

PRE-SEARCH QUESTIONNAIRE FOR ADULT ADOPTEE

Please complete this questionnaire prior to meeting your assigned Confidential Intermediary.

Your Full Name: _____ Date of Birth: _____

Your Full Adopted Name (if different): _____

Current Address: _____

Current Phone Numbers: (H) _____ (W) _____ (C) _____

Marital Status: _____ Spouse's Name: _____ Years Married: _____

Names of Children and Ages: _____

Occupation/Type of Work: _____

Employer: _____

Level of Education: _____ Degree/Area of Study: _____

Religion: _____

Hobbies, Interests, Talents, Achievements:

CONFIDENTIALITY NOTICE: Your responses to the following questions are confidential and would not be discussed with another party without your knowledge and written permission. **Please answer, in as much detail as possible, the following questions. If you need more space, use the backs of pages or type your responses separately and attach them to this form.**

1) Why did you initiate this search, and why have you chosen to initiate it at this time?

2) What are your expectations/hopes/goals for this search?

3) Who in your life is aware of your search, and what has their reaction been?

4) If any of your siblings are adopted, have any of them conducted a search for their birth parents? If so, briefly describe the outcome and the impact on your sibling.

5) Briefly describe your childhood and your relationship with your adoptive parents and any siblings. Are there any current unresolved issues with your adoptive family?

6) How was the subject of adoption handled in your adoptive family? (For example, when were you told; were you parents open with you in discussing your adoption, including the reasons why adoption was planned for you, and any background information? Did you feel comfortable asking questions about your adoption?)

7) How do you think that being adopted has impacted your relationships, your life, and how you feel about yourself? Are there any sensitive areas or issues connected with being adopted that have affected you, and/or currently affect you?

8) What effect, if any, will contact with your birth parent(s) have on your relationship with your adoptive family?

9) Briefly describe your personality. Are there currently any significant unresolved problems in your personal life (i.e. marital or other family issues, work problems, interpersonal problems, drugs, alcohol, etc.)

10) How do you typically handle stressful situations?

11) Have you ever received counseling/treatment/medication/hospitalization for any emotional, mental, alcohol, or any other substance abuse problems? Are you currently in any kind of treatment for any issues? Please describe.

12) Have you ever been arrested, convicted of a crime and/or incarcerated? If yes, please describe.

13) Have you had, or do you currently have, any physical or medical problems? Please describe.

14) Based on the background information that you received about the circumstances of your placement for adoption, what are your feelings toward your birth parents for making this decision?

15) What kind of person do you expect your birth parent(s) to be?

16) What obstacles or issues do you think might prevent your birth parent(s) from responding positively to your desire for contact?

17) Please discuss what your feelings and reactions might be to the following possible scenarios:

A. Your birth parent declines contact with you, and will not disclose any information:

B. Your birth parent is ill, mentally ill, has a challenging personality, or is very needy:

C. Your birth parent never told anyone, including a spouse or children, about the adoption:

D. Your birth parent cannot be located or is deceased:

E. Your birth parent is uncertain about how much contact to have or how to proceed:

F. Your birth parent wants more contact than you are ready to have:

18) Please share your feelings about the State of Maryland's requirements:

A. That an intermediary is appointed to provide search services:

B. That you have an interview to discuss your readiness to proceed with the search process:

C. That Maryland is a mutual consent state, and your birth parent has the right to decline contact or the release of any information:

19) Please use the following space to add any additional comments or concerns:

Signature

Date