



## CRIMINAL RECORD

Have you ever been **arrested, charged or convicted** of any crimes?

Father  YES  NO

Mother  YES  NO

If you answered "YES" to the question above please state whether it is a misdemeanor or felony and attach certified copies of all charges, court dispositions & criminal record check.

\*\* If you reside in the State of New York you are not required to answer these questions in accordance with 18 New York Codes Rules and Regulations (NYCRR) 4 21.12

## HOME STUDY and IMMIGRATION AND NATURALIZATION

Have you ever been denied approval for a Home Study?  YES  NO

Do you have a social worker connected with an agency to do your home study?  YES  NO

If "YES", Name of Agency / Social Worker: \_\_\_\_\_ Name of Dossier Consultant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever received CIS Advance Processing Approval?  YES  NO

Date of Approval: \_\_\_\_\_ Fingerprinting Approval: \_\_\_\_\_

## CHILD REQUEST

Applicants may not specify preferences of sex of infant / preschool age children. The overseas office and government must approve all proposed adoptive placements.

Infant / toddler  Male over 4  Female over 6

When do you wish to adopt your child?  Within 6 months  1 Year  2 Years

## Authorization for use of Credit Card

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

Please check one:  **Master Card**   **Visa**   **Discover**   **American Express**

My signature below authorizes European Adoption Consultants, Inc. to charge the application fee of \$200.<sup>00</sup> to my credit card as shown above. **Fax to: (330) 876-0211**

*By signing this application, I/we authorize EAC to obtain information about me/us from all resources listed above and from all adoption agencies or home study agencies that now are providing or that in the past have provided services to me/us. I/we agree that EAC is authorized to maintain and display my/our information on EAC premises, and to provide and share confidential information to my/our home study agency and EAC travel affiliates. I/we understand that laws and regulations of the foreign governments and agencies in countries in which EAC maintains programs may change without notice; that adoptions in any country may be delayed, suspended or terminated at any time without notice; and that consequently, I/we may be subject to changing requirements and/or programs for international adoption. I/we agree that a photocopy of this authorization is as valid as the original.*

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Please return this Form with:**

Check, money order for \$200 payable to EAC, Inc or fill out credit card info on this page.

**Mail to: EAC, 12608 Alameda Drive, Strongsville, OH 44149**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature