

Adoption Intake Sheet

Please fill out this form completely and honestly. We cannot make a proper determination without complete information. ALL INFORMATION IS KEPT CONFIDENTIAL.

Today's Date: _____ Is this a step-parent adoption? [] Yes [] No

I. INFORMATION ABOUT CLIENT

Client Name: _____

Name you prefer to be called: _____

Address: _____

Your relationship to the child: _____

Home telephone number: _____ Wk #: _____

Cell phone #: _____ Fax #: _____

Occupation: _____

Employer: _____

Employer address: _____

Spouse: _____

Spouse's contact info: cell #: _____ work #: _____

II. INFORMATION ABOUT ADOPTIVE PARENTS:

A. Name of Adoptive Father: _____

Residence Street Address: _____

City and State: _____

County of Residence: _____

Occupation: _____ Employer: _____

Employer Address: _____

Home telephone number: _____ Work #: _____

Cell phone #: _____ Email: _____

Social Security Number: _____ DL# _____

Date of Birth: _____ Age: _____

Place of Birth: (city, county, state) _____

Related to child? _____ If so, how? _____

Spouse's Name: _____

B. Name of Adoptive Mother: _____

Maiden Name: _____

Address: _____

County of Residence: _____

Occupation: _____ Employer: _____

Employer Address: _____

Home telephone number: _____ Work #: _____

Cell phone #: _____ Email: _____

Social Security Number: _____ DL# _____

Date of Birth: _____ Age: _____

Place of Birth: (city, county, state) _____

Related to child? _____ If so, how? _____

Spouse's Name: _____

C. Date Adoptive Parents were married: _____

III. INFORMATION ABOUT CHILD(REN):

On the following pages, please complete a separate section for each child being adopted

A. Child #1:

Current Name of Child: _____

Sex: Male _____ Female _____ Date of birth: _____ Age: _____

Child Currently Resides With: _____

Residence Street Address: _____

City/State Zip: _____

County of Residence: _____

Telephone Numbers: _____

Child's Social Security Number: _____

State and County of Child's Birth: _____

School child currently attends: _____

Date possession was (OR Will Be) transferred to adoptive parents: _____

Child's Name will be changed to: _____

Name of Biological Mother: _____

Maiden Name: _____

Residence Street Address: _____

City/ State Zip: _____

County of Residence: _____

Occupation: _____

Employer: _____

Employer Address: _____

Home telephone number: _____ Work #: _____

Cell phone #: _____ Email: _____

Social Security Number: _____ DL #: _____

Date of Birth: _____ Age: _____

State and County of Mother's Birth: _____

Has the biological mother received or been promised financial assistance, either directly or indirectly, from any source, in connection with her pregnancy, the birth of her child, and its placement for adoption? NO Yes, as follows: _____

Marital Status of Biological Mother: (check and complete as applicable)

Never married _____ Separated (not divorced) _____ Divorced _____

Legally married _____ Common-law marriage _____ Widowed _____

If separated, married or common-law, please complete the following:

Spouse's name: _____

Spouse's last known address: _____

State and County of Marriage: _____

Date relationship began: _____ Marriage Date: _____

Separation Date (if applicable): _____

If divorced, please complete the following:

Former spouse's name: _____

Former spouse's last known address: _____

State and County of Marriage: _____

State and County of Divorce: _____

Marriage Date: _____ Divorce Date: _____

If Widowed, please complete the following:

Deceased spouse's name: _____

State and County of Marriage: _____

State and County of Spouse's Death: _____

Marriage Date: _____ Date of Spouse's Death: _____

Name of the Biological Father (if known): _____

Biological Mother will not identify because: _____

Residence Street Address: _____

City/State Zip: _____

County of Residence: _____

Occupation: _____ Employer: _____

Employer Address: _____

Home phone #: _____ cell: _____

Work phone #: _____ Email: _____

Social Security Number: _____ DL: _____

Date of Birth: _____ Age: _____

The Biological Father:

(Was) (Was not) married to the Biological Mother at the time the child was conceived or was born, and his paternity

(Has) (Has not) been disproved by a final paternity order of a court;

(Did) (Did not) marry the Biological Mother after the child was born and recognize the child as his own, and his paternity

(Has) (Has not) been disproved by a final paternity order of a court;

(Has) (Has not) been determined to be the child's father by a final paternity order of a court; and

(Has) (Has not) legitimated the child by a final court order.

