

LASRIS, WALSH & ASSOCIATES, P.C.

Attorneys and Counselors at Law

Confidential Background Information Form

ADOPTION

Date: _____

Please Answer all Questions Completely

All information which you provide to us will be held in strictest confidence. If you feel uncomfortable about answering any question, please feel free to omit the answer. *If you feel you have been provided an incorrect form, please let the receptionist know.*

- 1. **Husband's Full Legal Name:** _____ **Jr. Sr.**
Address: _____ City: _____ State: _____ Zip: _____
Work Phone: _____ Home Phone: _____
Date of Birth: _____ Place of Birth (City & State): _____
Highest Grade completed in school: _____ Race: _____
Email: _____ Occupation: _____ Type of business: _____
- 2. **Wife's Full Legal Name:** _____ **Maiden Name:** _____
Cell phone #: _____ Work #: _____ Email: _____
Date of Birth: _____ Place of Birth (City & State): _____
_____ # children born to adoptive mother prior to birth of adoptive child(ren)
Mother's address at time of adp child's birth: _____ City _____ State _____
Highest grade completed in school: _____ Occupation: _____
- 3. **Date Married:** _____ City & State where married: _____
*(**Please provide our office with a copy of your marriage certificate)*
- 4. **Have you even been involved in a custody dispute regarding the adoptive child/ren?**
If so, state the name/location of the court and the outcome: _____

A word about fees

For "uncontested" matters, your attorney can quote you a fixed fee; for other services, fees are generally charged on a time basis. Fees quoted are representative of similar cases, but are nevertheless estimated and depend upon the amount of work involved to bring your case to a conclusion. This will be explained by your attorney and in your retainer agreement with your attorney.

After consulting with your attorney, if you find you do not need a lawyer or do not now wish to retain the lawyer with whom you consulted, you will be charged a \$150.00 consultation fee which is payable upon the conclusion of your visit (unless you have prepaid). This information sheet and the attorney's notes will be retained for future use if you later decide to retain one of the Law Center's attorneys.

A. INFORMATION REGARDING: CHILD(REN) TO BE ADOPTED

B.

Full Name of child at birth _____ Date of Birth: _____

City and State of Birth: _____ Hospital: _____

Child's Full Name AFTER Adoption: _____

Full Name of child at birth _____ Date of Birth: _____

City and State of Birth: _____ Hospital: _____

Child's Full Name AFTER Adoption: _____

Full Name of child at birth _____ Date of Birth: _____

City and State of Birth: _____ Hospital: _____

Child's Full Name AFTER Adoption: _____

**Please provide our office with a copy of the child(ren)'s birth certificate(s)*

B. INFORMATION REGARDING: BIOLOGICAL PARENTS:

Biological Father's Full Name: _____ **Race:** _____

Address: _____

Date of Birth: _____ **Place of Birth:** _____

Biological Mother's Full Name: _____ **Race:** _____

Biological Mother's Maiden Name: _____

Address: _____

Date of Birth: _____ **Place of Birth:** _____

Do both of the biological parents consent to the adoption? Yes No

If consent is withheld, why? _____

IF A BIOLOGICAL PARENT IS DECEASED: (**Please provide our office with a copy of Death Certificate*)

Full name of deceased parent: _____

Place of Death: _____ Date of Death: _____

IF BIOLOGICAL PARENTS ARE DIVORCED:

Date of Divorce: _____ City & State of Divorce: _____

Name of Court Issuing Divorce Decree (City/County): _____

Was custody determined in divorce: Yes [] No [] If Yes, how: _____