PRE-SEARCH QUESTIONNAIRE FOR BIRTH PARENT

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

Your Full Name:_____ Date of Birth: _____

Your Full Name at Time of Adoption (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:
_____
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CONFIDENTIALITY NOTICE: Your responses to the following questions are confidential, and will 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?
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2) **What are your expectations/hopes/goals for this search?**

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

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4) **Do you know anyone else who placed a child for adoption and then conducted a search for that person? If so, briefly describe the outcome and the impact on the person who searched.**

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5) **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.)**

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6) **How do you typically handle stressful situations?**

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7) 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? If yes, please describe.

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

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

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10) Please describe the circumstances of the adoption as you remember them to be.

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11) At the time of the adoption, who in your life knew that you had a child that you placed for adoption?

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12) Do you feel the plan for adoption was your decision, or do you feel that others were in control of the decision?

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13) How was the pregnancy and adoption handled within your family of origin? Was it ever discussed after the placement?

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14) How do you now feel about your original decision to place your child for adoption?

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15) How has your decision to place your child for adoption impacted your life and relationships? How has it affected how you feel about yourself?

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16) What kind of person do you expect your adult child to be?

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17) What obstacles or issues do you think might prevent your adult child from responding positively to your desire for contact?

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18) How will the search or contact affect your adult child's adoptive family?

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

A. Your adult child declines contact with you, and will not disclose any information:

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B. Your adult child is ill, has/had an addiction, is mentally ill, has had a very difficult life, has a challenging personality and/or is very needy on some level?

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C. Your adult child never knew that he/she was adopted?

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D. Your adult child cannot be located or is deceased?

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E. Your adult child is happy to be found but uncertain about how much contact to have or how to proceed?

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F. Your adult child wants more contact than you are ready or want to have?

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

    A. That a confidential intermediary is appointed to provide search services:

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

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

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

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_____   _____

                   Signature   Date