(Has) (Has not) lived with the child;

(Has) (Has not) contributed to his or her support;

(Has) (Has not) provided for the Biological Mother's support (including medical care) during her pregnancy or hospitalization for the birth of the child; and

(Has) (Has not) made any attempt to legitimate the child.

B. Child #2:

Current Name of Child: _____

Sex: Male _____ Female _____ Date of birth: _____ Age: _____

Child Currently Resides With: _____

Residence Street Address: _____

City/State Zip: _____

County of Residence: _____

Telephone Numbers: _____

Child's Social Security Number: _____

State and County of Child's Birth: _____

School child currently attends: _____

Date possession was (OR Will Be) transferred to adoptive parents: _____

Child's Name will be changed to: _____

Name of Biological Mother: _____

Maiden Name: _____

Residence Street Address: _____

City/ State Zip: _____

County of Residence: _____

Occupation: _____

Employer: _____

Employer Address: _____

Home telephone number: _____ Work #: _____

Cell phone #: _____ Email: _____

Social Security Number: _____ DL #: _____

Date of Birth: _____ Age: _____

State and County of Mother's Birth: _____

Has the biological mother received or been promised financial assistance, either directly or indirectly, from any source, in connection with her pregnancy, the birth of her child, and its placement for adoption? NO Yes, as follows: _____

Marital Status of Biological Mother: (check and complete as applicable)

Never married _____ Separated (not divorced) _____ Divorced _____

Legally married _____ Common-law marriage _____ Widowed _____

If separated, married or common-law, please complete the following:

Spouse's name: _____

Spouse's last known address: _____

State and County of Marriage: _____

Date relationship began: _____ Marriage Date: _____

Separation Date (if applicable): _____

If divorced, please complete the following:

Former spouse's name: _____

Former spouse's last known address: _____

State and County of Marriage: _____

State and County of Divorce: _____

Marriage Date: _____ Divorce Date: _____

If Widowed, please complete the following:

Deceased spouse's name: _____

State and County of Marriage: _____

State and County of Spouse's Death: _____

Marriage Date: _____ Date of Spouse's Death: _____

Name of the Biological Father (if known): _____

Biological Mother will not identify because: _____

Residence Street Address: _____

City/State Zip: _____

County of Residence: _____

Occupation: _____ Employer: _____

Employer Address: _____

Home phone #: _____ cell: _____

Work phone #: _____ Email: _____

Social Security Number: _____ DL: _____

Date of Birth: _____ Age: _____

The Biological Father:

(Was) (Was not) married to the Biological Mother at the time the child was conceived or was born, and his paternity

(Has) (Has not) been disproved by a final paternity order of a court;

(Did) (Did not) marry the Biological Mother after the child was born and recognize the child as his own, and his paternity

(Has) (Has not) been disproved by a final paternity order of a court;

(Has) (Has not) been determined to be the child's father by a final paternity order of a court; and

(Has) (Has not) legitimated the child by a final court order.

(Has) (Has not) lived with the child;

(Has) (Has not) contributed to his or her support;

(Has) (Has not) provided for the Biological Mother's support (including medical care) during her pregnancy or hospitalization for the birth of the child; and

(Has) (Has not) made any attempt to legitimate the child.

C. Child #3:

Current Name of Child: _____

Sex: Male _____ Female _____ Date of birth: _____ Age: _____

Child Currently Resides With: _____

Residence Street Address: _____

City/State Zip: _____

County of Residence: _____

Telephone Numbers: _____

Child's Social Security Number: _____

State and County of Child's Birth: _____

School child currently attends: _____

Date possession was (OR Will Be) transferred to adoptive parents: _____

Child's Name will be changed to: _____

Name of Biological Mother: _____

Maiden Name: _____

Residence Street Address: _____

City/ State Zip: _____

County of Residence: _____

Occupation: _____

Employer: _____

Employer Address: _____

Home telephone number: _____ Work #: _____

Cell phone #: _____ Email: _____

Social Security Number: _____ DL #: _____

Date of Birth: _____ Age: _____

State and County of Mother's Birth: _____

Has the biological mother received or been promised financial assistance, either directly or indirectly, from any source, in connection with her pregnancy, the birth of her child, and its placement for adoption? NO Yes, as follows: _____

Marital Status of Biological Mother: (check and complete as applicable)

Never married _____ Separated (not divorced) _____ Divorced _____

Legally married _____ Common-law marriage _____ Widowed _____

If separated, married or common-law, please complete the following:

