



Call: (785) 232-2011 (voice) | (785) 409-1239 (text)

Date: _____

ADOPTIVE PARENT'S BACKGROUND INFORMATION

(The information provided is for the exclusive use of your attorney and employees. It is held in the strictest confidence.)

Adoptive Parent 1's Full Name: _____

Adoptive Parent 2's Full Name: _____

Maiden name: _____

How did you hear of Williams Family Law Practice? _____

Address: _____

Inside city limits? ____ Yes ____ No County _____

Length of time at this residence: _____ years _____ months

Contact information:

Telephone:

Home: (_____) _____

AP1's work: (_____) _____

AP 2's work: (_____) _____

AP 1's cell: (_____) _____

AP 2's cell: (_____) _____

Birthmother: (_____) _____

* Place an asterisk at the number you are comfortable with having messages left.

* If you are comfortable receiving text messages please indicate that too.

Email:

AP 1's email: _____

AP 2's email: _____

Social Media: Please provide any social media accounts you have created in your search for a birth mother.

Facebook : _____

Twitter: _____

Instagram: _____

Snapchat: _____

Other (please list): _____

Are you willing to accept a bi-racial child?

Caucasian/black _____ Caucasian/Hispanic _____ Other _____

Have you ever been turned down by an adoption agency? _____

Have you ever placed a child for adoption? _____

Do you have child support obligations? _____

Location of birth certificate, marriage certificate, divorce decree, discharge papers, and other important personal data papers of yours, your spouse's, or your children:

Birth certificate _____

Marriage certificate: _____

Divorce decree: _____

Discharge papers: _____

Other: _____

| About You | | |
|---|--------------------------------------|--------------------------------------|
| | Adoptive Parent 1 | Adoptive Parent 2 |
| Social Security Number: | | |
| Date of Birth: | | |
| Date and place of marriage: | | |
| Prior Marriage? | | |
| If so, please indicate how and when the marriage terminated: | | |
| | | |
| Is former spouse living? | | |
| If so, please give their name and current address: | | |
| | | |
| Number of children born to you by a previous marriage: | | |
| State all of the children's full names, ages, dates of birth, the name of the other parent, and their | Name: _____ Age: _____ DOB: _____ | Name: _____ Age: _____ DOB: _____ |

| | | |
|--|---|---|
| current address. Also, indicate if any of the children are living with you at this time. | Name of Parent: _____ Address: _____ _____ Is the child living with you? _____ | Name of Parent: _____ Address: _____ _____ Is the child living with you? _____ |
| | Name: _____ Age: _____ DOB: _____ Name of Parent: _____ Address: _____ _____ Is the child living with you? _____ | Name: _____ Age: _____ DOB: _____ Name of Parent: _____ Address: _____ _____ Is the child living with you? _____ |
| | Name: _____ Age: _____ DOB: _____ Name of Parent: _____ Address: _____ _____ Is the child living with you? _____ | Name: _____ Age: _____ DOB: _____ Name of Parent: _____ Address: _____ _____ Is the child living with you? _____ |
| Are any of your present children adopted: | | |
| If yes, please indicate which child(ren) | | |
| Have you lost a child through death? | ____ Yes ____ No | |
| | | |
| Names of Closest Living Adult Relative | Name: _____ Address: _____ _____ Telephone: (____) _____ Relationship: _____ | Name: _____ Address: _____ _____ Telephone: (____) _____ Relationship: _____ |
| Name of one other adult who will always know how to contact you | Name: _____ Address: _____ _____ Telephone: (____) _____ | Name: _____ Address: _____ _____ Telephone: (____) _____ |
| | | |
| Adoptive Parent 1's Family Origin Parents | | |
| Father's Name: _____ | Mother's Name: _____ | |

| | |
|--|--|
| Age: _____ Deceased? _____ Occupation: _____ Address: _____ _____ | Age: _____ Deceased? _____ Occupation: _____ Address: _____ _____ |
|--|--|

