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ADOPTION PREFERENCES

DATE: _____

Adoptive Parent: _____

Adoptive Parent: _____

Thank you for taking a moment to tell us about (or update) your adoption preferences. This is used by the Law Office to match, to the best of our ability, your specific preferences with those adoption opportunities that present themselves to our office through various resources. We understand it may feel a little premature to know what all your specific preferences are before we consult about adoption, but this questionnaire will get you to begin considering your preferences. We will discuss your preferences at length at the time of our consultation with you. It has also been our experience that adoption preferences do change over time. Therefore, once you have completed this it may change. If it does, it is important that you apprise us of any changes so we present you to as many opportunities as possible. As well, please advise us of any other change(s) in your biographical information including e-mail, phone numbers, home or business addresses, fax numbers, etc. We look forward to working with you!

1. GENDER PREFERENCE:

Option #1: Either Boy or Girl _____;

Option #2: Boy only _____;

Option #3: Girl only _____; (indicate Options #2 or #3 **ONLY** if you are emphatic about gender. This can be a very limiting factor as many times the birth mother does not know the gender of the child.)

Option #4: Prefer _____ (indicate gender) but show our profile even if you do not know the gender of the child.

2. RACIAL/ETHNIC PREFERENCES:

Please indicate Yes or No as to race/ethnicity and then indicate with an "X" indicating the maximum % of that race/ethnicity that you prefer:

	Yes	No		25%	50%	75%	100%
Caucasian			Indicate what %				
African American			Indicate what %				
Hispanic			Indicate what %				
Asian			Indicate what %				
Other (please list)			Indicate what %				
-							
-							
-							

3. POSITIVE TOXICOLOGY (“Pos Tox”) BIRTH MOTHER AT SOME POINT DURING PREGNANCY OR AT BIRTH:

a. We deal with cases in which the Birth Mother has used an illegal substance/drug at some point during the pregnancy. Would you be interested in having your profile shown in such a scenario? **Yes / No**

b. We receive referrals from hospitals in which the newborn child and/or mother have tested positive at birth. The hospital contacts us because the Birth Mother has chosen adoption as an option to the child possibly going into the Dependency/Foster Care system. The hospital is mandated to report the matter to Child Protective Services (CPS). Because we need to react immediately to put together an adoption plan to avoid the child going into CPS custody, would you be willing to have us show your Profile to the Birth Mother to be considered to adopt such a child, knowing you will have access to prenatal records and the ability to discuss the health of the child with the hospital staff?
Yes / No

c. We will consult further about this issue. You may want to go to the website: <http://www.mothersbaby.org> for further information, as that free, public service entity has been funded through the state to do longitudinal studies regarding children prenatally exposed to both legal and illegal substances for approximately 30 years.

Comments: _____

4. NEWBORN OR AN OLDER-THAN-NEWBORN CHILD:

a. Do you wish to only adopt a newborn child at this time? **Yes / No**

b. Would you consider an older child? **Yes / No**

If yes, please describe the oldest age you would be interested in: _____.

c. If you are interested in an older child (3 years or older), is it helpful for you to know that adoption would most likely be accomplished through a county or private licensed, full-service agency and the cost of such adoption would most likely be “0”? **Yes / No**. There is also a high probability that child(ren) would receive a monthly Adoption Subsidy (Adoption Assistance Program - “AAP”) benefit until they reach age 18.

d. We will consult further about this when we meet. Would you like further information about such an adoption? **Yes / No**

Comments: _____

5. SIBLINGS:

a. Would you consider adopting siblings? **Yes / No** (Please note, newborn twins are very rare!)

b. If yes, this scenario generally only arises if you are willing to foster through the county or a Private Licensed Full Service Agency (see paragraph 4c above). There are multiple siblings groups available for adoption. As an example you may wish to do an Internet Search for “Heart Galleries” that have several listings of such opportunities. We will consult further about this when we meet.

Comments: _____

6. ADOPTION FACILITATOR:

If the birthparent(s) are referred to our office by a “Facilitator” (a registered entity, under California Law, allowed to advertise to locate birthparent(s) for adoptive parents) and the situation matches your expectations, would you authorize the law office to release your profile to be shown, knowing that if you are chosen and you decide to be matched through the Facilitator, their advertising fees range from \$5,000.00 to \$18,000.00?

Yes / No

7. FINANCIAL PARAMETERS:

a. What are the financial parameters you would place on this adoption (i.e. is there a ceiling on the total expenses for this adoption to be realistic for you)? Note: the range, depending on what type of adoption you choose is "0" (child from foster care or through a full-service licensed Foster Family and Adoption Agency) to about \$30,000. The two biggest variables are Birth Mother Living Expenses and the Birth Father. We will discuss this further when we consult, but please list the greatest amount you would be comfortable spending: \$ _____.

b. Adoption Tax Benefit (Credits of Refunds): For the past 10 years adoptive parents who gross incomes within the IRS guidelines (generally below \$185,000) have been able to receive a tax credit or refund between \$6,000 and \$13,600, which substantially lowers your adoption costs. For more information please consult your CPA or Tax Specialist or go to <http://www.nacac.org/taxcredit/forms.htm> or the governments IRS website.

Comments: _____

8. OTHER REQUESTS/INFORMATION/CONCERNS:

Any other specific requests or conditions you want us to know about? Please describe: _____

Please keep a copy of this document for your files. If you do not have the means to copy it, please ask the office to email you a copy. Thank you for your time. We look forward to working with you in building your family!

Date: _____

Print Name & Signature

Print Name & Signature