

LASRIS, WALSH & CURRY, P.C.
Attorneys and Counselors at Law
Confidential Background Information Form

For office use only:
EOC: _____
ATTY: _____
PAID: _____

ADOPTION

Date: _____, 20____

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. Client's Full Legal Name: _____ **Maiden:** _____ Jr. Sr. _____
Address: _____ City: _____ State: _____ Zip: _____
Home #: _____ Cell #: _____ Work #: _____
Email: _____ Date of Birth: _____
Place of Birth (City & State): _____ Race: _____
Highest Grade completed in school: _____ Occupation: _____ Type of business: _____

2. Spouse's Full Legal Name: _____ **Maiden:** _____ Jr. Sr. _____
Cell #: _____ Email: _____ Date of Birth: _____
Place of Birth (City & State): _____ Race: _____ Highest grade completed in school: _____
Highest Grade completed in school: _____ Occupation: _____ Type of business: _____
_____ # of children born to adoptive mother prior to birth of adoptive child(ren)
Mother's address at time of adopted child's birth: _____ City _____ State _____

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? Yes / No
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.

PLEASE FILL OUT REVERSE SIDE . . . THANK YOU

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

- 1) Full Name of child at birth: _____ Date of Birth: _____
City & State of birth: _____ Hospital: _____
Child's Full Name AFTER Adoption: _____
- 2) Full Name of child at birth: _____ Date of Birth: _____
City & State of birth: _____ Hospital: _____
Child's Full Name AFTER Adoption: _____
- 3) Full Name of child at birth: _____ Date of Birth: _____
City & 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: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Place of Birth: _____

Biological Mother's Full Name: _____ **Maiden Name:** _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Place of Birth: _____ Race: _____

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: _____
Date of Death: _____ Place of Death (City & State): _____

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: _____