Were you parent's ever divorced or separated? ____ Yes ____ No

If yes, what was your age? _____

| | |
|--|--|
| | |
|--|--|

Siblings (list by birth order, include yourself)

| | |
|---|---|
| 1. Name: _____ Age: _____ Occupation: _____ City/State: _____ Married? _____ Children (number): _____ | 2. Name: _____ Age: _____ Occupation: _____ City/State: _____ Married? _____ Children (number): _____ |
|---|---|

| | |
|---|---|
| 3. Name: _____ Age: _____ Occupation: _____ City/State: _____ Married? _____ Children (number): _____ | 4. Name: _____ Age: _____ Occupation: _____ City/State: _____ Married? _____ Children (number): _____ |
|---|---|

| | |
|---|---|
| 5. Name: _____ Age: _____ Occupation: _____ City/State: _____ Married? _____ Children (number): _____ | 6. Name: _____ Age: _____ Occupation: _____ City/State: _____ Married? _____ Children (number): _____ |
|---|---|

Adoptive Parent 2's Family Origin

Parents

| | |
|--|--|
| Father's Name: _____ Age: _____ Deceased? _____ Occupation: _____ Address: _____ _____ | Mother's Name: _____ Age: _____ Deceased? _____ Occupation: _____ Address: _____ _____ |
|--|--|

Were you parent's ever divorced or separated? ____ Yes ____ No

If yes, what was your age? _____

| | |
|--|--|
| | |
|--|--|

Siblings (list by birth order, include yourself)

| | |
|---|---|
| 1. Name: _____ Age: _____ Occupation: _____ City/State: _____ Married? _____ Children (number): _____ | 2. Name: _____ Age: _____ Occupation: _____ City/State: _____ Married? _____ Children (number): _____ |
| 3. Name: _____ Age: _____ Occupation: _____ City/State: _____ Married? _____ Children (number): _____ | 4. Name: _____ Age: _____ Occupation: _____ City/State: _____ Married? _____ Children (number): _____ |
| 5. Name: _____ Age: _____ Occupation: _____ City/State: _____ Married? _____ Children (number): _____ | 6. Name: _____ Age: _____ Occupation: _____ City/State: _____ Married? _____ Children (number): _____ |

Previous Residences

(for the past 10 years list from the most recent)

| Adoptive Parent 1 | Adoptive Parent 2 |
|--|--|
| Address: _____ City/State: _____ From: _____ To: _____ | Address: _____ City/State: _____ From: _____ To: _____ |
| Address: _____ City/State: _____ From: _____ To: _____ | Address: _____ City/State: _____ From: _____ To: _____ |
| Address: _____ City/State: _____ From: _____ To: _____ | Address: _____ City/State: _____ From: _____ To: _____ |
| Address: _____ City/State: _____ From: _____ To: _____ | Address: _____ City/State: _____ From: _____ To: _____ |
| Address: _____ City/State: _____ | Address: _____ City/State: _____ |

From: _____ To: _____ From: _____ To: _____

Employment History

Present Occupation: _____
Employer: _____
Address: _____
Telephone: (____) _____
Length of time in present employment:
_____ years _____ months

Present Occupation: _____
Employer: _____
Address: _____
Telephone: (____) _____
Length of time in present employment:
_____ years _____ months

1. Employer: _____
Address: _____
Telephone: (____) _____
Length of time in present employment: _____
_____ years _____ months

1. Employer: _____
Address: _____
Telephone: (____) _____
Length of time in present employment:
_____ years _____ months

2. Employer: _____
Address: _____
Telephone: (____) _____
Length of time in present employment:
_____ years _____ months

2. Employer: _____
Address: _____
Telephone: (____) _____
Length of time in present employment:
_____ years _____ months

3. Employer: _____
Address: _____
Telephone: (____) _____
Length of time in present employment:
_____ years _____ months

3. Employer: _____
Address: _____
Telephone: (____) _____
Length of time in present employment:
_____ years _____ months

4. Employer: _____
Address: _____
Telephone: (____) _____
Length of time in present employment:
_____ years _____ months

4. Employer: _____
Address: _____
Telephone: (____) _____
Length of time in present employment:
_____ years _____ months

5. Employer: _____
Address: _____
Telephone: (____) _____
Length of time in present employment:
_____ years _____ months

5. Employer: _____
Address: _____
Telephone: (____) _____
Length of time in present employment:
_____ years _____ months

| | |
|--|--|
| 6. Employer: _____ Address: _____ Telephone: (____) _____ Length of time in present employment: _____ years _____ months | 6. Employer: _____ Address: _____ Telephone: (____) _____ Length of time in present employment: _____ years _____ months |
|--|--|

