

Retainer: \$ \_\_\_\_\_  
 Paid: \_\_\_\_\_ Y N  
 Estimate: \$ \_\_\_\_\_

To: \_\_\_\_\_  
 Referred By: \_\_\_\_\_  
 Thanks: \_\_\_\_\_

**STEP PARENT ADOPTION CLIENT INFORMATION INTAKE FORM**

FIRST INTERVIEW DATE: \_\_\_\_\_ TYPE:    step parent    sperm donor    same sex parents

BIOLOGICAL PARENT NAME: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

RESIDENCE PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ PAGER/CELL: \_\_\_\_\_

Resident 6 months?    YES    NO    Other court proceedings?    YES    NO

MARRIED?    YES    NO    BEST CONTACT # \_\_\_\_\_

NEW SPOUSE / DOMESTIC PARTNER NAME: \_\_\_\_\_

OTHER BIOLOGICAL PARENT/SPERM DONOR: \_\_\_\_\_

ADDRESS FOR SERVICE: \_\_\_\_\_

OPPOSING ATTORNEY IF KNOWN: \_\_\_\_\_

AGENCY: \_\_\_\_\_

DATE OF INSEMINATION/CONCEPTION: \_\_\_\_\_ Written Consent? \_\_\_\_\_

NAME OF ADOPTEE? \_\_\_\_\_ DATE AND PLACE OF BIRTH \_\_\_\_\_

		Biological Parent			Proposed Adoptive Parent		
SOCIAL SECURITY #							
BIRTH DATE / AGE							
BIRTHPLACE							
EMPLOYER							
OCCUPATION							
MONTHLY INCOME							
EDUCATION (# of years)							
# OF THIS MARRIAGE		# _____	Dissolved	Death	# _____	Dissolved	Death
MILITARY SERVICE STATUS		Active Duty	Reserves	N / A	Active Duty	Reserves	N / A
NAME OF CHILD	AGE	DOB	5 year residency history		SOCIAL SECURITY #		

HOME STUDY REQUIRED? YES/NO  
 CRIMINAL HISTORY? YES/NO

INDIAN CHILD? YES/NO