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NEW CLIENT INTAKE – ADOPTION (GENERAL)

PLEASE PROVIDE THE FOLLOWING INFORMATION:

General Information (Please Print)

Today's Date: _____

Please check one: Father _____ Mother _____ Grandparent _____

Name: _____

Maiden Name: _____ Email address: _____

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

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

Address: _____

City/State/Zip: _____ County: _____

Home Telephone: (____) _____ Work Telephone: (____) _____

Name of Current Employer: _____

Occupation: _____

Gross Salary per month or annually: _____

Education: _____

Please check one: Father _____ Mother _____

Name: _____

Maiden Name: _____ Email address: _____

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

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

Address: _____

City/State/Zip: _____ County: _____

Home Telephone: (____) _____ Work Telephone: (____) _____

Name of Current Employer: _____

Occupation: _____

Current Marital Status: (circle one)

Married Not Married Engaged to be married on ___/___/___ Single

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: _____

Children Who Reside With You

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

Other Members of Household

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

How do you prefer that we contact you? (If different than above.)

Address: _____
Phone: _____ Work Phone: _____
Cell: _____ Email: _____
Fax: _____ Pager: _____

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:

	Father	Mother
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?	_____	_____

Mother

If an answer to one of the questions above is “yes,” please describe the situation in detail.

Is your Criminal History record currently on file?

- Yes
- Currently in process
- I have not requested or completed a Criminal History record.

Father

If an answer to one of the questions above is “yes,” please describe the situation in detail.

Is your Criminal History record currently on file?

- Yes
- Currently in process
- I have not requested or completed a Criminal History record.

BIRTH PARENT INFORMATION FORM

Birthmother

Name: _____
Address: _____
City/State/Zip: _____
County: _____ Country: _____
Date of birth: _____ Age: _____ Race: _____
Due Date: _____ Sex of baby: (circle one) M F Unknown
No. of previous children? _____

Birthmother's reason(s) for giving child up for adoption?

The child's biological mother:

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

Birthfather

The child's biological father:

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

If known, is the birthfather aware of this pregnancy?

Yes No

Name: _____
Address: _____
City/State/Zip: _____
County: _____ Country: _____
Date of birth: _____ Age: _____ Race: _____
No. of previous children? _____

Other information?

1. Describe your relationship and/or method of contact with the birthmother named above:

2. Does the birthmother prefer an open or semi-open adoption?

Open Semi-open Unknown

3. Has the birthmother sought counseling?

Yes No Unknown

4. If the child is born with special needs will you still want to adopt this child? Yes

No Undecided

5. Have any arrangements or agreements been made with the birthparents?

Yes No

If yes, please explain. _____

6. Have you provided any funds to the birthparents? Yes No

If yes, please explain. _____

7. Are you currently in the process of a home study? Yes No

If yes, please provide the following information regarding your social worker:

Name: _____

Best method of contact: _____

If no, have you contacted a social worker to complete a home study?

Yes No Need more information

8. Has the birthmother completed any of the following reports: (check all that apply)

- Heath Social Educational Genetic/Medical History
- None of the above Unknown

9. Has the birthfather completed any of the following reports: (check all that apply)

- Heath Social Educational Genetic/Medical History
- None of the above Unknown