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| |
|-------------------------------------|
| Family Financial Information |
|-------------------------------------|

| | | |
|--|-------|--------|
| Gross salary at place of employment (before taxes) | | |
| AP 1: | AP 2: | Total: |
| Net Income from employment (after taxes) | | |
| AP 1: | AP 2: | Total: |
| Other income (any source) | | |
| AP 1: | AP 2: | Total: |

LIFE INSURANCE:

Company: _____ Insured: _____ Amount: _____

Company: _____ Insured: _____ Amount: _____

Company: _____ Insured: _____ Amount: _____

Company: _____ Insured: _____ Amount: _____

OTHER FINANCIAL RESOURCES:

Savings: _____ Other: _____

Other: _____ Other: _____

Home Value: _____ Mortgage: _____ Equity: _____

House Payment (monthly) _____ Total Indebtedness: _____

HEALTH:

Name, address and telephone number of your personal physician:

AP 1: _____

AP 2: _____

How would you assess your present state of health?

AP 1: _____

AP 2: _____

Date of your most recent physical exam: _____

Please list any major illnesses, surgeries, or other medical conditions, including mental health services, which required (or currently require) treatment in the space below:

ADOPTIVE PARENT 1

ADOPTIVE PARENT 2

Condition: _____

Condition: _____

Date of onset: _____

Date of onset: _____

Required treatment: _____

Required treatment: _____

Condition: _____

Condition: _____

Date of onset: _____

Date of onset: _____

Required treatment: _____

Required treatment: _____

Condition: _____

Condition: _____

Date of onset: _____

Date of onset: _____

Required treatment: _____

Required treatment: _____

HEALTH INSURANCE:

Company: _____ Policy Number: _____

Company: _____ Policy Number: _____

At what point will you health & accident insurance include the adopted child? _____

Please circle which of the following coverage apply to your health insurance:

Major Medical Hospitalization Lab Work X-Rays Dental Mental Health

Other _____

HOME STUDY:

Have you begun the home study process? _____ If Yes, with whom? _____

REFERENCES:

Please list below friends or family that will be able to provide written references for you during this process.

1. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

2. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

3. Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____

QUESTIONS BIRTH MOTHERS MIGHT ASK:

| | ADOPTIVE PARENT 1 | ADOPTIVE PARENT 2 |
|------------|-------------------|-------------------|
| Age | | |
| Height | | |
| Weight | | |
| Hair color | | |
| Eye color | | |
| Hobbies | | |
| | | |

VERY IMPORTANT:

Do you have current FBI fingerprint clearances? _____ If Yes, date of clearance: _____

If no, you need to be fingerprinted and submit your fingerprint cards for FBI clearance immediately so that you will not experience any delays in your adoption process. There is no longer an expedited process for fingerprinting, and clearances can take up to 12 weeks. Once you have been fingerprinted, please contact my office immediately for instructions on submitting fingerprints to the FBI for clearance.

