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908 Court St.
Saginaw, MI 48602
www.swartzadoptions.com

APPLICATION FOR HOME STUDY AND/OR ADOPTION SERVICES

Important Notice: *The information requested on this form will be transferred to legal documents. Please type or print clearly in order to avoid unnecessary errors and delays in processing your application. Please make sure that all information is provided.*

**PLEASE COMPLETE THIS FORM AND SEND IT TO US WITH THE
CORRESPONDING APPLICATION FEE:**

**\$200—FAMILIES USING SWARTZ ADOPTION AGENCY’S HOME
STUDY SERVICES**

\$500—FAMILIES USING AN OUTSIDE HOME STUDY AGENCY

Mail the application with payment to:

**Swartz Adoption Agency
908 Court St
Saginaw, MI 48602**

General Information

Applicant's Full Name

Co-applicant's Name

Please list any other names by which you have been known:

Please list any other names by which the Co-Applicant has been known:

Street Address

City

State

Zip Code

County of Residence

Home Phone Number

Home Fax Number

Applicant Work Number

Co-Applicant Work Number

Applicant Work Fax

Co-Applicant Work Fax

Applicant Cell

Co-Applicant Cell

Applicant E-Mail

Co-Applicant E-Mail

Identifying Information

Date of Birth: (MM / DD / YY)

Date of Birth: (MM / DD / YY)

City and State of Birth

City and State of Birth

Age SSN

Age SSN

Veteran?

Veteran?

Citizenship status (circle one):
birth naturalization other:

Citizenship status (circle one):
birth naturalization other:

If acquired through naturalization:
Name under which naturalized

If acquired through naturalization:
Name under which naturalized

Alien Registration Number

Alien Registration Number

Date and place of naturalization

Date and place of naturalization

Identifying Information

Education

High School (Name and Location)

High School (Name and Location)

Diploma Type Year Received

Diploma Type Year Received

Name(s) and Location(s) of College(s)

Name(s) and Location(s) of College(s)

Diploma Type(s) Year(s) Received

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Health

List major medical or mental health issues for which you have needed treatment within the last 10 years.

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Describe any addictive behavior and the treatment(s) used to address the problem:

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Marriage

Date of current marriage

Date of current marriage

Indicate dates of previous marriage(s), divorces, county in which divorce occurred, and full name of previous spouse(s)

Indicate dates of previous marriage(s), divorces, county in which divorce occurred, and full name of previous spouse(s)

List all children	Date of Birth	Country of birth	Still living at home?
List all other persons living in your home	Date of Birth	Relationship	

Adoption Information

Have you ever been denied adoption services? yes no
 If yes, please explain:

Do you have a current homestudy (less than 1 year old)? yes no
 Homestudy agency's name, address, phone number and name of contact person:

Have you filed an I-600a with the CIS? yes no
 If yes, when and at which location?

Were you approved? Yes No If yes, when?

Explain your motivation for choosing adoption as a means for expanding your family:

Describe your infertility treatments, if any:

How many children do you wish to adopt? Do you wish for a sibling group?

- Circle all that apply:
- | | | | |
|------------------|---------------------|------------------|---------------|
| Desired race: | Desired age: | Desired Country: | Sex: |
| African-American | infant under 1 year | Undecided | Male |
| Asian | 1 - 3 years | Kazakhstan | Female |
| Caucasian | 3 - 5 years | Russia | No preference |
| Hispanic | 5 - 7 years | United States | |
| No preference | 7 or older | | |
| Other: | No preference | | |

Please describe child care plans:

Criminal and Financial Information

Have you ever been charged or convicted of any misdemeanor or felony? Yes No
If yes, describe the incident(s).

Have you ever been charged or convicted of any misdemeanor or felony? Yes No
If yes, describe the incident(s).

Do you have a passport? Yes No
Passport Number:
Date of Expiration:
Issuing Agency:

Do you have a passport? Yes No
Passport Number:
Date of Expiration:
Issuing Agency:

List complete addresses and dates of each place you have lived for the past five years.

List complete addresses and dates of each place you have lived for the past five years.

Employment Information

Name and address of employer

Name and address of employer

Title/Position

Title/Position

Date employment began

Annual salary

Date employment began

Annual salary

Medical insurance

Life insurance

Medical insurance

Life insurance

Additional benefits

Additional benefits

Financial Information

Do you own or rent your home?

Market value:

Type of housing (ranch, split-level, condo, etc.)

Square footage:

Number of bedrooms:

Number of bathrooms:

Checking account \$

Savings account \$

Stocks/Bonds \$

Value of other properties \$

List outstanding debts and payment plans that will not be paid off within the next month:

References

List four people who have known you well for at least several years. According to State law, you may **not** use a relative as a reference. These references will be contacted. By providing this information and signing below, you are providing consent for this contact. Be sure to provide complete information.

Name	Address (including zip code)	Phone Number
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1)

2)

3)

4)

Please submit the application fee, half of the home study fee (if being conducted by Swartz Adoption Agency) and a photograph of each applicant.

By signing this application, we understand that providing false information is grounds for immediate rejection of said application.

Applicant Signature

Date

Co-applicant Signature

Date

Use the space below to provide any other information you think we might need to process your application.

Release of Information

I/We, _____, hereby agree that by initializing part and/or all of the following, I hereby authorize AA Swartz Adoption Attorneys and Child Placing Agency, Inc. of Saginaw, MI, to release my/our personal information for the purpose of adoption to:

_____ Citizenship and Immigration Services

_____ Attorney

_____ Birth families

_____ Hospital

_____ Court

_____ Foreign facilitators and officials

Photocopies of this release shall serve in its stead. We/I understand that I/we may revoke this release at any time.

Date:

Adoptive Parent

Date:

Adoptive Parent

Date:

Witness