



**CONFIDENTIAL CLIENT HISTORY  
ADOPTION INTAKE FORM**

The following questionnaire is designed to help you more accurately provide information that will help us prepare court pleadings on your behalf. Please complete this form as fully and comprehensively as possible. If exact information is not known, please provide your best estimate. You may be asked at some future date to provide more precise information.

Confidential information provided on this form is protected by the attorney-client privilege and is intended for the use of your legal counsel. Any information provided in this form which is detrimental to you will not be revealed by counsel without your consent unless it is in your best interests to do so except in certain narrow and limited situations required or authorized by law. If you have any questions about the confidentiality of this information we will be pleased to answer them. Because this information is provided in confidence, we ask that your answers be as truthful, complete and accurate as possible.

Type: \_\_\_\_\_PRIVATE \_\_\_\_\_STEP-PARENT \_\_\_\_\_D.C.F.  
\_\_\_\_\_CASE MANAGER

**ADOPTIVE PARENTAL INFORMATION:**

Full Legal Name of Adopting Father: \_\_\_\_\_ Race: \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
(City, County, State or Foreign Country)

Occupation: \_\_\_\_\_ Kind of Business or Industry: \_\_\_\_\_

Full Legal Name of Adopting Mother: \_\_\_\_\_ Race: \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
(City, County, State or Foreign Country)

Occupation: \_\_\_\_\_ Kind of Business or Industry: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
(City, County, State):  
Maiden Name: \_\_\_\_\_

HAVE EITHER ADOPTIVE PARENT EVER BEEN CONVICTED OF ANY OF THE  
FOLLOWING FELONIES? YES or NO

Murder;	Yes	No	Explain: _____
Causing or Assisting Suicide;	Yes	No	Explain: _____
Voluntary manslaughter;	Yes	No	Explain: _____
Reckless homicide;	Yes	No	Explain: _____
Battery as a felony;	Yes	No	Explain: _____
Aggravated battery;	Yes	No	Explain: _____
Kidnapping;	Yes	No	Explain: _____
Criminal confinement;	Yes	No	Explain: _____
A felony sex offense;	Yes	No	Explain: _____
Car jacking;	Yes	No	Explain: _____
Arson;	Yes	No	Explain: _____
Incest;	Yes	No	Explain: _____
Neglect of a dependent;	Yes	No	Explain: _____
Child selling/Human Trafficking	Yes	No	Explain: _____
A felony involving a weapon;	Yes	No	Explain: _____
A felony relating to controlled substances;	Yes	No	Explain: _____

A felony that is substantially equivalent to  
a felony as listed above for which the  
conviction was entered in another state. Yes No Explain: \_\_\_\_\_

**CHILD(REN) INFORMATION:**

1st Child's Name at Birth: \_\_\_\_\_ Race: \_\_\_\_\_

SSN: \_\_\_\_\_ Sex: M F Date of Birth: \_\_\_\_\_

Birthplace Of Child: \_\_\_\_\_  
(City, County, State or Foreign Country)

Since What Date Has the Child Resided With You? \_\_\_\_\_

Child's Name To Be Changed To: \_\_\_\_\_

2nd Child's Name at Birth: \_\_\_\_\_ Race: \_\_\_\_\_

SSN: \_\_\_\_\_ Sex: M F Date of Birth: \_\_\_\_\_

Birthplace Of Child: \_\_\_\_\_  
(City, County, State or Foreign Country)

Since What Date Has the Child Resided With You? \_\_\_\_\_

Child's Name To Be Changed To: \_\_\_\_\_

3<sup>rd</sup> Child's Name at Birth: \_\_\_\_\_ Race: \_\_\_\_\_

SSN: \_\_\_\_\_ Sex: M      F      Date of Birth: \_\_\_\_\_

Birthplace Of Child: \_\_\_\_\_  
(City, County, State or Foreign Country)

Since What Date Has the Child Resided With You? \_\_\_\_\_

Child's Name To Be Changed To: \_\_\_\_\_

**NATURAL PARENTS INFORMATION:**

Full Name of Natural Father: \_\_\_\_\_

Address: \_\_\_\_\_

Maiden Name of Natural Mother: \_\_\_\_\_

Address: \_\_\_\_\_

**BACKGROUND:**

Have Parental Rights Been Terminated?      Yes      No  
If yes, specify date: \_\_\_\_\_

Explain:

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Do Parents Consent to Adoption?      Yes      No

Explain:

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Last Time Parent(s) Visited Child? \_\_\_\_\_

Parent Supported Child in Last Year?                      Yes                      No

Explain:

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Additional Information You Would Like to Share with Us:

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