



**ALBIN OLDNER LAW**  
— TRUSTED ADVISERS —

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

**ADOPTION**

**CLIENT QUESTIONNAIRE:**

Please begin filling out this questionnaire. It is important that you answer each question fully.

It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your situation, please indicate by marking the question "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

**NOTICE OF CONFIDENTIALITY**

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF CIVIL EVIDENCE. THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT. THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

**FOR OFFICE USE:**

Ret.: \_\_\_\_\_ Type: STD|PPL|LP|H|A

OL: WTA|JAY|JJM|MMP|BWC|MAC|JCO|CHN|NMB|MRD|TMM|NMO

RL: WTA|JAY|JJM|MMP|BWC|MAC|JCO|CHN|NMB|MRD|TMM|NMO

**ABOUT YOU:**

1. **Please give your *full* name, date and place of birth, and Social Security number.**

Full legal name: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Race: \_\_\_\_\_ Birth date: \_\_\_\_\_

City and State where born: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

2. **Where are you living now and what is your phone number?**

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone (if different from above): \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

3. **How do you prefer that we contact you?**

Mail       Home phone       Cell phone       Email

4. **At what address do you wish to receive mail from this office?** \_\_\_\_\_

\_\_\_\_\_

5. **How were you referred to our office?**

Personal referral by \_\_\_\_\_ to \_\_\_\_\_ ATTORNEY

Church referral from \_\_\_\_\_ to \_\_\_\_\_ ATTORNEY

**Internet:**

- Google
- Law.com
- Find Law
- Super Lawyers
- Avvo

**Newspaper/Magazine:**

- Dallas Morning News
- Plano Profile
- Frisco Style
- McKinney/Prosper
- D Magazine/D CEO

**Insurance:**

- Prepaid Legal/Legal Shield
- Hyatt Legal
- ARAG
- Law Point

**Yellow Pages:**

- AT&T Yellow Pages
- Your town Yellow Pages

**Other:**

- Previous client

**Other:** \_\_\_\_\_

6. **Have you consulted or retained any other attorneys on this matter before coming to this office?**  
\_\_\_\_\_ . If so, please state who and when: \_\_\_\_\_

**Please complete the following information concerning your employment.**

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ May we call you at work? \_\_\_\_\_

Gross salary per month or annually: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Education: \_\_\_\_\_

**ABOUT YOUR CURRENT SPOUSE:**

7. **Please give the spouse's *full* name, date and place of birth, and Social Security number.**

First name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Race: \_\_\_\_\_ Birth date: \_\_\_\_\_

City and State where born: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Driver's license No: \_\_\_\_\_

8. **What is your spouse's relationship to the child(ren) to be adopted?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. **Please complete the following information concerning your spouse's employment.**

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Gross salary per month or annually: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Education: \_\_\_\_\_

**ABOUT YOUR CHILDREN:**

10. **Please give the full name, date and place of birth, sex, and Social Security number of each child to be adopted:**

Name: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent's address at time of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Time of birth: \_\_\_\_\_

Name of Hospital where child was born: \_\_\_\_\_

Social Security number: \_\_\_\_\_

New name after adoption: \_\_\_\_\_

Do you want a new birth certificate issued after the adoption? \_\_\_\_\_

Name of biological parent(s) of this child: \_\_\_\_\_

Social Security number of biological parent(s): \_\_\_\_\_

Date of birth of biological parent(s): \_\_\_\_\_

Last known address for parents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent's address at time of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Time of birth: \_\_\_\_\_

Name of Hospital where child was born: \_\_\_\_\_

Social Security number: \_\_\_\_\_

New name after adoption: \_\_\_\_\_

Do you want a new birth certificate issued after the adoption? \_\_\_\_\_

Name of biological parent(s) of this child: \_\_\_\_\_

Social Security number of biological parent(s): \_\_\_\_\_

Date of birth of biological parent(s): \_\_\_\_\_

Last known address for parents: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent's address at time of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Time of birth: \_\_\_\_\_

Name of Hospital where child was born: \_\_\_\_\_

Social Security number: \_\_\_\_\_

New name after adoption: \_\_\_\_\_

Do you want a new birth certificate issued after the adoption? \_\_\_\_\_

Name of biological parent(s) of this child: \_\_\_\_\_

Social Security number of biological parent(s): \_\_\_\_\_

Date of birth of biological parent(s): \_\_\_\_\_

Last known address for parents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent's address at time of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Time of birth: \_\_\_\_\_

Name of Hospital where child was born: \_\_\_\_\_

Social Security number: \_\_\_\_\_

New name after adoption: \_\_\_\_\_

Do you want a new birth certificate issued after the adoption? \_\_\_\_\_

Name of biological parent(s) of this child: \_\_\_\_\_

Social Security number of biological parent(s): \_\_\_\_\_

Date of birth of biological parent(s): \_\_\_\_\_

Last known address for parents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. **Will there be a dispute over the adoption?** \_\_\_\_\_

If yes, please explain the nature of expected dispute: \_\_\_\_\_

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12. **Where and with whom are the children living now?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ABOUT YOUR CURRENT MARRIAGE:**

13. **Please give the date and place of your current marriage.**  
Date: \_\_\_\_\_ Place: \_\_\_\_\_

14. **What is your religious preference?** \_\_\_\_\_  
If none, are you agnostic or atheist? \_\_\_\_\_

15. **What is your spouse's religious preference?** \_\_\_\_\_  
If none, is your spouse agnostic or atheist? \_\_\_\_\_

16. **How long have you lived in Texas?** \_\_\_\_\_

17. **Have you or your spouse ever been married before?** \_\_\_\_\_  
If so, when and where? \_\_\_\_\_  
Were any children born or adopted during the prior marriage(s)? \_\_\_\_\_  
If so, please give the full name, date and place of birth, sex, and Social Security number of each child:

Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Name: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

18. **Where and with whom do these children live?** \_\_\_\_\_  
 \_\_\_\_\_

19. **Do you pay/receive child support?** \_\_\_\_\_  
 If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

20. **Does your spouse pay/receive child support?** \_\_\_\_\_  
 If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

**“SKELETONS IN THE CLOSET” AND SENSITIVE TOPICS:**

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE DISASTROUS TO YOUR CASE.

If an answer to one of the questions below is “yes”, please describe the situation in detail. Will anyone allege the you or your spouse has done any of the following:

	<u>YOU</u>	<u>YOUR SPOUSE</u>
1. Committed a crime?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been arrested?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been in jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>
4. Used illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Been hospitalized for using illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
6. Abused prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been hospitalized for abusing prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
8. Abused alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
9. Been hospitalized for abusing alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
10. Been arrested for or convicted of driving while under the	<input type="checkbox"/>	<input type="checkbox"/>

- influence of alcohol (drunk driving)?
- |  |                          |                          |
|--|--------------------------|--------------------------|
| 11. Engaged in gambling activities (legal or illegal)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Engaged in other illegal activities?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Attempted suicide?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Been hospitalized for an emotional or psychiatric disorder?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Suffered from or received treatment for an emotional or psychiatric condition?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Abused own spouse?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Been accused of child abuse?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Had a sexual relationship during the marriage with someone other than own spouse?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Had a sexual relationship (during or not during the marriage) with someone other than own spouse of which the children were aware? | <input type="checkbox"/> | <input type="checkbox"/> |

If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- |            |                          |                          |
|------------|--------------------------|--------------------------|
| 20. Other? | <input type="checkbox"/> | <input type="checkbox"/> |
|------------|--------------------------|--------------------------|

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Do you or your spouse or ex-spouse suffer from any physical disability that would interfere with being able to care for the children? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_