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

**5. Who referred you to this office? \_\_\_\_\_**

**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 Texas?** \_\_\_\_\_

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 Texas? \_\_\_\_\_

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:

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

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

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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.