

APPLICATION FOR STEPPARENT ADOPTION



HOUSEHOLD INFORMATION

Home Phone: ()		Other Phone: ()	
Address:			
City:	State:	Zip:	County:
Email Address(es):			
How long at this address?		Directions to Home:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (please explain):			
# of Bedrooms:		Is there a fire extinguisher in the kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a smoke detector on every floor? <input type="checkbox"/> Yes <input type="checkbox"/> No		and in every bedroom? <input type="checkbox"/> Yes <input type="checkbox"/> No	

INSURANCE

(Under "Amount," please list the amount of **liability coverage** and not the cost of premiums.)

Homeowner's/Renter's Liability Insurance Co.:	Amount: \$
Auto Insurance Company:	Amount: \$
Life Insurance Company:	Amount: \$
Health Insurance Company:	

LIST ALL PEOPLE RESIDING AT THIS ADDRESS

Name (First and Last)	Date of Birth	Birthplace (County/State)	Social Security #
	- -	/	- -
	- -	/	- -
	- -	/	- -
	- -	/	- -
	- -	/	- -
	- -	/	- -

MARRIAGE INFORMATION

Date:	City:	State:	County:
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HOUSEHOLD INCOME

Husband's Annual Salary: \$	Wife's Annual Salary: \$
Other Income: \$	

HOUSEHOLD DEBTS

Mortgage:	Monthly Payment: \$	Total Owed: \$
Auto Loan:	Monthly Payment: \$	Total Owed: \$
Auto Loan:	Monthly Payment: \$	Total Owed: \$
Credit Card:	Monthly Payment: \$	Total Owed: \$
Credit Card:	Monthly Payment: \$	Total Owed: \$
Other:	Monthly Payment: \$	Total Owed: \$
Other:	Monthly Payment: \$	Total Owed: \$

Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," date filed:
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Please provide any additional financial information you feel is important:
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Administrative Office: 3800 N. Mayfair Road, Wauwatosa, WI 53222-2200

Phone: 414-536-8333 or 800-291-4513 Fax: 414-536-8348

Website: www.lcfswi.org

APPLICATION FOR STEPPARENT ADOPTION



HUSBAND'S INFORMATION

First Name:	Middle:	Last:
Please list any other names by which you have been known:		
Age:	Race:	
If any Native American heritage, please list tribe:		and %:
Driver License #:	State of Issue:	
Highest Grade Completed (1-12):	College or Degree Program:	
Church or Religious Affiliation:		
Health Status:		

EMPLOYMENT HISTORY

Occupation or Title	Employer	City	Dates of Employ
			to
			to
			to

Have you ever served in the military? ☐ Yes ☐ No If "Yes," please complete the following line:

Branch: Dates of Service: to Type of Discharge (if applicable):

PREVIOUS MARRIAGES

Have you been married previously? ☐ Yes ☐ No If "Yes," how many times?

Name of Former Spouse	Marriage Date	Divorce Date	County
	- -	- -	
	- -	- -	

WIFE'S INFORMATION

First Name:	Middle:	Last:	Maiden:
Please list any other names by which you have been known:			
Age:	Race:		
If any Native American heritage, please list tribe:			and %:
Driver License #:	State of Issue:		
Highest Grade Completed (1-12):	College or Degree Program:		
Church or Religious Affiliation:			
Health Status:			

EMPLOYMENT HISTORY

Occupation or Title	Employer	City	Dates of Employ
			to
			to
			to

Have you ever served in the military? ☐ Yes ☐ No If "Yes," please complete the following line:

Branch: Dates of Service: to Type of Discharge (if applicable):

PREVIOUS MARRIAGES

Have you been married previously? ☐ Yes ☐ No If "Yes," how many times?

Name of Former Spouse	Marriage Date	Divorce Date	County
	- -	- -	
	- -	- -	

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CHILD TO BE ADOPTED

First Name:	Middle:	Last:
Age:	Race:	If any Native American heritage, please list tribe:
Condition of Health:		
Name of School:	Grade Level:	Performance:
How long has the child known the stepparent?		
What activities does the child enjoy?		
Describe any special issues about the child (emotional health, disability, etc.) that are pertinent:		

TERMINATING BIOLOGICAL PARENT

First Name:	Middle:	Last:
Please list any other names by which s/he has been known:		
Has this person's paternity been established through court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," please provide copy of court document.) If "No," please explain how paternity has been established:		
Age:	Date of Birth: - -	Race:
If any Native American heritage, please list tribe: and %:		
Date of Last Contact with Child: - -	Date of Last Financial Support for Child: - -	

REFERENCES

We will be sending forms to three individuals whom you select to serve as references.
Choose non-family members who have primarily known the adopting parent.

① Name:	Phone Number:
Address:	
② Name:	Phone Number:
Address:	
③ Name:	Phone Number:
Address:	

LEGAL REPRESENTATION FOR THE ADOPTION

<input type="checkbox"/> We do not plan to have legal representation. <input type="checkbox"/> We would like referrals to lawyers who can help us.			
<input type="checkbox"/> We have or are planning to have legal representation from the following lawyer or law firm:			
Name:	Phone:	Fax:	
Address:	City:	State:	Zip:

SIGNATURES

Receipt of this completed application will serve as notification to us of your interest in a stepparent adoption. Your signature attests to the fact that the information you provided is true and accurate to the best of your knowledge.

Husband's Signature

Date

Wife's Signature

Date

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THIS FORM IS TO BE COMPLETED BY THE ADOPTING STEPPARENT.

Why have you decided to adopt? _____

What does the adoption mean to you as a stepparent? _____

What kinds of things do you do together with your child(ren)? _____

What will it mean to your child(ren)? _____

How do(es) your child(ren) feel about it? _____

How will things be different after the adoption? _____

Describe your relationship with your spouse: _____

Provide any additional information you feel is pertinent: _____

Name of Adopting Parent (Print or Type)

Signature of Adopting Parent

Date

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