

PRIVATE ADOPTION –INTAKE SHEET

Date _____

FOR OFFICE USE ONLY

_____ Open File _____ Involuntary Termination

_____ Fee Letter _____ Consent to Adoption

_____ Petition to Confirm Consent

_____ Adoption Petition

Retainer \$ _____ Payment \$ _____

Referral Source _____

ACT 101 Notification _____ **Date** _____

OUR CLIENT(S):

ADOPTIVE MOTHER: (Relationship to child, if any - _____)

Name _____ Maiden Name _____

Address _____

Telephone _____ (Home) _____ (Office) _____ (Cellular)

Email Address _____

Date of Birth _____ Place of Birth _____

Social Security No. _____ Race _____

Occupation _____ Religion _____

Date of Marriage _____ Place of Marriage _____

ADOPTIVE FATHER: (Relationship to child, if any - _____)

Name _____

Address _____

Date of Birth _____ Where born _____

Social Security No. _____ Race _____

Occupation _____ Religion _____

Date of Marriage _____ Place of Marriage _____

CHILD BEING ADOPTED

Name _____ Date of Birth _____

Place of Birth (City, County, State) _____

Hospital of Birth _____ Sex _____ Race _____

Religion _____ New Name after Adoption _____

Notes _____

WE NEED ORIGINAL BIRTH CERTIFICATE AT TIME OF FILING.

BIRTH FATHER WHOSE RIGHTS ARE BEING TERMINATED:

Name _____

Address _____

Date of Birth _____ Where born _____

Race _____ Marital Status _____

Last contact with child _____

Other comments on contact with child _____

Native American Heritage _____

Was birth mother ever married to birth father? If so, were they married to each other on date that child was born? _____

Notes _____

BIRTH MOTHER WHOSE RIGHTS ARE BEING TERMINATED:

Name _____

Address _____

Date of Birth _____ Where born _____

Race _____ Marital Status _____

Last contact with child _____

Other comments on contact with child _____

Native American Heritage _____

Was birth mother ever married to birth father? If so, were they married to each other on date that child was born? _____

Notes _____
