Date: _____
Referred By: _____

ADOPTION QUESTIONNAIRE

It is important to complete this questionnaire as fully and accurately as possible. You will be paying for the time we spend on your case and you will save expenses by providing us with complete information. The information you provide on this form provides us with necessary information so that we can do our best work for you. Your thoroughness will alert us to items we should review. We do not know the facts of your case as well as you do. Tell us as much as you know.

Social Security Number Privacy Policy

Social Security information will only be used in the event you hire the firm to represent you in your legal matter, and then only when necessary in limited use during the course of your case.

_____ Date: _____
Signature

Adoptive Mother	Adoptive Father
Name:	Name:
_____	_____
First Last Maiden	First Last Maiden
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____
Email: _____	Email: _____
DOB: _____	DOB: _____
Birthplace: _____	Birthplace: _____
Social Security No. _____	Social Security No. _____
Armed Forces Status: _____	Armed Forces Status: _____
Social Networking Accounts:	Social Networking Accounts:
_____	_____
_____	_____

Employment & Income

Adoptive Mother	Adoptive Father
Employer: _____	Employer: _____
Address: _____	Address: _____
_____	_____
Date of Hire: _____	Date of Hire: _____
Pay Period: _____	Pay Period: _____
Gross Pay: _____	Gross Pay: _____
Net/Take Home: _____	Net/Take Home: _____
Gross Income Last Year: _____	Gross Income Last Year: _____

Marriage

Date of Marriage: _____	Place of Marriage: _____

Education

Adoptive Mother	Adoptive Father
Highest Degree Obtained: _____	Highest Degree Obtained: _____

Did either spouse contribute to the education of the other? Yes No

If Yes, please describe: _____

Birth Mother	Birth Father
Name:	Name:
_____	_____
First Last Maiden	First Last Maiden
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____
Email: _____	Email: _____
DOB: _____	DOB: _____
Social Security No. _____	Social Security No. _____

Armed Forces Status: _____ Social Networking Accounts: _____ _____	Armed Forces Status: _____ Social Networking Accounts: _____ _____

Has the Birth Mother consented? _____

Has the Birth Father consented? _____

Will a name change be requested for the adopted child? _____

- If yes, what is the child's new requested full name? _____

Is the child related to you? _____

If no, what is the relationship? _____

Minor Child(ren)

Child's Name	DOB	SSN	Birthplace (City, County, State, Country)

Child to be adopted, if born, is not in the custody of: Name: _____ First Last Maiden Address: _____ _____ Telephone: _____ Email: _____	Custodial person's relationship to the child or name of adoption agency: _____

Names and Addresses for ALL known immediate relatives of the child to be adopted:

Name: _____

First Last Maiden

Address: _____

_____

Relationship: _____

Name: _____

First Last Maiden

Address: _____

_____

Relationship: _____

Name: _____

First Last Maiden

Address: _____

_____

Relationship: _____

Your Residence

of Bedrooms: _____
# of Bathrooms: _____
Square footage: _____

Minor Children Now living with you

Child's Name	DOB	Adopted or Biological	Birthplace (City, County, State, Country)

OFFICE USE ONLY

Client ID Obtained? ☐

Phone Call Policy? ☐

Credit Card Authorization? ☐

FEE ARRANGEMENT

$_____ Retainer No. of Hours Covered by Retainer _____
$_____ Hourly

Filing Fees:

- □ Divorce Complaint $190.75
- □ Per Additional Count for Divorce $260.75
- □ If Custody Count in Divorce $162.00
- □ Praecipe to Transmit the Record $20.00
- □ Service $85.00 (Allegheny County ONLY)
- □ First Filing on Case as Defendant: $35.00

Outside Allegheny County Additional Fees:

County: _____

Fees:

_____

_____

_____