



**Uncontested Stepparent Adoption
Questionnaire & Application**

Family Name: _____
Address: _____

Home Phone: _____
Work Phone: _____
Email Address: _____

CURRENT MARRIAGE

How did you meet and how long have you been together?

When did you marry and where?

PARENT 1: Name:

DOB and Place of Birth:

Previous Relationships or Marriages

Please list any previous marriages and divorces below with names and dates:

PARENT 2: Name:

DOB and Place of Birth:

Previous Relationships or Marriages

Please list any previous marriages and divorces below with names and dates:

Click or tap here to enter text.

List Children, Adult Children or Adults (Not Petitioning to Adopt) *Who Live in Your Home*

| | | |
|------|-----------|--------------|
| Name | DOB/Place | School/Grade |
| Name | DOB/Place | School/Grade |
| Name | DOB/Place | School/Grade |
| Name | DOB/Place | School/Grade |

Add More in Space Below if Needed:

RELEASE OF INFORMATION

PARENT 1 RELEASE OF INFORMATION

I hereby declare the information I have provided on this application to be true and complete to the best of my knowledge. I understand that any misstatement or omission of fact(s) on the application could be considered cause for disapproval. I fully understand that **I am not** engaging in counseling or psychotherapy services with Laura L. Johnson, LPC, LCPAA dba Texas Adoption Home Studies/ Adoption Hive LLC by signing this agreement.

I hereby allow the completed written review for my uncontested stepparent adoption to be released to:

My Attorney: _____

Court of Record: _____

I hereby do release and allow any and all information that is learned in the review process can be communicated with these offices and their staff.

I authorize LAURA L. JOHNSON, LPC, LCPAA or her associates to obtain any information that would assist in the review of my desire to adopt or complete an adoption, including access to my personal criminal history checks and child abuse and neglect checks and reviews of those investigations.

Signature of Parent 1

Date

Complaints about Licensed Professional Counselors can be made to:
TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL
1801 Congress Ave., Ste. 7.300
Austin, Texas 78701
Tel.: (512) 305-7700

Complaints about Social Workers can be made to:
TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL
1801 Congress Ave., Ste. 7.300
Austin, Texas 78701
Tel.: (512) 305-7700

PARENT 2 RELEASE OF INFORMATION

I hereby declare the information I have provided on this application to be true and complete to the best of my knowledge. I understand that any misstatement or omission of fact(s) on the application could be considered cause for disapproval. I fully understand that **I am not** engaging in counseling or psychotherapy services with Laura L. Johnson, LPC, LCPAA dba Texas Adoption Home Studies/ Adoption Hive LLC by signing this agreement.

I hereby allow the completed written review for my uncontested stepparent adoption to be released to:

My Attorney: _____

Court of Record: _____

I hereby do release and allow any and all information that is learned in the review process can be communicated with these offices and their staff.

I authorize LAURA L. JOHNSON, LPC, LCPAA or her associates to obtain any information that would assist in the review of my desire to adopt or complete an adoption, including access to my personal criminal history checks and child abuse and neglect checks and reviews of those investigations.

Signature of Parent 2

Date

Complaints about Licensed Professional Counselors can be made to:

TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL
1801 Congress Ave., Ste. 7.300
Austin, Texas 78701
Tel.: (512) 305-7700

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