

**NEW ADOPTION CLIENT INFORMATION---UNRELATED ADOPTION**

1. CLIENT'S FULL NAME AND YOUR CURRENT SPOUSE:

2. ADDRESS:

3. PHONE NUMBERS:

HOME:

WORK:

CELL:

EMAIL ADDRESS:

4. THE NAMES OF THE PARENTS OF THE CHILD?

5. ADDRESS OF THE PARENTS OF THE CHILD?

6. ARE THEY MARRIED?

7. WHY ARE THEY GIVING UP THE CHILD?

8. CONFIRM THAT THEY WILL SIGN AN ADOPTION CONSENT.

7. PHONE#

HOME:

WORK:

CELL:

EMAIL ADDRESS:

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

9. CONFIRM THAT NO PROMISES OF ANY KINDS HAVE BEEN MADE TO THE PARENTS OF THE CHILD TO GIVE UP THE CHILD/CHILDREN.

10. CONFIRM THAT THEY HAVE NOT BEEN PROMISED VISITATION.

11. NAMES AND AGES OF THE CHILDREN TO BE ADOPTED.

12. HAS DCFS HAD ANY CONTACT WITH THE CHILD/CHILDREN?