

REFERENCE FORM
Adult/Minor Child

Your parent(s) are seeking to be approved for the adoption of a specific child, or child(ren) already in the home. Please answer the following questions to help us assess this family's skills and ability to care for children.

When you have completed the form, please return it via regular mail, or email to:
Travis County Domestic Relations Office
1010 Lavaca St.
P.O. Box 1495
Austin, TX 78767
Attn: Family Court Services
DROAdoption@traviscountytexas.gov

Name and contact information of person providing reference:

1. Are you in agreement with your parent's desire for adoption of a child or children? (Please explain why or why not).

2. Describe the way in which, your parent raised you.

3. What is your relationship with your parent now?

4. How well does your parent work with children now, in your opinion?

5. How did your parent discipline you as a child? How did you feel about that discipline?

6. Please explain why you feel he/she would or would not be a good parent/caregiver to the child (ren) to be placed?

Signature _____ Date: _____

Thank you for responding to this reference request.