

SLATE LAW & ASSOCIATES
Attorneys At Law
1920 Country Place Parkway, Ste. 354
Pearland, Texas 77584
281-410-5780
Facsimile: 281-476-5811

Your Name: _____ Retainer: _____ (flat/hourly)

Date: _____ Contested: Y / N

CLIENT QUESTIONNAIRE - ADOPTION/TERMINATION

Please fill out this questionnaire. It is important that you 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 responses 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. In order to maintain confidentiality no one else can be present in the meeting with the attorney unless there is prior approval by the attorney.

NOTICE OF CONFIDENTIALITY

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

Office Use Only:

County: _____ Retainer Fee: _____ Contested: Yes / No

Notes: _____

PERSONAL

Check One of the Following:

_____ Both Potential/Adoptive Parents Adopting	_____ Grandparents Adopting
_____ One Biological and One Step Parent	_____ Other _____

ABOUT THE ADOPTIVE PARENTS:

1. Please give the *full* name, date and place of birth, and Social Security number.

Adoptive Mother

Full name: _____ Maiden name: _____
 Birth date: _____ Current Age: _____ Race: _____
 County where born: _____ State where born: _____
 Social Security number: _____ Driver's license number: _____
 Your relationship to the child(ren): _____

Adoptive Father

Full name: _____
 Birth date: _____ Current Age: _____ Race: _____
 County where born: _____ State where born: _____
 Social Security number: _____ Driver's license number: _____
 Do you want a name change? If so what? _____
 Your relationship to the child(ren): _____

2. Where are you living now, and what is your phone number?

Address: _____
 City: _____
 County: _____ State: _____ Zip: _____
 Home phone: _____ Mobile: _____
 Email Address: _____

3. At what address do you wish to receive mail from this office? _____

4. How do you prefer that we contact you?

Address: _____
 Phone: _____
 Fax: _____
 Mobile phone: _____
 Email Address: _____

5. How were you referred to this office (please check one)?:

- Personal reference: _____
- Internet – Website: _____
- Other: _____

6. Have you consulted any other attorneys on this matter before coming to this office? _____

If so, please state who and when: _____

7. Please complete the following information concerning your employment.

Adoptive Mother

Employer: _____
Job title: _____
Street address: _____
City, state, zip: _____
Telephone number: _____
May we call you at work? _____
Gross salary per month or annually: _____
Length of employment: _____
Education: _____

Adoptive Father

Employer: _____
Job title: _____
Street address: _____
City, state, zip: _____
Telephone number: _____
May we call you at work? _____
Gross salary per month or annually: _____
Length of employment: _____
Education: _____

ABOUT THE BIOLOGICAL PARENTS:

8. Please give the *full* name, date and place of birth, and Social Security number of biological parents.

Biological Mother:

Full name: _____ (Maiden) _____
Birth date: _____ Current Age: _____ Race: _____
County where born: _____ State where born: _____
Social Security #: _____ Driver's license #: _____
Reason for giving child up for adoption: _____

Is the mother in agreement with this adoption? _____

Biological Father:

Full name: _____
Birth date: _____ Current Age: _____ Race: _____
County where born: _____ State where born: _____
Social Security #: _____ Driver's license #: _____
Reason for giving child up for adoption: _____

Is the father in agreement with this adoption? _____

9. Where are the biological parents living now, and what is his or her phone numbers?

Biological Mother:

Address: _____
City: _____ County: _____ State: _____
Zip: _____ Home phone: _____

Biological Father:

Address: _____
City: _____ County: _____ State: _____
Zip: _____ Home phone: _____

10. Please complete the following information concerning the biological parents' employment.

Biological Mother:

Employer: _____
Job title: _____
Street address: _____
City, state, zip: _____
Telephone number: _____
May we call you at work? _____
Gross salary per month or annually: _____
Length of employment: _____
Education: _____

Biological Father:

Employer: _____
Job title: _____
Street address: _____
City, state, zip: _____
Telephone number: _____
May we call you at work? _____
Gross salary per month or annually: _____
Length of employment: _____
Education: _____

ABOUT THE CHILDREN:

11. Please give the full name, date and place of birth, sex, and Social Security number of each of the children subject of this adoption:

Name: _____
Sex (M/F): _____ Date of birth: _____ Time of Birth: _____ Age: _____
Place of birth: _____
Social Security number: _____ - _____ - _____ Driver's License No. _____
What you wish the child's name to be if changed in this adoption case: _____

