

Interview Date: _____

Conflicts: _____ Initials: _____

Interviewer: _____

Date Retained: _____

Date: _____

ADOPTION INTAKE SHEET

CLIENT: Full Name: _____ Male _____ Fem _____

Gross Monthly Pay: _____ Paid: Weekly Bi-Weekly Semi-Monthly Monthly

SPOUSE INFORMATION:

Full Name: _____ Maiden Name: _____

Address: _____ Apt No: _____

City: _____ County: _____ State: _____ Zip: _____

How long in County? _____ Years _____ Months _____ U.S. Citizen? _____

Social Security No: _____ Driver's License No: _____ Date of Birth: _____

Place of Birth: _____

City

County

State

Employer: _____ Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Pager No: () _____

Mobile No: () _____ Home E-mail Address: _____

MOTHER OF CHILD(REN):

Full Name: _____ Maiden Name: _____

Address: _____ Apt No: _____

City: _____ County: _____ State: _____ Zip: _____

How long in County? _____ Years _____ Months _____ U.S. Citizen? _____

Social Security No: _____ Driver's License No: _____ Date of Birth: _____

Place of Birth: _____

City

County

State

Employer: _____ Address: _____

City: _____ County: _____ State: _____ Zip: _____

Gross Monthly Pay: _____ Paid: Weekly Bi-Weekly Semi-Monthly Monthly

Home Phone: () _____ Work Phone: () _____ Pager No: () _____

Mobile No: () _____ Home E-mail Address: _____

FATHER OF CHILD(REN):

Full Name: _____

Address: _____ Apt No: _____

City: _____ County: _____ State: _____ Zip: _____

How long in County? _____ Years _____ Months _____ U.S. Citizen? _____

Social Security No: _____ Driver's License No: _____ Date of Birth: _____

Place of Birth: _____

City

County

State

Employer: _____ Address: _____

City: _____ County: _____ State: _____ Zip: _____

Gross Monthly Pay: _____ Paid: Weekly Bi-Weekly Semi-Monthly Monthly

Home Phone: () _____ Work Phone: () _____ Pager No: () _____

Mobile No: () _____ Home E-mail Address: _____

CHILD(REN) TO BE ADOPTED:

1. Full Name: _____

First

Middle

Last

Sex: _____ Social Security No.: _____ Date of Birth: _____

Place of Birth: _____

City

County

State

2. Full Name: _____

First

Middle

Last

Sex: _____ Social Security No.: _____ Date of Birth: _____

Place of Birth: _____

City

County

State

3. Full Name: _____

First

Middle

Last

Sex: _____ Social Security No.: _____ Date of Birth: _____

Place of Birth: _____

City

County

State

4. Full Name: _____

First

Middle

Last

Sex: _____ Social Security No.: _____ Date of Birth: _____

Place of Birth: _____

City

County

State

OTHER:

Do both biological parents agree to adoption? Yes or No

Are you related to either parent? Yes or No If yes, which parent? Mother or Father

Were the parents of the child(ren) ever married? Yes or No

Date and State of Marriage: _____ / _____

Are the parents of the child(ren) divorced? Yes or No

Date and State of Divorce: _____ / _____

Is either of the parents currently incarcerated? Yes or No

If so, please provide details:

Can you provide copy of birth certificate(s)? Yes or No

Where do(es) the child(ren) reside? _____ With whom? _____

Child(ren) have resided with said party since (date) _____

Who presently provides health insurance for the child(ren)? Mother or Father

Monthly Fee: \$ _____

Monthly court ordered child support: \$ _____

Arrearage: \$ _____

Have you been involved with any Family Law proceeding with any Court or the Attorney General's office? Yes or No If yes, please explain fully when, where, and why.

Have you ever filed Bankruptcy? Yes or No If yes, please explain where, when, and the disposition.

Is Child Protective Services involved or have they ever been involved with this matter? Yes or No
If yes, please explain when, where and why.

Have you or any one associated with this case been the subject of a:

- a) Protective Order
- b) Restraining Order
- c) Child Protective Services Investigation
- d) Mental Health Professional Treatment
- e) Questionable Paternity Status
- f) Substance Abuse Treatment
- g) Welfare of Aid to Families with Dependent Children
- h) Common-Law or Informal Marriage
- i) Termination of Parental Rights
- j) Prenuptial Agreement or Partitioning Agreement
- k) Personal Injury Lawsuits

If so please explain:

OFFICE USE ONLY

Adoption: _____
Step-Parent Adoption: _____
Citation: _____
Temporary Restraining Order: _____
Cross-Action: _____

Appearance: _____
Affidavit: _____
AG a party: _____
Other: _____

No Service: _____
Personal Service: _____
 Home _____
 Work _____
 Time _____
Alternate Service: _____
 Publication _____
 Posting _____

Social Study _____
Ad Litem _____

Adoption: \$ _____
Court Costs: \$ _____
Total Retainer: \$ _____
Down Payment: \$ _____

Step-Parent Adoption: \$ _____
Court Costs: \$ _____
Total Retainer: \$ _____
Down Payment \$ _____

Payments \$ _____ Weekly / Bi-weekly / Monthly

Other Fees: substituted service/ ad litem/ social study/ counseling/ mediation/ investigators/ deposition

COMMENTS: _____

