

**CHARLOTTE H. DANCIU, P.A.**  
**202 N. Swinton Ave.**  
**Delray Beach, Florida 33444**  
**(561) 330-6700 Fax: (561) 330-2446**  
**Website Address: www.adoption-surrogacy.com**  
**E-mail Address: charlotte@adoption-surrogacy.com**

REFERRED BY \_\_\_\_\_

**PRELIMINARY INFORMATION**

ADOPTIVE MOTHER

ADOPTIVE FATHER

Name \_\_\_\_\_

Address \_\_\_\_\_

Maiden \_\_\_\_\_

How Long \_\_\_\_\_ Own\_\_\_ Rent \_\_\_

Birthplace \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_ Social Security # \_\_\_\_\_

Physical Description Ht.\_\_\_\_ Wt.\_\_\_\_\_

Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Race \_\_\_\_\_

Marriage Date \_\_\_\_\_ Place \_\_\_\_\_

Home Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Drivers License No: \_\_\_\_\_ No: \_\_\_\_\_

State: \_\_\_\_\_ State: \_\_\_\_\_

Children / Ages / Natural or Adopted

\_\_\_\_\_

Religion \_\_\_\_\_

\_\_\_\_\_

Nationality \_\_\_\_\_

\_\_\_\_\_

Highest Grade Completed \_\_\_\_\_

\_\_\_\_\_

Special Interests or Talents

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Military Service \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Employer / Address / Phone Number

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Approx. Annual Income \$ \_\_\_\_\_

\$ \_\_\_\_\_

Have you ever been arrested or convicted of a Crime other than Minor Traffic Violations?  
(If the answer to this question is Ayes@, please explain on an attached sheet of paper.)

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you drink Alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Family Medical History

Any serious or chronic illness including mental or psychiatric treatment?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your infertility been diagnosed? \_\_\_\_\_

Reason? \_\_\_\_\_

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ADOPTIVE MOTHER

How long have you been interested in adoption and why do you want to adopt?

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How do you feel about your spouse as a parent?

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ADOPTIVE FATHER

How long have you been interested in adoption and why do you want to adopt?

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How do you feel about your spouse as a parent?

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Have you applied to other adoption agencies / attorney=s, and where?

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Would you accept a ASpecial Needs@ Child? Yes \_\_\_\_\_ No \_\_\_\_\_

- |                             |           |          |
|-----------------------------|-----------|----------|
| Mild Physical Handicap?     | Yes _____ | No _____ |
| Moderate Physical Handicap? | Yes _____ | No _____ |
| Severe Physical Handicap?   | Yes _____ | No _____ |
| Mild Mental Handicap?       | Yes _____ | No _____ |
| Moderate Mental Handicap?   | Yes _____ | No _____ |
| Severe Mental Handicap?     | Yes _____ | No _____ |

Would you accept a Racially-Mixed Child?

Black/ White	Yes _____	No _____
Hispanic/White	Yes _____	No _____
Asian / White	Yes _____	No _____

Would you accept an Black, Hispanic or Asian Child?

Asian	Yes _____	No _____
Hispanic	Yes _____	No _____
Black	Yes _____	No _____

Would you accept an older child? Yes \_\_\_\_\_ No \_\_\_\_\_

Up to what age? \_\_\_\_\_

Would you accept a sibling group? Yes \_\_\_\_\_ No \_\_\_\_\_

What ages? \_\_\_\_\_

Other Comments

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Please include these documents when submitting your application:

1. Completed Application - Please make sure the application is fully completed and signed by both adoptive parents.
2. Local Law Enforcement Clearance - This is to be completed by your local police station.
3. Florida Department of Law Enforcement Clearance - A check or money order must be submitted along with this request made payable to FDLE. @ The fee is \$24.00 per person. Each adoptive parent must sign this clearance.
4. Abuse Registry Clearance - Each adoptive parent must sign this clearance.
5. Financial Statement - Statement of assets and liabilities in a balance sheet type format or your most recent Federal Income Tax statement.
6. Please include some recent family photographs.

Please supply 6 references, one of which may be related. Additionally, please supply a name of someone we may contact at your place of employment with respect to a reference. ALL APPLICATIONS MUST BE COMPLETE WITH ZIP CODES OR APPLICATION WILL NOT BE PROCESSED. All references will be contacted by mail and advised of the prospective adoption and requested to provide a written response to our office.

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

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

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
ADOPTIVE MOTHER

\_\_\_\_\_  
ADOPTIVE FATHER