

HAND LAW FIRM

ATTORNEY AT LAW



CONFIDENTIAL CLIENT INFORMATION FORM

ADOPTION

Personal Information

Today's Date _____

Yourself

Name: _____ Maiden/Formal Name: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Phone#: (Home) _____

(Cell) _____ Cellular Carrier _____

E-Mail*: _____

Home Address*: _____

City, State, Zip Code: _____ Home Address since: _____

*****Confidential information will be sent to your email address and your home address provided here*****

Alternate Contact

Name: _____ Telephone: _____ Relationship: _____

Minor Children
(To be adopted):

Name

Date of Birth

Social Security Number



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Spouse

Name: _____ Maiden/Former Name: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Phone#: (Home) _____

(Cell) _____ Cellular phone carrier: _____

E-Mail: _____

Home Address: _____

Home Address since: _____

Marital Information

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Date of Marriage: _____ Place of Marriage: _____

Are you and your spouse living together now? ☐ Yes ☐ No

Do you anticipate a dispute over adoption of the child(ren)? ☐ Yes ☐ No

Your Employment

Employer: _____

Address: _____

City, State, Zip Code: _____

Position: _____ Date Started: _____

Gross Weekly Pay: _____ Net Weekly Pay: _____



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Your Spouse's Employment

Employer: _____

Address: _____

City, State, Zip Code _____

Position: _____

Date Started: _____

Gross Weekly Pay: _____

Net Weekly Pay: _____

Other Sources of Income

Do you or your spouse receive income from any other source (e.g., AFDC, SSI, disability, etc.)?

☐ Yes ☐ No

If yes, please provide:

Recipient	Source	Weekly Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational Background

Degrees awarded, or highest educational level reached:

By yourself: _____



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By your spouse: _____



Please indicate why you would like to adopt the child(ren) and if the child(ren)'s parents are in agreement with the adoption.

Why do you think it would be in the best interest of the (child ren) to be adopted?



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BIOLOGICAL MOTHER OF CHILD

Name: _____ Maiden/Former Name: _____

Date of Birth: _____ Social Security Number: _____

Phone#: (Home) _____ (Cell) _____

E-Mail: _____

Home Address: _____

City, State, Zip Code: _____ Home Address since: _____

If unknown please write "unknown". Please give the last known address (County and State) if current is unknown.

BIOLOGICAL FATHER OF CHILD

Name: _____ Maiden/Former Name: _____

Date of Birth: _____ Social Security Number: _____

Phone#: (H) _____ (C) _____

E-Mail: _____

Home Address: _____

Home Address since: _____

Home Address since: _____



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Custody Information

Custody of child is with: ☐ Us ☐ Mother ☐ Father ☐ Other: _____

We gained legal custody on (date): _____ From (court): _____

Was DHR involved in the custody of the child? ☐ Yes ☐ No

Do you anticipate a dispute over adoption of the child(ren)? ☐ Yes ☐ No

If Yes, please explain: _____

Home Study

Has a home study been completed: _____?

Agency, name and address of the person completing the home study: _____

(For office use only)

☐ Adoption

Flat Fee Rate: _____

☐ Civil

SOL: _____

☐ Termination of Parental Rights

☐ Child Born in Alabama? _____

