

LASRIS, WALSH & ASSOCIATES, 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. **Your Full Legal Name:** _____ Jr. Sr. _____
Address: _____ City: _____ State: _____ Zip: _____
Work Phone: _____ Cell Phone: _____
Date of Birth: _____ Place of Birth (City & State): _____
Highest grade completed in school: _____ Race: _____
Email: _____ Occupation: _____ Type of business: _____
2. **Spouse's Full Legal Name:** _____ Jr. Sr. _____
Work Phone: _____ Cell Phone: _____
Date of Birth: _____ Place of Birth (City & State): _____
Highest grade completed in school: _____ Race: _____
Email: _____ Occupation: _____ Type of business: _____
3. **Wife's Maiden Name:** _____
4. **Number of children born to adoptive mother prior to birth of adoptive child(ren)** _____
5. **Adoptive parent's address at time of adp child's birth:** _____ City _____ State _____
6. **Date Married:** _____ **City & State where married:** _____
*(**Please provide our office with a copy of your marriage certificate)*
7. **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

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:** _____