Name: _____
Sex (M/F): _____ Date of birth: _____ Time of Birth: _____ Age: _____
Place of birth: _____
Social Security number: _____ - _____ - _____ Driver's License No. _____
What you wish the child's name to be if changed in this adoption case: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Time of Birth: _____ Age: _____

Place of birth: _____

Social Security number: _____ - _____ - _____ Driver's License No. _____

What you wish the child's name to be if changed in this adoption case: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Time of Birth: _____ Age: _____

Place of birth: _____

Social Security number: _____ - _____ - _____ Driver's License No. _____

What you wish the child's name to be if changed in this adoption case: _____

12. Will there be a dispute over the children? _____

If *not*, have the biological parents agreed to relinquish their rights? _____

13. Where and with whom are the children living now? _____

RELATIONSHIP OF ADOPTIVE COUPLE:

14. Are you currently married? _____

If so, where did you marry and how long have you been married? _____

15. What are the circumstances surrounding this adoption? _____

16. Are the biological parents in agreement to this adoption? _____

If not, what do you think the objections will be? _____

17. If the child is living with you, how long have they done so? _____

18. How long have you resided in Texas? _____

What county do you reside in? _____

How long have you resided in that County? _____

19. Do the child(ren) have insurance? _____

If so, who provides the insurance and how much is it? _____

20. Check any of the following which are applicable.

- _____ Left Children with intent to return
- _____ Left for 3 months without expressing intent to return
- _____ Left for 6 months without providing support
- _____ Placed or allowed the child in dangerous conditions
- _____ Conduct that endangers children
- _____ Failed to support for one year
- _____ Abandoned children without identifying them
- _____ Abandoned mother during pregnancy
- _____ Refused to submit to court order
- _____ Cause of absence from school
- _____ Executed affidavit of relinquishment
- _____ Injured child
- _____ Terminated with regard to another child
- _____ One of you are the child's biological parent

21. Do any other parties have an attorney? _____
If so, who? _____

22. Do you or the other party have any other children for whom child support is owed? _____
If so, please give the full name, date and place of birth, sex, Social Security number, who pays/receives child support, and how much child support is paid/received of each such child:

Name: _____
Sex (M/F): _____ Date of birth: _____ Age: _____
Place of birth: _____
Social Security number: _____ - _____ - _____
Child Support: pay or receive (circle one) How Much? \$ _____

Name: _____
Sex (M/F): _____ Date of birth: _____ Age: _____
Place of birth: _____
Social Security number: _____ - _____ - _____
Child Support: pay or receive (circle one) How Much? \$ _____

Name: _____
Sex (M/F): _____ Date of birth: _____ Age: _____
Place of birth: _____
Social Security number: _____ - _____ - _____
Child Support: pay or receive (circle one) How Much? \$ _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____ - _____ - _____

Child Support: pay or receive (circle one) How Much? \$ _____

23. Do the children involved in the adoption own any property? _____

If so, please describe: _____

24. Are the children subject to a prior court order? _____

If so, please describe: _____

25. Were the children conceived in Texas? _____

If not, then where? _____

26. "Skeletons in the Closet" and Sensitive Topics:

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING 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.

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

Will anyone allege that you or the other party has done any of the following:

	Adoptive Mother	Adoptive Father
Committed a crime?	_____	_____
Been arrested?	_____	_____
Been in jail or prison?	_____	_____
Used illegal drugs?	_____	_____
Been hospitalized for using illegal drugs?	_____	_____
Abused prescription drugs?	_____	_____
Been hospitalized for abusing prescription drugs?	_____	_____
Abused alcohol?	_____	_____
Been hospitalized for abusing alcohol?	_____	_____
Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?	_____	_____

Engaged in gambling activities (legal or illegal)? _____

Engaged in other illegal activities? _____

Attempted suicide? _____

Been hospitalized for an emotional or psychiatric disorder? _____

Suffered from or received treatment for an emotional or psychiatric condition? _____

Abused spouse? _____

Been accused of child abuse? _____

Had a sexual relationship during the relationship with someone other than partner? _____

If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship. _____

Adoptive Mother Adoptive Father

Had a homosexual/bisexual relationship? _____

Engaged in unusual sexual practices? _____

Had a pregnancy outside of a marriage? _____

Had a sexually transmitted disease? _____

Drunk to excess? If so, what and how often? _____

Other? _____

27. If you or the other party has a relationship with a person whom the children see frequently and that person would answer "yes" to one or more of the preceding "skeleton-in-the-closet" questions, describe the situation: _____

28. Do you the other party suffer from any physical disability that would interfere with being able to care for the children? _____

29. Have you or the other party made any photographs or audio or visual recordings of the other party? _____ If so, describe the content: _____
