

LAW OFFICE OF MARK C. THOMPSON

CLIENT INTERVIEW SHEET

Termination/Adoption

Date: _____

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin your adoption case. All information will be held in strict confidence.

1. **Adoptive parent's** information:

a. Name: _____

b. Date of birth: _____

c. Place of birth: _____

d. Social Security Number: _____

e. Driver's License Number: _____

f. Address: _____

City, State, Zip: _____

g. Telephone number. _____

2. Please complete the following concerning **the Adoptive parent's** employment.

a. Employer: _____

b. Job Title: _____

c. Street Address: _____

d. City, State, Zip: _____

e. Telephone number: _____

f. Gross salary per month or annually: \$ _____

- g. Length of employment: _____
- h. Education: _____

5. Please give the **birth mother's** full name, date and place of birth, and Social Security number.

- a. Name: _____
- b. Date of birth: _____
- c. Place of birth: _____
- d. Social Security Number: _____
- e. Driver's License Number: _____

6. Where is the **birth mother** living and what is the birth mother's telephone number?

- a. Address: _____
- b. City, State, Zip: _____
- c. Residence telephone number: _____

7. Complete the following concerning the **birth mother's** employment.

- a. Employer: _____
- b. Job Title: _____
- c. Street Address: _____
- d. City, State, Zip: _____
- e. Telephone number: _____
- f. Birth mother's gross salary per month or annually: \$ _____
- g. Length of birth mother's employment: _____
- h. Education of birth mother: _____

8. Please give the **birth father's full** name, date and place of birth, and Social Security number.
- a. Name: _____
 - b. Date of birth: _____
 - c. Place of birth: _____
 - d. Social Security Number: _____
 - e. Driver's License Number: _____
9. Where is the **birth father** living and what is the birth father's telephone number?
- a. Address: _____
 - b. City, State, Zip: _____
 - c. Residence telephone number: _____
10. Complete the following concerning the **birth father's** employment.
- a. Employer: _____
 - b. Job Title: _____
 - c. Street Address: _____
 - d. City, State, Zip: _____
 - e. Telephone number: _____
 - f. Birth father's gross salary per month or annually: \$ _____
 - g. Length of birth father's employment: _____
 - h. Education of birth father: _____
11. Has the child been born yet? _____ If no, when will the child be born?
_____ What hospital? _____

12. If the child has been born, please give full name, date and place of birth, sex, Social Security number, and driver's license number the child (ren):

A. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

B. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

C. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

13. Are you the birth parents married? _____.

14. Will there be a dispute over the adoption? _____

15. Please detail any information that may be relevant to the outcome of this adoption?

16. Who referred you to this office? _____