

NEW ADOPTION CLIENT INFORMATION-RELATED ADOPTION

1. CLIENT'S FULL NAME AND YOUR CURRENT SPOUSE:
2. ADDRESS:
3. PHONE NUMBERS:

HOME:

WORK:

CELL:

EMAIL ADDRESS:
4. YOUR MAIDEN NAME OR MAIDEN NAME OF THE PARENT OF THE CHILD TO BE ADOPTED:
5. DOB:
6. STATE OF BIRTH:
7. SS#:
8. WERE YOU MARRIED TO THE OTHER PARENT?
9. IF SO, WHEN AND WHERE WAS THE DIVORCE?
10. PLEASE PROVIDE A COPY OF THE DECREE?
11. IF THERE WAS NO MARRIAGE, WAS THERE A PATERNITY FINDING?
12. IF SO, PLEASE PROVIDE A COPY OF ANY COURT ORDER, ETC.

13. IF THE OTHER PARENT REQUIRED TO PAY CHILD SUPPORT,
AND IF SO ARE THEY CURRENT? IF NOT CURRENT, WHY NOT?

14. OTHER PARENT'S FULL NAME

15. ADDRESS AT HOME AND OTHER PLACES WHERE WE MAY SERVE
THE OTHER PARENT:

16. PHONE#

HOME:

WORK:

CELL:

EMAIL ADDRESS:

17. DOB:

18. SS#:

19. CHILDREN'S NAMES, DOB AND SSN TO BE ADOPTED:

20. WHAT VISITATION HAS OTHER PARENT EXERCISED?

21. WHAT VISITATION WERE THEY ENTITLED TO?

22. WILL THE OTHER PARENT SIGN A CONSENT TO ADOPTION?