

CLIENT INFORMATION SHEET – ADOPTION

Please fill out as completely as possible. Thank you!

Office Use Only

BIOLOGICAL MOTHER:

Name: _____ Preferred name: _____
First Name Middle Last Name

Address: _____

Employer: _____ Employer address: _____

Birth Date: _____ Birth city/state: _____ Social Security #: _____

Driver's License #: _____ Home ph: _____ Work ph: _____ Fax: _____

Cell: _____ Email: _____ Education: _____

BIOLOGICAL FATHER:

Name: _____ Preferred name: _____
First Name Middle Last Name

Address: _____

Employer: _____ Employer address: _____

Birth Date: _____ Birth city/state: _____ Social Security #: _____

Driver's License #: _____ Home ph: _____ Work ph: _____ Fax: _____

Cell: _____ Email: _____ Education: _____

ADOPTIVE MOTHER (If applies):

Name: _____ Preferred name: _____
First Name Middle Last Name

Address: _____

Employer: _____ Employer address: _____

Birth Date: _____ Birth city/state: _____ Social Security #: _____

Driver's License #: _____ Home ph: _____ Work ph: _____ Fax: _____

Cell: _____ Email: _____ Education: _____

ADOPTIVE FATHER (If applies):

Name: _____ Preferred name: _____
First Name Middle Last Name

Address: _____

Employer: _____ Employer address: _____

Birth Date: _____ Birth city/state: _____ Social Security #: _____

Driver's License #: _____ Home ph: _____ Work ph: _____ Fax: _____

Cell: _____ Email: _____ Education: _____

Confidential messages may be left for/sent to me via (check ALL that apply):

- Recording on work phone Recording on home phone Recording on cell phone Email Fax
 Mail to home Other: _____

How did you hear of our office: Allen Image Allen Online Lawyers.com Facebook

Friend _____ Other: _____

Nature of matter: _____

Fee Agreement for Initial Consultation

Charges for an initial office consultation must be paid at the time of the appointment unless other arrangements have been made with the attorney prior to the appointment. Consultation charges are as follows:

Up to one-half hour: \$150.00

Over one-half hour: \$75.00 per ¼ hour increments

No services will be performed beyond the initial consultation without a written engagement contract.

Your questions about professional fees are invited. The attorney-client relationship is better served by open discussion of fees. This information has been provided to you so that you will have a pre-interview opportunity to consider financial arrangements.

The State Bar of Texas investigates and prosecutes professional misconduct committed by Texas attorneys. Although not every complaint against or dispute with a lawyer involves professional misconduct, the State Bar's Office of General Counsel will provide you with information about how to file a complaint if you feel one is warranted. You may call 1-800-932-1900 for more information.

I have read and understand the above, and agree to pay the above consultation fee.

Your signature

date

Jurisdiction

How long have you lived in Texas? _____ In what county do you reside? _____ How long in that county? _____

Children to be Adopted

NAME (First, Middle, Last)	SEX	BIRTH DATE	BIRTH PLACE	SSN	DL#
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____

Will there be a dispute over custody of the children? Yes No Custody will be with whom? _____

With whom are the children now residing? _____ Amount of current child support? _____

Do the children have health insurance? Yes No If yes, provided by: _____

Are there any court orders regarding any of the children? Yes No If yes, which court: _____

Do any of the above children have any physical or mental handicap (such as epilepsy, Down's Syndrome, blindness, etc. that would require support beyond the age of 18? Yes No If yes, child's name: _____

Do your children own any property in their own name? (such as through inheritance, large gifts, etc.) _____

Birth Certificate Changes

Will there be a name change? Yes No If yes, please provide name change(s): _____

Will there be a removal of a biological parent on the birth certificate? Yes No If yes, please provide name(s) to be removed: _____

I have read the above and affirm it is true and correct to the best of my knowledge and belief.

Your signature

date