

Law Offices of **ALR** Agatha L. Rode

***Board Certified – Family Law, Texas Board of Legal Specialization**

Telephone: (210) 447-7872 • Email: agatha@alrlawfirm.com

Website: www.alrlawfirm.com

Client Name: _____ Date: _____

Adoption Questionnaire

Please fill out this questionnaire and return it as soon as possible. It is important that your answer each question fully. It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question “N/A.” If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your Response to these questions will help to organize your case and will save you money on attorney’s fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES at The Law Office of Agatha L. Rode, P.L.L.C.

HOW DID YOU HEAR ABOUT US?

- I am a former client
- A friend by the name of _____
- Another attorney by the name of _____
- The internet (please specify the website): _____
- Other: _____

Name of Adoptive Mother: _____

DOB of Adoptive Mother: _____

Social Security Number of Adoptive Mother: _____

Name of Adoptive Father: _____

DOB of Adoptive Father: _____

Social Security Number of Adoptive Father: _____

Address: _____

Telephone: _____

Name of Child to be adopted: _____

Birth name (if known; if unborn, write "N/A"): _____

Sex: Male ___ Female ___

DOB of Child: _____

Social Security Number of Child: _____

Will a name change be requested for the adopted child: YES ___ NO ___

If so, the child's new requested full name: _____

Name of Birth Mother (if known): _____

Address of Birth Mother (if known): _____

Has Birth Mother consented? YES ___ NO ___

DOB of Birth Mother: _____

Social Security Number of Birth Mother: _____

Name of Birth Father (if known): _____

Address of Birth Father (if known): _____

Has Birth Father consented? YES ___ NO ___

DOB of Birth Father: _____

Social Security Number of Birth Father: _____

Is the child you wish to adopt related to you in some way, by birth or marriage?

YES ___ NO ___

Child is related to: Husband ___ Wife ___ Both ___

Wife's Full Name: _____

Adoptive Parent ___ or Natural Parent ___

Wife's Birthdate: _____

Wife's Birthplace: _____

Wife's Occupation: _____

Number of years employed: _____

Employer: _____

Work Address: _____

Telephone Numbers: Home _____ Work _____

Number of years of school (including college): _____

Husband's Full Name: _____

Adoptive Parent ___ or Natural Parent ___

Husband's Birthdate: _____

Husband's Birthplace: _____

Husband's Occupation: _____

Number of years employed: _____

Employer: _____

Work Address: _____

Telephone Numbers: Home _____ Work _____

Number of years of school (including college): _____

Date of Marriage: _____

Place of Marriage:

City: _____

County: _____

State: _____

Country: _____

Estimated annual combined gross income: \$ _____

Size of your residence:

Bedrooms: _____

Baths: _____

Square Feet: _____

Please list any previous marriages:

Husband:

Former Spouse: _____

Where Divorced: _____

Date Divorced: _____

Wife:

Former Spouse: _____

Where Divorced: _____

Date Divorced: _____

Please list any children now living with you:

Full Name: _____

Birthdate: _____

Birthplace: _____

City: _____

County: _____

State: _____

Country: _____

Natural ____ or Adopted ____

Husband's ____ Wife's ____ Both ____

Full Name: _____

Birthdate: _____

Birthplace: _____

City: _____

County: _____

State: _____

Country: _____

Natural ____ or Adopted ____

Husband's ____ Wife's ____ Both ____

Full Name: _____

Birthdate: _____

Birthplace: _____

City: _____

County: _____

State: _____

Country: _____

Natural ____ or Adopted ____

Husband's ____ Wife's ____ Both ____

Referred by:

___ Friend ___ Family ___ Minister ___ Lawyer ___ Social Worker

Please provide the names of any and all private adoption agencies and/or attorneys with whom you have already discussed this matter:

Is the child related to you? YES ___ NO ___

If NO, what is the relationship? _____

If you had a biological child after adopting a child, how would you treat your adopted child?

If this is applicable to your situation, will you authorize the attorney to provide your names to the birth parents now or at a later date agreed to by you and the birth parents? YES ___ NO ___

If the answer is YES, what arrangements would you agree to? Is the child you have under consideration for adoption an orphan* (as defined below), or has the child been declared an orphan by a court or judge? YES ___ NO ___

If YES, please provide us with written evidence (a court decree or order so stating).

*Definition of orphan under U.S. law:

A child, under the age of 16 at the time a petition is filed in his/her behalf to accord a classification as an immediate relative, who is an orphan because of the death or disappearance of, abandonment or desertion by, or separation or loss from, both parents, or for whom the sole or surviving parent is incapable of providing the proper care and has in writing irrevocably released the child for emigration and adoption; who has been adopted abroad by: a United States citizen and spouse jointly, or by an unmarried United States citizen at least 25 years of age, who have or has complied with the pre-adoption requirements, if any, of the child's proposed residence.

Does the child you wish to adopt currently reside in an orphanage, or what amounts to foster care for orphans, in the country in which you wish to adopt? YES ___ NO ___

If YES, will the orphanage or foster parent charge a fee? YES ___ NO ___

If YES, how much is the fee in U.S. dollars? \$_____

Minor Child's Birthplace:

City: _____

County: _____

State: _____

Country: _____

Child to be adopted, if born, is now in the custody of:

Name: _____

Address: _____

Telephone Number: _____

Custodial person's relationship to child, or name of adoption agency: _____

Name and addresses of ALL known immediate relatives of the child to be adopted by you
(this is very important information):

Name: _____

Address: _____

Relationship: _____

Name: _____

Address: _____

Relationship: _____

Name: _____

Address: _____

Relationship: _____