

PROSPECTIVE CLIENT INFORMATION SHEET

PATERNITY/TERMINATION/ADOPTION

LEGAL ASSISTANT'S USE ONLY

Check Suspense:

2004 2007
2005 2008
2006 2009

Today's Date ___/___/___

Time of Appointment: ___:___ .m.

Name _____ Maiden name: _____

Date of Birth ___/___/___ Birthplace (city and state): _____ Age ___

Address _____

City _____ County _____ State _____ Zip _____

Phone: Home (____) _____ Business (____) _____

Pager(____) _____ Mobile (____) _____

Fax (____) _____ E-Mail Address _____

Social Security No. _____ Driver's License No. _____

Height _____ Weight _____ lbs. Color of Hair _____

Employer _____ Years _____

Occupation _____ Days/Hours _____

Address _____

Other Biological Parent's Name _____ Maiden name: _____

Date of Birth ___/___/___ Birthplace (city and state): _____ Age ___

Address _____

Social Security No. _____ Date of Birth ___/___/___

Phone: Home (____) _____ Business (____) _____

Pager(____) _____ Mobile (____) _____

Fax (____) _____ E-Mail Address _____

Employer _____ Years _____

Occupation _____ Days/Hours _____

Address _____

PLEASE COMPLETE THIS SECTION IN THE EVENT OF AN ADOPTION:

Name of Adoptive Father/Mother (first, middle and last): _____

Date of Birth ___/___/___ Birthplace (city and state): _____ Age ___

Race: _____ Relationship to child: _____
Social Security No. _____

Have you or the other biological parents lived in the State of Texas for at least 6 months? Yes No

In what county have you resided in for the last 90 days? _____

In what county have you resided in for the last 6 months? _____

Has paternity been established by prior order of court? Yes No

Is father listed on birth certificate? Yes No

Is mother listed on birth certificate? Yes No

Has DNA testing been done? Yes No

Is the Attorney General involved? Yes No

Have you or the other biological parent applied for Medicaid or AFDC benefits? Yes No

CHILD(REN)

Please list the child/children's **(a)name(s)**, **(b)birthday(s)**, **(c)social security number(s)**, **(d)place(s) of birth**, & **(e)age(s)**:

(a) _____ (b) ___/___/___ (c) _____ - _____ (d) _____ (e) _____

(a) _____ (b) ___/___/___ (c) _____ - _____ (d) _____ (e) _____

(a) _____ (b) ___/___/___ (c) _____ - _____ (d) _____ (e) _____

IN THE EVENT OF AN ADOPTION, PLEASE COMPLETE THE FOLLOWING REGARDING THE CHILD/CHILDREN:

Name of Child **(before adoption)** _____
First Middle Last

Time of Birth: _____ Name of Hospital: _____

City of Birth: _____ County of Birth: _____ State of Birth: _____

New Name of Child **after Adoption** (first, middle and last): _____

IN THE EVENT OF AN ADOPTION, PLEASE COMPLETE THE FOLLOWING REGARDING THE CHILD/CHILDREN
(COMPLETE FOR SECOND CHILD)

Name of Child **(before adoption)** _____
First Middle Last

Time of Birth: _____	Name of Hospital: _____
City of Birth: _____	County of Birth: _____ State of Birth: _____
New Name of Child after Adoption (first, middle and last): _____	

Have prior Orders been entered regarding the child(ren)? Yes No
If so, when? _____

In case of emergency, notify:

Name _____

Address _____

Phone: (____) _____ Relationship _____

Is this your first visit to an attorney? Yes No

If not, who was your previous attorney? _____

Who will be financially responsible? _____

Do you have a current will? Yes No

How were you referred to us? Check all that apply

- Great Western Phone Directory: Arlington
- Southwestern Bell Yellow Pages: Arlington Fort Worth
- www.yellowpages.com
- Our website (www.stephaniefosterattorney.com)
- Tarrant County Referral Service
- Arlington Bar Association Referral Service
- Mansfield Magazine
- AMC Theatre at the Parks Mall
- Studio Movie Grill
- Cinemark off Hwy 287
- Friend _____
- Other _____