



Date: _____

Client Name: _____

ADOPTION

CLIENT QUESTIONNAIRE:

Please begin filling out this questionnaire. It is important that you answer each question fully.

It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your situation, please indicate by marking the question "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF CIVIL EVIDENCE. THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT. THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

FOR OFFICE USE:

Ret.: _____ Type: STD|PPL|LP|H|A

OL: WTA|JAY|LC|JJM|DJS|MBR|MMP|JLG|BWC|MKM

RL: WTA|JAY|LC|JJM|DJS|MBR|MMP|JLG|BWC|MKM



ABOUT YOU:

1. Please give your *full* name, date and place of birth, and Social Security number.

Full legal name: _____

Maiden name: _____

Race: _____ Birth date: _____

City and State where born: _____

Social Security number: _____

Driver's license number: _____

2. Where are you living now and what is your phone number?

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Cell phone: _____

Home phone (if different from above): _____

Fax: _____

Email: _____

3. How do you prefer that we contact you?

Mail Home phone Cell phone Email

4. At what address do you wish to receive mail from this office? _____

5. How were you referred to our office?

Personal referral by _____ to _____ ATTORNEY

Church referral from _____ to _____ ATTORNEY

Internet:

- Google
- Law.com
- Find Law
- Super Lawyers
- Avvo

Newspaper/Magazine:

- Dallas Morning News
- Plano Profile
- Frisco Style
- McKinney/Prosper
- D Magazine/D CEO

Insurance:

- Prepaid Legal/Legal Shield
- Hyatt Legal
- ARAG
- Law Point

Yellow Pages:

- AT&T Yellow Pages
- Your town Yellow Pages

Other:

- Previous client

Other: _____



6. **Have you consulted or retained any other attorneys on this matter before coming to this office?**
_____ . If so, please state who and when: _____

Please complete the following information concerning your employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____ May we call you at work? _____

Gross salary per month or annually: _____ Length of employment: _____

Education: _____

ABOUT YOUR CURRENT SPOUSE:

7. **Please give the spouse's *full* name, date and place of birth, and Social Security number.**

First name: _____ Middle Name: _____

Last name: _____ Maiden Name: _____

Race: _____ Birth date: _____

City and State where born: _____

Social Security No: _____

Driver's license No: _____

8. **What is your spouse's relationship to the child(ren) to be adopted?** _____

9. **Please complete the following information concerning your spouse's employment.**

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

Gross salary per month or annually: _____ Length of employment: _____

Education: _____

ABOUT YOUR CHILDREN:

10. **Please give the full name, date and place of birth, sex, and Social Security number of each child to be adopted:**

Name: _____

Sex (M/F): _____ Age: _____ Date of birth: _____

Parent's address at time of birth: _____

Place of birth: _____

Time of birth: _____

Name of Hospital where child was born: _____

Social Security number: _____

New name after adoption: _____

Do you want a new birth certificate issued after the adoption? _____

Name of biological parent(s) of this child: _____

Social Security number of biological parent(s): _____

Date of birth of biological parent(s): _____

Last known address for parents: _____

Name: _____

Sex (M/F): _____ Age: _____ Date of birth: _____

Parent's address at time of birth: _____

Place of birth: _____

Time of birth: _____

Name of Hospital where child was born: _____

Social Security number: _____

New name after adoption: _____

Do you want a new birth certificate issued after the adoption? _____

Name of biological parent(s) of this child: _____

Social Security number of biological parent(s): _____

Date of birth of biological parent(s): _____

Last known address for parents: _____



Name: _____

Sex (M/F): _____ Age: _____ Date of birth: _____

Parent's address at time of birth: _____

Place of birth: _____

Time of birth: _____

Name of Hospital where child was born: _____

Social Security number: _____

New name after adoption: _____

Do you want a new birth certificate issued after the adoption? _____

Name of biological parent(s) of this child: _____

Social Security number of biological parent(s): _____

Date of birth of biological parent(s): _____

Last known address for parents: _____

Name: _____

Sex (M/F): _____ Age: _____ Date of birth: _____

Parent's address at time of birth: _____

Place of birth: _____

Time of birth: _____

Name of Hospital where child was born: _____

Social Security number: _____

New name after adoption: _____

Do you want a new birth certificate issued after the adoption? _____

Name of biological parent(s) of this child: _____

Social Security number of biological parent(s): _____

Date of birth of biological parent(s): _____

Last known address for parents: _____

11. **Will there be a dispute over the adoption?** _____

If yes, please explain the nature of expected dispute: _____



12. **Where and with whom are the children living now?** _____

ABOUT YOUR CURRENT MARRIAGE:

13. **Please give the date and place of your current marriage.**
Date: _____ Place: _____

14. **What is your religious preference?** _____
If none, are you agnostic or atheist? _____

15. **What is your spouse's religious preference?** _____
If none, is your spouse agnostic or atheist? _____

16. **How long have you lived in Texas?** _____

17. **Have you or your spouse ever been married before?** _____
If so, when and where? _____
Were any children born or adopted during the prior marriage(s)? _____
If so, please give the full name, date and place of birth, sex, and Social Security number of each child:

Name: _____
Sex (M/F): _____ Age: _____ Date of birth: _____
Place of birth: _____
Social Security number: _____

Name: _____
Sex (M/F): _____ Age: _____ Date of birth: _____

Place of birth: _____

Social Security number: _____

Name: _____

Sex (M/F): _____ Age: _____ Date of birth: _____

Place of birth: _____

Social Security number: _____

18. **Where and with whom do these children live?** _____

19. **Do you pay/receive child support?** _____
 If so, how much? \$ _____ per _____

20. **Does your spouse pay/receive child support?** _____
 If so, how much? \$ _____ per _____

“SKELETONS IN THE CLOSET” AND SENSITIVE TOPICS:

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE DISASTROUS TO YOUR CASE.

If an answer to one of the questions below is “yes”, please describe the situation in detail. Will anyone allege the you or your spouse has done any of the following:

	<u>YOU</u>	<u>YOUR SPOUSE</u>
1. Committed a crime?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been arrested?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been in jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>
4. Used illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Been hospitalized for using illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
6. Abused prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been hospitalized for abusing prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
8. Abused alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
9. Been hospitalized for abusing alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
10. Been arrested for or convicted of driving while under the	<input type="checkbox"/>	<input type="checkbox"/>



- influence of alcohol (drunk driving)?
- 11. Engaged in gambling activities (legal or illegal)?
 - 12. Engaged in other illegal activities?
 - 13. Attempted suicide?
 - 14. Been hospitalized for an emotional or psychiatric disorder?
 - 15. Suffered from or received treatment for an emotional or psychiatric condition?
 - 16. Abused own spouse?
 - 17. Been accused of child abuse?
 - 18. Had a sexual relationship during the marriage with someone other than own spouse?
 - 19. Had a sexual relationship (during or not during the marriage) with someone other than own spouse of which the children were aware?

If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship: _____

- 20. Other?

- 21. Do you or your spouse or ex-spouse suffer from any physical disability that would interfere with being able to care for the children? _____

