

**ANNE MOODY  
ADOPTION SPECIALIST  
9759 NE PINE STREET  
BAINBRIDGE ISLAND, WA 98110  
(206) 842-2810**

**APPLICATION FOR ADOPTION REPORT**

Name/s: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Referred By: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Parent 1

Parent 2

Birth Date: \_\_\_\_\_

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

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Annual Income: \_\_\_\_\_

Religion: \_\_\_\_\_

Date and Place  
Of Marriage: \_\_\_\_\_

Dates Of Previous  
Marriages: \_\_\_\_\_

Other Persons/Children Living in the Household (if you need to add more people, do so in the Additional Comments space at the end of this document)

Name	Birth Date	Sex	Relationship
1. _____			
2. _____			
3. _____			
4. _____			

Does anyone else live on your property? Yes \_\_\_\_\_ No \_\_\_\_\_  
Explain

If any of your children do not live with you, please explain their living situation.

Do you have any history of physical and/or psychological problems?  
Please briefly explain.

Have you ever received mental health counseling (ie: for depression, stress, grief, infertility, etc.)

Have you ever had a problem related to substance abuse?

Have you ever been charged with allegations of child abuse, sexual abuse or domestic violence?

Have you ever been arrested?

Have you ever requested a home study or applied for adoption before? If so, please explain with whom and the status of that application.

Have you ever been turned down as an adoptive or foster parent or lost custody of a child?

Please briefly explain why you have decided to pursue adoption at this time.

Please describe the child you would like to adopt (ie: age, race, special needs, etc).

Additional Comments (optional)

I/we certify that all of the information in this application or otherwise furnished to Anne Moody in connection with this adoption report is and will be true and complete in all respects. I/we acknowledge that Anne Moody will rely on this information in the preparation of the adoption report. I/We give Anne Moody permission to contact our references and discuss issues relevant to our application for adoption. I/We understand that Anne Moody will do a criminal history record check and a check of the DSHS files of abuse and neglect for all persons who submit clearance requests.

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Signature of Applicant

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Signature of Applicant

Date of Application Submission: \_\_\_\_\_