IF YOU HAVE FOUND A BIRTH MOTHER/CHILD(REN) TO BE ADOPTED:

MOTHER OF CHILD(REN):

Full Name: _____ Maiden Name: _____

Address: _____ Apt No: _____

City: _____ County: _____ State: _____ Zip: _____

How long in County? _____ Years _____ Months _____ U.S. Citizen? _____

Social Security No: _____ Driver's License No: _____ Date of Birth: _____

Place of Birth: _____

City

County

State

Employer: _____ Address: _____

City: _____ County: _____ State: _____ Zip: _____

Gross Monthly Pay: _____ Paid: Weekly Bi-Weekly Semi-Monthly Monthly

Home Phone: () _____ Work Phone: () _____ Pager No: () _____

Mobile No: () _____ Home E-mail Address: _____

FATHER OF CHILD(REN):

Full Name: _____

Address: _____ Apt No: _____

City: _____ County: _____ State: _____ Zip: _____

How long in County? _____ Years _____ Months _____ U.S. Citizen? _____

Social Security No: _____ Driver's License No: _____ Date of Birth: _____

Place of Birth: _____

City _____ County _____ State _____

Employer: _____ Address: _____

City: _____ County: _____ State: _____ Zip: _____

Gross Monthly Pay: _____ Paid: Weekly Bi-Weekly Semi-Monthly Monthly

Home Phone: () _____ Work Phone: () _____ Pager No: () _____

Mobile No: () _____ Home E-mail Address: _____

CHILD(REN) TO BE ADOPTED:

1. Full Name: _____

First

Middle

Last

Sex: _____ Social Security No: _____ Date of Birth: _____

Place of Birth: _____

Have you been involved with any Family Law proceeding with any Court or the Attorney General's office? Yes or No
If yes, please explain fully when, where, and why.

Have you ever filed Bankruptcy? Yes or No If yes, please explain where, when, and the disposition.

Is Child Protective Services involved or have they ever been involved with this matter? Yes or No
If yes, please explain when, where and why.

Have you or any one associated with this case been the subject of a:

- a) Protective Order
- b) Restraining Order
- c) Child Protective Services Investigation
- d) Mental Health Professional Treatment
- e) Questionable Paternity Status
- f) Substance Abuse Treatment
- g) Welfare of Aid to Families with Dependent Children h) Common-Law or Informal Marriage
- i) Termination of Parental Rights
- j) Prenuptial Agreement or Partitioning Agreement k) Personal Injury Lawsuits

If so please explain:



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PRIVACY POLICY REGARDING SOCIAL SECURITY NUMBERS

Social Security information will only be used in the event you hire the firm to represent you in your legal matter, and then only when necessary in limited use during the course of your case.

- Social Security numbers are collected by the law firm from the client and all clients provide such information to the firm in writing.
- Social Security numbers are most often used to positively identify parties. Some uses may include initial service, in court orders, in orders to withhold wages for child support, in required reports filed with the State of Texas, or to obtain retirement information used to divide retirement benefits. Most courts require Social Security numbers of all parties.
- All information received from a client is confidential. Numbers are not released from the firm unless authorized by the client or required in the course of representation as previously stated herein.
- Every step is taken to protect your privacy. This information is kept secure within the offices of the firm in file folders and file drawers until such time that the file information is retired and the file removed to storage in a locked, off-site storage facility. Files will eventually be shredded after the time designated by the State Bar requirement for maintaining the records has expired. Social Security numbers are also kept in firm software programs that are protected by password in our system which is further protected by extensive firewalls.

I acknowledge that I have read the above privacy information provided by Williams Family Law Practice regarding use of my Social Security number.

Signature _____

Date _____

OFFICE USE ONLY

Adoption: _____
Step-Parent Adoption: _____
Citation: _____
Temporary Restraining
Order: _____
Cross-Action: _____

Appearance: _____
Affidavit: _____
AG a party: _____
Other: _____

No Service: _____
Personal Service:
Home _____
Work _____
Time _____
Alternate Service: _____
Publication Posting _____

Social Study
Ad Litem _____

| | | | |
|-----------------|----------|-----------------------|----------|
| Adoption: | \$ _____ | Step-Parent Adoption: | \$ _____ |
| Court Costs: | \$ _____ | Court Costs: | \$ _____ |
| Total Retainer: | \$ _____ | Total Retainer: | \$ _____ |
| Down Payment: | \$ _____ | Down Payment | \$ _____ |

Payments \$ _____ Weekly / Bi-weekly / Monthly

Other Fees: substituted service/ ad litem/ social study/ counseling/ mediation/ investigators/
deposition

COMMENTS: