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NEW CLIENT INTAKE - STEP-FATHER ADOPTION

neral Information (Pleas	e Print)	FOLLOWING INFORMATION:
Today's Date:		
Please check one:	Step-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:		
Education:		
Please check one:		Mother
		Email address:
Social Security Number: _		DL #
Birthdate (M/D/Y):	Age: _	Race/Ethnic background:
Address:		
City/State/Zip:		County:
		_ Work Telephone: ()
Name of Current Employer	•	
Occupation:		

Please give the following information on the Biological Father of the Child:			
Name:			
Were you married to the 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:			
Home Telephone: () Work Telephone: ()			
Name of Current Employer:			
Occupation:			
The child's biological father: is unknown. parental rights are terminated. has agreed to terminate his parental rights. is deceased.			
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:			

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 Wendi Lester?	
Who will be responsible for your account with	th us?
Have you seen another attorney about this r	matter? If yes, who?
Have you contacted an adoption agency? It	f yes, which agency?
Name and phone number of person, not c	urrently living with you, to contact in case of
an emergency:	

STEP-PARENT ADOPTION INFORMATION FORM *Step-father*

			-	
Step-father				
1. Are you curr	ently in the p	rocess of a home study?	Yes	No
lf yes, pl	ease provide	the following information reg	arding your s	social worker:
		ct:		
lf no, ha	ive you conta	cted a social worker to comp	lete a home	study?
Yes	No	Need more information		
2. Is your Crim	inal History re	ecord currently on file?		
Y	es			
C	Currently in process			
I have not requested or completed a Criminal History record.				cord.

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:

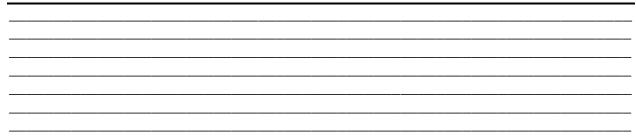
STEP-FATHER

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 (A)

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

The child's biological father:

is unknown.

has terminated their parental rights.

has agreed to terminate their parental rights.

deceased.

 Has the child lived in the same home with the step-father for at least 6 months? Yes

No

- 2. How long has his/her residence been in Texas? _____
- 3. If the child's father has not terminated his parental rights, what grounds do you have for termination?
- 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-father?

CHILD (B)

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

The child's biological father:

is unknown. has terminated their parental rights. has agreed to terminate their parental rights. is deceased.

 Has the child lived in the same home with the step-father for at least 6 months? Yes

No

- 2. How long has his/her residence been in Texas? _____
- 3. If the child's father 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-father?