

FOR OFFICE USE ONLY:

INITIALS BELOW:

In Amicus, entered:

- ____ both parties name, address, phone, email
- ____ case # entered
- ____ court # entered
- ____ status "closed"

In Amicus, was either party previously in Amicus ____ (y/n)

Fee Collected ____

Copies Made ____

Copied Driver's License or ID ____

Provide Pen ____

CLIENT QUESTIONNAIRE
[Adult Adoption]

- Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.
- If a particular question does not apply, enter "n/a".
- **CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law. However, if are requesting the presence of another person, such as _____, in the consultation with you, you will be waiving the Attorney-Client Privilege. _____ (your initials)
- Please attach consult fee of \$_____.
- Please provide your driver's license for copying

A. ADOPTIVE PARENT INFORMATION (MOTHER or STEPMOTHER):

Full Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____ State of Birth: _____

Home Phone: _____ Work Phone: _____

Other Number: _____ Facsimile Number: _____

E-mail Address: _____

Driver's License Number: _____ Issuing State: _____

B. ADOPTIVE PARENT INFORMATION (FATHER or STEPFATHER):

Full Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

