

LAW OFFICE OF MARK C. THOMPSON

CLIENT INTERVIEW SHEET

Termination/Adoption

Date: _____

Please complete this questionnaire. All information will be held in strict confidence.

1. Information for the child's **biological mother:**

a. Name: _____

b. Date of birth/place of birth: _____

c. Social Security number: _____

d. Driver's License number: _____

e. Address: _____

f. Telephone number: _____

g. Employer: _____

h. Job title/length of employment: _____

i. Address: _____

j. Telephone number: _____

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

2. Information for the child's **biological father:**

a. Name: _____

b. Date of birth/place of birth: _____

c. Social Security number: _____

d. Driver's License number: _____

- e. Address: _____
 - f. Telephone number: _____
 - g. Employer: _____
 - h. Job title/length of employment: _____
 - i. Address: _____
 - j. Telephone number: _____
 - k. Gross salary per month or annually: \$ _____
3. Has the child been born yet? _____ If no, when will the child be born?

4. Information about the **adoptive parent**:
- a. Name: _____
 - b. Date of birth/place of birth: _____
 - c. Social Security number: _____
 - d. Driver's License number: _____
 - e. Address: _____
 - f. Telephone number: _____
 - g. Employer: _____
 - h. Job title/length of employment: _____
 - i. Address: _____
 - j. Telephone number: _____
 - k. Gross salary per month or annually: \$ _____

5. Information about the children to be adopted:

A. Name: _____
Sex: _____
Birthplace: _____
Birth date: _____
Social Security number: _____

B. Name: _____
Sex: _____
Birthplace: _____
Birth date: _____
Social Security number: _____

C. Name: _____
Sex: _____
Birthplace: _____
Birth date: _____
Social Security number: _____

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

7. Who referred you to this office? _____