

**Harris County Domestic Relations Office**  
**Family Court Services Division**  
**1310 Prairie, Suite 620, Houston, Texas 77002**  
**Phone: (713) 274-7305 Fax: (713) 437-4729**

**PERSONAL HISTORY QUESTIONNAIRE**  
**FOR ADOPTION EVALUATION - CAUSE NO.: \_\_\_\_\_**

*All requested information is required by Texas statutes. Please answer all questions completely.  
 Use additional 8 1/2 x 11 paper as needed. You are responsible for providing updates if information changes.*

**Identifying Information**

Name (first, middle, last, maiden): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Birth date: \_\_\_\_\_ City/ State where you were born: \_\_\_\_\_

Immigration status and identification #: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Religious preference: \_\_\_\_\_ Attendance, (*none, occasionally, weekly*): \_\_\_\_\_

**Family History**

Your Parents:

Father's name: \_\_\_\_\_ Place of residence: \_\_\_\_\_ Deceased: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Place of residence: \_\_\_\_\_ Deceased: \_\_\_\_\_

Siblings: Number of Brothers: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_

**Education History**

School Name/Location	Dates of Attendance	Degree/Last Grade Completed

**Military Service and Status**

Branch \_\_\_\_\_ Dates of active duty \_\_\_\_\_ Discharge Status \_\_\_\_\_

**Residence Information**

You must provide information on each residence for the past 10 years, including address and length of time.

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

# of Bedrooms/Bathrooms: \_\_\_\_/\_\_\_\_ Monthly payment: \$\_\_\_\_\_ Current value: \$\_\_\_\_\_

How long at present address? \_\_\_\_\_ Number of times you have moved in the last ten years? \_\_\_\_\_

Previous addresses: \_\_\_\_\_ Years at that address: \_\_\_\_\_

Is your home equipped with smoke detectors? Yes or No (circle).

Do you have any firearms in your home? Yes or No (circle) If yes, please explain where they are kept. \_\_\_\_\_

If you have any pets at your home, please identify here. \_\_\_\_\_

**Medical/Behavioral Health History**

Present health status (*poor, good, excellent*) \_\_\_\_\_

Prescription medications you currently take: \_\_\_\_\_

Please provide information on prescription medications, physical disabilities, chronic medical condition, substance abuse, psychiatric, psychological, or other behavioral health treatment, evaluation or counseling (use additional pages as needed):

Dates of Treatment	Diagnosis	Treatment Providers name, address and phone number

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

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Employment History** List all jobs held in the last five years (use additional pages if necessary)

Employer, Address and Telephone	Dates of Employment	Position Title	Reason for Leaving

Household Monthly Gross Income: \$\_\_\_\_\_ Sources of Income: \_\_\_\_\_

**Marital/Relationship History**

In chronological order, list all marriages, cohabitations, and any relationships resulting in children. Use additional pages if necessary.

Full name of Partner	Date Relationship Began	Date of Marriage	Names of Children (if any)
	Date Parties Began Cohabiting	Any Periods of Separation?	

Full name of Partner	<input type="checkbox"/> Marriage <input type="checkbox"/> Relationship	Date of Separation	Names of Children (if any)
	Date Began	Date of Divorce	

If Divorce or Parentage Final Order		
Type & Date of Court Order	County/State Granted	Cause No.:
State why this marriage or relationship ended.		

Full name of Partner	<input type="checkbox"/> Marriage <input type="checkbox"/> Relationship	Date of Separation	Names of Children (if any)
	Date Began	Date of Divorce	

If Divorce or Parentage Final Order		
Type & Date of Court Order	County/State Granted	Cause No.:
State why this marriage or relationship ended.		

**Criminal History**

Have you been arrested, convicted of a crime, or have a police or criminal action pending?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you on probation or parole?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has a protective order been issued against you or any person in the case?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Family Violence**

Have you or anyone involved in this case ever had an allegation of child neglect or abuse investigated by Children’s Protective Services for any child in your care?  Yes  No

Allegations: Date of Allegations: Result: (validated, factor’s controlled, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Has there been violence during your relationship with your current partner?  Yes  No

If yes, how often and over what period of time? \_\_\_\_\_

\_\_\_\_\_

**Children - Information for children of this suit and children living in your home**

Name	Date of Birth	School/Daycare name and address	Grade
Health (circle): Poor Good Excellent	Social Security Number		
Medications:	Prior & current health concerns/hospitalizations:		

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Medications:	Prior & current health concerns/hospitalizations:		

Does the child(ren) know they are being adopted? \_\_\_\_\_

What medical insurance does the child(ren) have? \_\_\_\_\_

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

\_\_\_\_\_

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

If yes for what condition and by whom? \_\_\_\_\_

Do you plan to change the child's name at the time of the adoption? Yes or No (circle one)

If yes, to what name: \_\_\_\_\_

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

If yes give their names and ages: \_\_\_\_\_

**Contacts and Contributions by Biological Parent Whose Rights Are Being Terminated**

When did the parent whose rights are being terminated last have contact with the child(ren). Was it by phone or in person? \_\_\_\_\_

Does this parent provide financial support? Please explain the amounts and last payment. \_\_\_\_\_

Provide the phone number, address or e-mail address of this parent.

**SIGNATURE: I affirm that all information provided in this Personal History Questionnaire is true, correct and complete.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Documents Required**

Please provide copies of the following documents to the evaluator before the home visit.

1. Birth certificates for the child(ren) in the suit.
2. Most recent report cards for school-age children.
3. The child(ren)' medical insurance card.
4. If the child is not enrolled in school, the child's most recent immunization records.
5. Marriage license(s) for current marriage.
6. Divorce decrees or court orders regarding previous marriages/relationships.
7. Most recent paycheck stubs (2-4), DBA or business registration, or letter to verify employment.
8. Citizenship papers (permanent residency card or naturalization paperwork), if applicable.
9. Texas driver's license for all adults living in the home.

**Information Required**

1. A sketch of the floor plan of your home showing dimensions and the purpose of all rooms in the home.
2. Photos of outside areas showing the grounds to be used by the adoptive child(ren).
3. The results of the fingerprint-based criminal history background check completed on each person residing in your home over the age of 14.
4. The name, address and phone number of every biological child 12 years old or older of the adopting parent that is not living in the home.

## Answers to Required Questions

Please answer the following questions on a separate sheet of paper and return with this form. 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. Why are you seeking this adoption?
2. If not a stepparent adoption, how was the child placed in your home?
3. Describe the involvement of your current spouse with the child(ren).
4. What family activities do you enjoy with the children?
5. Describe yourself as a parent, focusing on your strengths.
6. How do you and the other parent discipline the child?
7. Briefly describe your current marriage.
8. Briefly describe your childhood, including who raised you, how you were raised and whether you experience any history of abuse or neglect.
9. What resource or support does your extended family provide to you and the child? What is their attitude towards this adoption?
10. What are your feelings regarding whether the child should have contact with the child's biological family in the future?

## Parenting References

Please provide the names of 5 references (2 family members, 3 friends/neighbors), including their city, state of residence and daytime phone numbers (home, cell, work). The evaluator will interview three (3) individuals from this list by phone. Please inform your references that the information they give will not be confidential and will be provided to the Court.

### Family Member (2)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City/State: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City/State: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

### Friends/Neighbor/Collateral (3)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City/State: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City/State: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City/State: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_