

**JOHNNY W. THOMAS, LAW OFFICE, P.C.**  
**FAMILY ADOPTION INTERVIEW SHEET**

**Petitioner's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Home #** \_\_\_\_\_ **Wk#** \_\_\_\_\_ **Date of Birth:** / / .

**Maiden Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Driver's Lic.#** \_\_\_\_\_

**Birthplace:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Bexar County Resident? Y / N**    **How Many Years:** \_\_\_\_\_    **Race:** \_\_\_\_\_    **Sex:** \_\_\_\_\_

**Petitioner's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Home #** \_\_\_\_\_ **Wk#** \_\_\_\_\_ **Date of Birth:** / / .

**Maiden Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Driver's Lic.#** \_\_\_\_\_

**Birthplace:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Bexar County Resident? Y / N**    **How Many Years:** \_\_\_\_\_    **Race:** \_\_\_\_\_    **Sex:** \_\_\_\_\_

**Respondent's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Home #** \_\_\_\_\_ **Wk#** \_\_\_\_\_ **Date of Birth:** / / .

**Maiden Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Driver's Lic.#** \_\_\_\_\_

**Birthplace:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Bexar County Resident? Y / N** **How Many Years:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Respondent's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Home #** \_\_\_\_\_ **Wk#** \_\_\_\_\_ **Date of Birth:** / / .

**Maiden Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Driver's Lic.#** \_\_\_\_\_

**Birthplace:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Children Residing with Petitioner:** \_\_\_\_\_ **With Respondent:** \_\_\_\_\_

**Child(ren) Name:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **DOB:** / / .

**Place of Birth:** \_\_\_\_\_ **SSN #** \_\_\_\_\_

**Child(ren) Name:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **DOB:** / / .

**Place of Birth:** \_\_\_\_\_ **SSN #** \_\_\_\_\_

**Child(ren) Name:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **DOB:** / / .

**Place of Birth:** \_\_\_\_\_ **SSN #** \_\_\_\_\_

**Child(ren) Name:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **DOB:** / / .

**Place of Birth:** \_\_\_\_\_ **SSN #** \_\_\_\_\_

**Child(ren) Name:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **DOB:** / / .

**Place of Birth:** \_\_\_\_\_ **SSN #** \_\_\_\_\_

**Petitioner's Income: Weekly/Monthly:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Petitioner's Income: Weekly/Monthly:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Respondent's Income: Weekly/Monthly:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Respondent's Income: Weekly/Monthly:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Will Respondent Sign Waiver: Y / N** **Is Respondent Military: Y / N**

**If So, What Branch:** \_\_\_\_\_

**Place Respondent Should Be Served:** \_\_\_\_\_

**Name Change for Children: Y / N**