (WITH WHOM CHILD IS LIVING)

Full name: _____

Previous names other party has used: _____

Street address: _____

City _____ State _____ Zip _____ County _____

Birthplace: _____ Birthdate: _____
(city county state)

SSN: _____ Length of residence in MN: _____

Date of Present Marriage: _____ Place of Marriage: _____
(city county state)

INFORMATION REGARDING FATHER (WITH WHOM CHILD IS LIVING)

Full name: _____

Previous names other party has used: _____

Street address: _____

City _____ State _____ Zip _____ County _____

Birthplace: _____ Birthdate: _____
(city county state)

SSN: _____ Length of residence in MN: _____

INFORMATION REGARDING NATURAL MOTHER/FATHER
(WITH WHOM CHILD IS NOT LIVING)

Full name: _____

Previous names other party has used: _____

Street address: _____

City _____ State _____ Zip _____ County _____

Birthplace: _____ Birthdate: _____
(city county state)

SSN: _____ Length of residence in MN: _____

INFORMATION REGARDING GUARDIAN (IF ANY)

Full name: _____

Previous names other party has used: _____

Street address: _____

City _____ State _____ Zip _____ County _____

Birthplace: _____ Birthdate: _____
(city county state)

Dated: _____ **Signed:** _____

TO EXPEDITE THE HANDLING OF THIS MATTER, PLEASE ASSEMBLE AND PHOTOCOPY THE FOLLOWING DOCUMENTS AND PROVIDE THEM TO US AS SOON AS POSSIBLE:

- Any pleadings or other court papers regarding child support, paternity or other family law matters involving this child
- Any other papers or documents requested by us.