

**CLIENT INFORMATION SHEET
STEP-PARENT ADOPTION**

Personal Information (Biological Parent)

1. Name _____
(Last) (First) (Middle) (Maiden)
2. Home Address _____
City _____ State _____ Zip Code _____
3. Home Telephone _____
4. Cell/Mobile Phone _____
5. Fax _____
6. Email _____
Is it OK to communicate with you through email? _____
7. Name of Employer _____
8. Work Address _____
City _____ State _____ Zip Code _____
9. Work Telephone _____
Is it OK to call you while you are at work? _____
10. Length of time with this employer _____
11. What address do you want mail sent to? _____
12. What is the best phone number to reach you? _____
13. Date of birth _____
14. Social security number _____
15. Driver's License Number _____ State _____

16. How did you learn about the Law Office of Carie P. Mack (name of referral source)?

17. Reason for seeking legal services of the Law Office of Carie P. Mack (divorce, custody, etc.)?

Information about Step-Parent

18. Name _____

19. Address _____

City _____ State _____ Zip Code _____

20. Telephone number where step-parent can be reached _____

21. Name of employer _____

22. Employer's address _____

City _____ State _____ Zip Code _____

23. Length of time with this employer _____

24. Date of birth _____

25. Social security number _____

26. Driver's License Number _____ State _____

Information about Child's Other Biological Parent

27. Name _____

28. Address _____

City _____ State _____ Zip Code _____

29. Telephone number where child's other parent can be reached _____

30. Name of employer _____

31. Employer's address _____
 City _____ State _____ Zip Code _____
32. Length of time with this employer _____
33. Date of birth _____
34. Social security number _____
35. Driver's License Number _____ State _____
36. Does your child's other parent have an attorney? _____
37. Name of attorney _____

Information regarding termination of parental rights

38. Have you discussed step-parent adoption with biological parent? _____
39. Has biological parent agreed to termination of parental rights? _____

Information about Children

40. Name of first child _____
- Age _____
- Date of Birth _____
- Place of Birth (city, county, and state) _____
- Social Security Number _____
- Where is child currently residing? _____
- Type of conservatorship currently in place (joint managing, sole managing)

- Who has the right to determine the child's primary residence? _____
- List any restrictions on either parent regarding visitation with this child (supervised visitation, no alcohol consumption, etc.) and identify the parent to whom the restriction applies _____

Identify any special needs this child has _____

Name of school or daycare child attends _____

Address of school _____

Name of child's primary teacher _____

41. Name of second child _____

Age _____

Date of Birth _____

Place of Birth (city, county, and state) _____

Social Security Number _____

Where is child currently residing? _____

Where is child currently residing? _____

Type of conservatorship currently in place (joint managing, sole managing)

Who has the right to determine the child's primary residence? _____

List any restrictions on either parent regarding visitation with this child (supervised visitation, no alcohol consumption, etc.) and identify the parent to whom the restriction applies _____

Identify any special needs this child has _____

Name of school or daycare child attends _____

Address of school _____

Name of child's primary teacher _____