Spouse's name: _____

Spouse's last known address: _____

State and County of Marriage: _____

Date relationship began: _____ Marriage Date: _____

Separation Date (if applicable): _____

If divorced, please complete the following:

Former spouse's name: _____

Former spouse's last known address: _____

State and County of Marriage: _____

State and County of Divorce: _____

Marriage Date: _____ Divorce Date: _____

If Widowed, please complete the following:

Deceased spouse's name: _____

State and County of Marriage: _____

State and County of Spouse's Death: _____

Marriage Date: _____ Date of Spouse's Death: _____

Name of the Biological Father (if known): _____

Biological Mother will not identify because: _____

Residence Street Address: _____

City/State Zip: _____

County of Residence: _____

Occupation: _____ Employer: _____

Employer Address: _____

Home phone #: _____ cell: _____

Work phone #: _____ Email: _____

Social Security Number: _____ DL: _____

Date of Birth: _____ Age: _____

The Biological Father:

(Was) (Was not) married to the Biological Mother at the time the child was conceived or was born, and his paternity

(Has) (Has not) been disproved by a final paternity order of a court;

(Did) (Did not) marry the Biological Mother after the child was born and recognize the child as his own, and his paternity

(Has) (Has not) been disproved by a final paternity order of a court;

(Has) (Has not) been determined to be the child's father by a final paternity order of a court; and

(Has) (Has not) legitimated the child by a final court order.

(Has) (Has not) lived with the child;

(Has) (Has not) contributed to his or her support;

(Has) (Has not) provided for the Biological Mother's support (including medical care) during her pregnancy or hospitalization for the birth of the child; and

(Has) (Has not) made any attempt to legitimate the child.

D. Special Needs – Do any of the children have special needs? If so, please explain:

IV. REQUIRED DOCUMENTS (please provide for each child – check if provided today):

BIRTH CERTIFICATE OF EACH CHILD TO BE ADOPTED

MARRIAGE CERTIFICATE OF ADOPTIVE PARENTS

FINAL DECREE OF DIVORCE FROM BIOLOGICAL FATHER
(FOR STEPPARENT ADOPTION)

V. OTHER INFORMATION YOU FEEL MAY BE IMPORTANT: _____

Signature: _____ **Printed Name:** _____

Do Not Write Below this point:

ATTORNEY NOTES:

CONSULTATION AGREEMENT

You have agreed to pay JUSTICE LAW FIRM, PC a non-refundable flat fee of \$75.00 for a legal consultation. This fee is to compensate attorney for his/her time, as well as for loss of potential future business due to conflicts of interest that are likely to arise as a result of this legal consultation; the fee is deemed earned by the attorney immediately upon receipt. The fee is not related to the complexity of the problem or to the nature or content of the advice given. This fee is due at the time the appointment is scheduled, and this fee reserves your appointment time. If you do not give at least 24 hours notice of cancellation, the \$75.00 is non-refundable.

The attorney does not represent you during this consultation, but will advise you of whether or not a cause of action might exist, your legal options and potential remedies, potential consequences, and whether or not the attorney is willing and able to represent you in the matter at hand. The consultation alone does not create a fiduciary duty on the part of the attorney, and the attorney has no duty to follow up on your legal matter without further written agreement.

The attorney will offer advice to the best of his/her ability based upon the information that you provide and may not be able to advise you properly or thoroughly if you do not provide all of the information requested. With very few and limited exceptions, information you provide to us in regard to the subject matter of the legal consultation is kept strictly confidential. If you refuse to provide the basic information requested in the intake form, then the attorney will not be able to consult with you.

You may be advised in your consultation that you do not have a cause of action. If you are advised that a cause of action does exist, the attorney may or may not choose to represent you in the matter, taking into account factors such as the type of matter at hand, the time commitment involved compared with his/her current case load, the level of expertise required, and existing or potential conflicts of interest. Fees quoted by the attorney for representation will also depend upon such factors. You may receive a referral from our office; in that event, you understand that we are not responsible for the actions or inactions of another professional.

If it becomes necessary to consult with the attorney regarding another matter, another consultation fee will be charged. If you later need additional advice involving this same matter, you will be charged our regular hourly rate. There will be a \$40.00 fee for any returned checks, and you are responsible for all expenses associated with collection of funds, including attorney fees.

You also understand that the attorney you will be consulting with is not a tax specialist and has not agreed to render tax services.

Printed Name: _____

Address: _____

Phone: _____

Signature

Date

How did you hear about our law firm? phone book internet magazine ad

I'm a past client referral from _____

other: _____