

Families on the Mend, LLC.

Adoption Services

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**Couple’s Questionnaire**

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| --- | --- | --- |
| Applicant: 1 | Applicant: 2 | Date: |
|  |  |  |
| Where we met | When we met/ When we began dating | Marriage date: (if applicable)  Prev. Divorce: (if applicable) |
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1. Describe the strengths of your relationship and what makes the marriage/relationship last ?

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1. What areas do you believe needs improvement in your relationship ?
2. How will adopting affect or change your relationship?
3. What activities do you like to do as a couple?
4. What family or community activities do you like to do as a family or plan to do when you have children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What do you think you have to offer a child (as a couple)?

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1. How do you agree on raising and disciplining children? How do you differ?
2. Who will you identify as your backup caregiver for the children?

1. How do you handle disagreements and make decisions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If either of you have children from a previous relationship, please explain how you co-parent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_