

**CHARACTER REFERENCE**

Name of Petitioner #1: \_\_\_\_\_

Name of Petitioner #2: \_\_\_\_\_

How long have you known Petitioner #1? \_\_\_\_\_ Petitioner #2? \_\_\_\_\_

What is your relation to Petitioner #1? \_\_\_\_\_ Petitioner #2? \_\_\_\_\_

Have you visited their home? \_\_\_\_\_ How often? \_\_\_\_\_

Do you recommend this adoption? \_\_\_\_\_ Why or Why not? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the traits, including parenting abilities that best describe petitioner #1 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the traits, including parenting abilities that best describe petitioner #2 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your evaluation of the care of the child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have other information you wish to share, please feel free to call (512) 854-0411. Please return this form with at your earliest convenience by email or mail to:  
Email: [DR0Adoption@traviscountytx.gov](mailto:DR0Adoption@traviscountytx.gov)

Mail: Travis County Domestic Relations Office  
1010 Lavaca Street  
P.O. Box 1495  
Austin, TX 78767  
Attn: Family Court Services

Thank you for your assistance in this matter. Please sign and date below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Email

GAL \_\_\_\_\_