



PENNER LOWE, LLC
LAW GROUP

Your Name: _____

Date: _____

CLIENT QUESTIONNAIRE - ADOPTION/TERMINATION

INSTRUCTIONS

Please fill 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 particular 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.

PERSONAL

Check One of the Following:

_____ Both Potential/Adoptive Parents Adopting

_____ Grandparents Adopting

_____ One Biological and One Step Parent

_____ Other _____

ABOUT THE ADOPTIVE PARENTS:

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

Adoptive Mother

Full name: _____ (Maiden) _____

Birth date: _____ County/State where born: _____

Social Security number: _____ Race: _____

Driver's license number: _____

Your relationship to the child(ren): _____

Adoptive Father

Full name: _____ (Maiden) _____

Birth date: _____ County/State where born: _____

Social Security number: _____ Race: _____

Driver's license number: _____

Your relationship to the child(ren): _____

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

Address: _____

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

Home phone: _____ Mobile: _____ Pager: _____

3. At what address do you wish to receive mail from this office? _____

4. How do you prefer that we contact you?

Address: _____

Phone: _____

Fax: _____

Pager: _____

Mobile Phone: _____

Other: _____

Email Address: _____

5. How were you referred to this office (please check one)?:

Personal reference: _____

Phonebook

Internet

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: _____

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

Adoptive Mother

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: _____

Adoptive Father

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 THE BIOLOGICAL PARENTS:

8. Please give the *full* name, date and place of birth, and Social Security number of biological parents.

Biological Mother:

Full name: _____ (Maiden) _____

Birth date: _____ County/State where born: _____

Social Security number: _____ Race: _____

Driver's license number: _____

Reason for giving child up for adoption: _____

Is the mother in agreement with this adoption? _____

Biological Father:

Full name: _____ (Maiden) _____

Birth date: _____ County/State where born: _____

Social Security number: _____ Race: _____

Driver's license number: _____

Reason for giving child up for adoption: _____

Is the father in agreement with this adoption? _____

9. Where are the biological parents living now, and what is his or her phone numbers?

Biological Mother:

Address: _____

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

Home phone: _____ Mobile: _____ Pager: _____

Biological Father:

Address: _____

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

Home phone: _____ Mobile: _____ Pager: _____

10. Please complete the following information concerning the biological parents' employment.

Biological Mother:

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

Biological Father:

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

ABOUT THE CHILDREN:

11. Please give the full name, date and place of birth, sex, and Social Security number of each of the children subject of this adoption:

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

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

What you wish the child's name to be if changed in this adoption case: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

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

What you wish the child's name to be if changed in this adoption case: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

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

What you wish the child's name to be if changed in this adoption case: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

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

What you wish the child's name to be if changed in this adoption case: _____

12. Will there be a dispute over the children? _____

If *not*, have the biological parents agreed to relinquish their rights? _____

13. Where and with whom are the children living now? _____

RELATIONSHIP OF ADOPTIVE COUPLE:

14. Are you currently married? _____
If so, where did you marry and how long have you been married? _____

15. What are the circumstances surrounding this adoption? _____

16. Are the biological parents in agreement to this adoption? _____
If not, what do you think the objections will be? _____

17. If the child is living with you, how long have they done so? _____

18. How long have you resided in Kansas? _____
What county do you reside in? _____
How long have you resided in that County? _____

19. Do the child(ren) have insurance? _____
If so, who provides the insurance and how much is it? _____

20. Check any of the following which are applicable.

- _____ Left Children with intent to return
- _____ Left for 3 months without expressing intent to return
- _____ Left for 6 months without providing support

- _____ Placed or allowed the child in dangerous conditions
- _____ Conduct that endangers children
- _____ Failed to support for one year
- _____ Abandoned children without identifying them
- _____ Abandoned mother during pregnancy
- _____ Refused to submit to court order
- _____ Cause of absence from school
- _____ Executed affidavit of relinquishment
- _____ Injured child
- _____ Terminated with regard to another child
- _____ One of you are the child's biological parent

21. **Do any other parties have an attorney?** _____

If so, who? _____

22. **Do you or the other party have any other children for whom a duty of support is owed?** _____

If so, please give the full name, date and place of birth, sex, and Social Security number of each such child:

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

23. Do the children involved in the adoption own any property? _____ If
 so, please describe: _____
24. Are the children subject to a prior court order? _____
 If so, please describe. _____
25. Were the children conceived in Kansas? _____

26. **"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 ABSOLUTELY DISASTROUS TO YOUR CASE.

If an answer to one of the questions below is "yes," please describe the situation in detail.

Will anyone allege that you or the other party has done any of the following:

	Adoptive Mother	Adoptive Father
1. Committed a crime?	_____	_____
2. Been arrested?	_____	_____
3. Been in jail or prison?	_____	_____
4. Used illegal drugs?	_____	_____
5. Been hospitalized for using illegal drugs?	_____	_____
6. Abused prescription drugs?	_____	_____
7. Been hospitalized for abusing prescription drugs?	_____	_____
8. Abused alcohol?	_____	_____
9. Been hospitalized for abusing alcohol?	_____	_____
10. Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?	_____	_____

- 11. Engaged in gambling activities (legal or illegal)? _____
- 12. Engaged in other illegal activities? _____
- 13. Attempted suicide? _____
- 14. Been hospitalized for an emotional or psychiatric disorder? _____
- 15. Suffered from or received treatment for an emotional or psychiatric condition? _____
- 16. Abused spouse? _____
- 17. Been accused of child abuse? _____
- 18. Had a sexual relationship during the marriage with someone other than spouse? _____

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

Adoptive Mother Adoptive Father

- 19. Had a homosexual/bisexual relationship? _____
- 20. Engaged in unusual sexual practices? _____
- 21. Had a pregnancy outside of a marriage? _____
- 22. Had a sexually transmitted disease? _____
- 23. Drunk to excess? _____

If so, what and how often? _____

- 24. Other? _____

25. If you or the other party has a relationship with a person whom the children see frequently and that person would answer "yes" to one or more of the preceding "skeleton-in-the-closet" questions, describe the situation:

26. Do you the other party suffer from any physical disability that would interfere with being able to care for the children?

27. Have you or the other party made any photographs or audio or visual recordings of the other party? _____

28. If so, describe the content: _____

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.