

The following information will be used if we need to contact you (unless you indicate otherwise) and to evaluate your legal needs. This information will be held in strict confidence. This information will also help us initiate your case if you decide to retain our services. **Please print or type.** 

oday's Date:				
Petitioner Information				
Partner 1				
Name:				
first	middle	last		any other legal name used
Phone:home			Emai <u>l</u>	
home	cell	work		
Date of Birth:	Place of birth_			SS#
mm/dd/yyyy		city	state	
Address when the child was bo	rn:			
Partner 2	address		city	state
Name: first	middle	last		any other legal name used
Phone:			Email:	
Phone:home	cell	work	Liliai <u>i</u>	
Date of Birth:	Place of birth:			SS #
mm/dd/yyyy		city	state	
Address when the child was bo	rn:			
	address		city	state
Current Address:				
	street	city/state		zip
County of Residence				



#### **Biological Mother**

Name:			
first	middle	last	any other legal name used
Address:			
street	city/state		zip
County of Residence:	DOB:		SS#:
,	mı	m/dd/yyyy	
Phone:			Email:
home	cell	work	Email:
Marital Status at time of child's	conception: Single	e Divorced	Separated (not legally divorced)
Widowed Oth	er, please explain		
	•		
Biological Father			
Name: first	middle	 last	any other legal name used
			, <u> </u>
Address:street	oity/state		
street	city/state		zip
County of Residence:	DOF	٦٠	SS#·
eduncy of Residence.		mm/dd/yyyy	
Phone:			Email
home	cell	work	LIIIdII
Children to be Adopted			
ciliaren to be Adopted			
Child's Name		Date of Birth	Sex of Child
	<del></del>		
Sibling Information List any sib	ings (step or half, of the	e child being adopte	d, and what the relationship is):
Sibling's Name		Date of Birth	Relationship
			<u> </u>



#### **Miscellaneous Information** (please answer applicable questions):

1. Name of the child(ren) be when the adoption is complete?
2. Date of marriage of step parent to biological parent or of parents that are adopting the child(ren):
3. If a step-parent adoption: How long has step-parent lived with the child in the home?
4. If a step-parent adoption, date of divorce between biological parent of the child and client.
5. Are there any Grandparent visitation rights involved? (This would be a court action). If yes, please explain:

6. If applicable, please include the history of the missing biological parent. Were you married/divorced and/or if the child was legitimized. When was the last contact with the biological parent? If the biological parent paid child support, when was the last support paid? Is there a support order in place? If so, please provide a copy of agreements or orders.



#### **IMPORTANT NOTE: PLEASE PROVIDE THE FOLLOWING DOCUMENTS:**

- 1) An original birth certificate for each child being adopted (an original or certified copy for the state has to be filed with the adoption paperwork).
- 2) Copy of the marriage license of the parents who are adopting the child(ren), if applicable.
- 3) Copy of divorce decree between biological parents, if applicable.
- 4) Court documents, including any support orders and/or documents from DFCS that pertain to the adoption, such as surrender of parental rights, etc.
- 5) Copy of adoptive parent's photo ID (driver license or passport)

How were you referred to Referral from				
Legal Insurance (if applicable):	ARAG	CLC	Hyatt Legal	Other
Plan Member Name:	Plan Member ID or SS#:			er ID or SS#:
Tradebank (if applicable): Name on card			Membership #	