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#### **Confidential Adoption Questionnaire**

This questionnaire will be used by your attorney's office only. Your response to these questions will help to organize your case and will save you on your attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege. Please answer as fully as possible.

#### **Adoptive Mother's Information**

Date:					
Legal Name:				11	
	ed:			11e	
Social Security Number:		Driver's License Number:			
Birth Date:		Birth Place: City County State			
Please specify preferred	contact information.	Chy	County 5		
Present Address:	Street	City	0	<b>.</b>	
	Street		State Z	Zip	
Email:					
Employer:		Employer Telephone:			
Employer Address:	Street				
	Salary:			Cip	
Adoptive Father's Info	rmation				
Legal Name:		Last	Mid	dle	
	ed:				
Social Security Number:			nber:		
Birth Date:		Birth Place:	County	State	
		City	County	State	

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Adoptive Father's Information	n (Continued)						
Please specify preferred contact	information.						
Present Address:		City	State	Zip			
Home Telephone:				-			
Email:		_ Pager:	Fax:				
Employer:		Employer Teleph	one:				
Employer Address:		City	<u>Chata</u>	7			
Title:	t	City	State Employment Length:	Zip			
<b>Biological Mother's Information</b>	on						
Have her rights been terminated: Signed Affidavit of Termination			Please attach Cou	art Documents or			
Complete this section only if her rights have NOT been terminated.							
Legal Name:		Last		Middle			
List any other names used:							
		Birth Place:					
Social Security Number:		Ci Driver's License		State			
Please specify preferred contact	information to contact	the Biological Mo	other.				
Present Address:	Street						
Home Telephone:			State	Zip			
Email:							
	Employer Telephone:						
Employer Address:	Street Salary:	City	State Employment Length:	Zip			
Briefly, why do you think this pa							
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<b>Biological Father's Information</b>								
Have his rights been terminated: When: Whe		Please attach Court Documents or						
Complete this section only if his	rights have not been	terminated.						
Legal name:								
First List any other names used:			Middle					
Date of Birth:		Place of Birth:	ity County					
Social Security Number:				State				
Please specify preferred contact information to contact the Biological Father.								
Present Address:		City						
Stree Home Telephone:			State	Zip				
Email:	Pager:		Fax:					
Employer:	Employer Telephone:							
Employer Address:	at	City	State	Zip				
Title:				-				
Briefly, why do you think this pare 	ent's rights should be	terminated?						
Legal Name:		Last	Middle					
Sex (M/F):								
Social Security Number:		_ Place of Birth:	ity County	State				
Current Residence:	et							
Child lives with:			State	Zip				
Is there a dispute over custody?								
Interstate Compact Info (Address f								

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### Additional Information

Please provide any additional information you feel is important in the space below.

Goals:

Urgent Issues: