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NEW CLIENT INTAKE – STEP-PARENT ADOPTION

PLEASE PROVIDE THE FOLLOWING INFORMATION:

General Information

Initial Appointment Date: _____

Please check one: ____ Step-Father ____ Step-Mother ____ Mother ____ Father

Name: _____

Maiden Name: _____ Email address: _____

Social Security Number: _____ - _____ - _____ DL # _____

Birthdate (M/D/Y): _____ Age: _____ Race/Ethnic background: _____

Address: _____

City/State/Zip: _____ County: _____

Cell Telephone: (____) _____ Work Telephone: (____) _____

Name of Current Employer: _____

Occupation: _____

Education: _____

Please check one: ____ Step-Father ____ Step-Mother ____ Mother ____ Father

Name: _____

Maiden Name: _____ Email address: _____

Social Security Number: _____ - _____ - _____ DL # _____

Birthdate (M/D/Y): _____ Age: _____ Race/Ethnic background: _____

Address: _____

City/State/Zip: _____ County: _____

Cell Telephone: (____) _____ Work Telephone: (____) _____

Name of Current Employer: _____

Occupation: _____

Education: _____

Current Marital Status:

_____ Married _____ Not Married _____ Engaged to be married on ____/____/____

If married, please give date and place of marriage:

Has either parent been married before? _____ Yes _____ No

If divorced, please provide the following information:

a. Name of divorced parent (1): _____

b. Previously married to: _____

c. Date of divorce: _____

d. Grounds for divorce: _____

a. Name of divorced parent (2): _____

b. Previously married to: _____

c. Date of divorce: _____

d. Grounds for divorce: _____

Biological Parent of the Child who will have his/her rights terminated:

Name: _____

Were you married to the Parent: _____

If father, is the father listed on the child's birth certificate? _____ Yes _____ No

Social Security Number: _____ - _____ - _____ DL # _____

Birthdate (M/D/Y): _____ Age: _____ Race/Ethnic background: _____

Last Known Address: _____

City/State/Zip: _____ County: _____

Cell Telephone: (____) _____ Work Telephone: (____) _____

Name of Current Employer: _____

Occupation: _____

If Father to be terminate:

The child's biological father:

- ☐ is unknown.
- ☐ parental rights are terminated.
- ☐ has agreed to terminate his parental rights.
- ☐ is deceased.

If Mother to be terminated:

The child's biological mother:

- ☐ parental rights are terminated.
- ☐ has agreed to terminate her parental rights.
- ☐ is deceased.

Other Children Who Reside With You

Name	Birthdate / Age	Sex	Biological/Adopted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Members of Household

Name	Birthdate / Age	Sex	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How were you referred to Heritage Law? _____

Who will be responsible for your account with us? _____

Have you seen another attorney about this matter? ____ If yes, who? _____

Have you contacted an adoption agency? If yes, which agency? _____

Name and **phone number** of person, not currently living with you, to contact in case of an emergency: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE ABSOLUTELY DISASTROUS TO YOUR CASE.

Will anyone allege that you or your partner has done any of the following:

STEP-PARENT

1. Committed a crime? _____
2. Been arrested? _____

3. Been in jail or prison? _____
4. Used illegal drugs? _____
5. Abused prescription drugs? _____
6. Abused alcohol? _____
7. Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)? _____
8. Attempted suicide? _____
9. Been hospitalized for an emotional or psychiatric disorder? _____
10. Suffered from or received treatment for an emotional or psychiatric condition? _____
11. Abused own spouse/partner? _____
12. Been accused of child abuse? _____
13. Had a homosexual/bisexual relationship? _____
14. Drunk to excess? _____
If so, what and how often? _____
15. Other? _____

If an answer to one of the questions above is "yes," please describe the situation in detail:

CHILD TO BE ADOPTED (A)

Name: _____ Date of Birth: _____
County of residence: _____ Age: _____

1. Has the child lived in the same home with the step-parent for at least 6 months?
_____ Yes _____ No
2. How long has his/her residence been in Texas? _____
3. If the child's other parent has not terminated his parental rights, what grounds do you have for termination?
4. If the child is over 12 years old will they agree to be adopted? __ Yes __ No
5. What are the child's feelings regarding the adoption by his/her step-parent?

Please provide us with a copy of the child's birth certificate.

CHILD TO BE ADOPTED (B)

Name: _____ Date of Birth: _____
County of residence: _____ Age: _____

1. Has the child lived in the same home with the step-parent for at least 6 months?
_____ Yes _____ No
2. How long has his/her residence been in Texas? _____
3. If the child's other parent has not terminated his parental rights, what grounds do you have for termination?
4. If the child is over 12 years old will they agree to be adopted? __ Yes __ No
5. What are the child's feelings regarding the adoption by his/her step-parent?

Please provide us with a copy of the child's birth certificate.