

INITIAL CONSULTATION QUESTIONNAIRE – TERMINATION & ADOPTION (STEP-PARENT ADOPTION)

Today's Date _____

BIOLOGICAL PARENT INFORMATION

HOW DID YOU HEAR ABOUT OUR OFFICE?

Full Name(s):		Date of Birth:	
Driver's License #:	Social Security #:	Place of Birth:	
Physical Address:			
City:	County:	State:	Zip Code:
Mailing Address (if different):			
City:	County:	State:	Zip Code:
Employer:		Employer's Address:	
Work Phone Number:	Home Phone Number:	Cell Phone Number:	
Email Address:			

STEPPARENT INFORMATION

Full Name(s):		Date of Birth:	
Driver's License #:	Social Security #:	Place of Birth:	
Employer:		Employer's Address:	
Work Phone Number:	Home Phone Number:	Cell Phone Number:	
Email Address:			

INFORMATION OF PARENT TO BE TERMINATED

Full Name:		Date of Birth:	
Driver's License #:	Social Security #:	Place of Birth:	
Physical Address:			
City:	County:	State:	Zip Code:
Employer:		Employer's Address:	

CHILDREN THE SUBJECT OF THIS SUIT

Full Name:		Date of Birth:	
[] Male [] Female		Social Security #:	Place of Birth:
Full Name:		Date of Birth:	
[] Male [] Female		Social Security #:	Place of Birth:
Full Name:		Date of Birth:	
[] Male [] Female		Social Security #:	Place of Birth:

OTHER INFORMATION

Has the parent to be terminated previously been ordered to pay child support?: [] YES [] NO		Date of Last Order:
Cause Number:	County of Last Order:	