



ADOPTION INTAKE

Name of person(s) wanting to adopt: _____ Date: _____
County where you reside: _____
Are you currently employed? Y N Average **yearly** income: \$ _____
Phone number where we can leave a confidential message: _____
Email Address: _____ Social Security No.: ____ - ____ - ____
Emergency Name and Phone Number Contact: _____
How were you referred to our office: _____

Biological Mother: _____ Alive or Deceased? (circle)
Address: _____ Phone Number: _____
Biological Father: _____ Alive or Deceased? (circle)
Address: _____ Phone Number: _____

Are you married? Y N If you have been divorced, name of ex spouse: _____
How are you related to the child/children you are seeking to adopt? _____
Please provide the name(s), date of birth(s) and state(s) the child/children have resided (past 5 yrs)

Name	DOB	State(s) of residence
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of the children you are seeking to adopt have assets of any kind? Y N
Do you have other children under age 18? Y N How many? _____
Briefly explain why you are seeking to adopt the child/children:

If the biological parents will not consent to the adoption, please explain:

Identify all Court Actions known to you that involved the child/children you seek to adopt:

County of Court Action	Type (divorce, legitimation etc)	Date Closed
_____	_____	_____
_____	_____	_____

Attorney Notes:

Retainer Quoted: \$ _____ Monthly Payment: \$ _____ Est. Total: \$ _____