SLATE LAW & ASSOCIATES Attorneys At Law

Your Name:	
Date:	

CLIENT QUESTIONNAIRE - ADOPTION/TERMINATION

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. In order to maintain confidentiality no one else can be present in the meeting with the attorney unless there is prior approval by the attorney.

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.

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515 Post Oak Blvd. Suite 600 Houston, Texas 77027 Fax: (281) 476-5811 Tel: (281) 476-9447

	Both Potential/Adoptive I One Biological and One S		Grandparents Adopting Other
AB(OUT THE ADOPTIVE PARE	NTS:	
l .	Please give the full name, d	ate and place of birt	h, and Social Security number.
Ado	ptive Mother		
	Full name:		Maiden name:
			Race:
			tate where born:
			iver's license number:
	Your relationship to the child	l(ren):	
do	ptive Father		
	Full name:		
	Birth date:	Current Age:	Race:
		_	tate where born:
			iver's license number:
			TVELS HEEMSE HAMISELT.
· •	Where are you living now,	and what is your ph	one number?
	A 11		
	Address:		
	City:		7
	County:		Zip:
			Mobile:
	Email Address:		
•	At what address do you wis	sh to receive mail fro	om this office?
I.	How do you prefer that we	contact vou?	
	• •	·	
	Address:		
	Phone:		
	Fax:		
	Mobile phone:		

	Email Address:
5.	How were you referred to this office (please check one)?:
	☐ Personal reference:
	☐ Internet – Website:
	Other:
6.	Have you consulted 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.
Ado	ptive 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:
Ado	ptive 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.

Biol	ogical Mother:		
	Full name:		(Maiden)
	Birth date:	Current Age:	Race:
	County where born:		State where born:
			Driver's license #:
	Reason for giving child	d up for adoption:	
	Is the mother in agreer	nent with this adoption	on?
Biol	ogical Father:		
	Full name:		
	Birth date:	Current Age:	Race:
	County where born:		State where born:
Social Security #:Driver's license #:			Driver's license #:
	Reason for giving chil	d up for adoption:	
	Is the father in agreem	ent with this adoption	n?
9.	Where are the biolog	ical parents living n	ow, and what is his or her phone numbers?
Biol	ogical Mother:		
	Address:		
	City:	County:	State:
	Zip:	Home phone:	
Biol	ogical Father:		
	Address:		
	City:	County:	State:
	Zip:	Home phone:	

10. emple	Please complete the following information concerning the biological parent yment.	s'
Biolo	cical 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:	
Biolo	ical 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:	
<u>ABO</u>	UT THE CHILDREN:	
11. of the	Please give the full name, date and place of birth, sex, and Social Security number of eachildren subject of this adoption:	:h
	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:	_

Sex (M/F): ____ Date of birth: ____ Age: ____ Place of birth: ____ ____ Driver's License No. _____

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

Name: _____

N	lame:			Divorc
S	ex (M/F):	Date of birth:	Age:	
S	ocial Security nu	ımber:	Driver's License No	
	-		ed in this adoption case:	
N	ame:			
5	Sex (M/F):	Date of birth:	Age:	
S	Social Security r	number:	Driver's License No	
			ged in this adoption case:	
2. V	Will there be a d	lispute over the children? _		
		-	linquish their rights?	
.3. V	Where and with	h whom one the children	living navy?	
.J. \	where and with	ii whom are the children	living now?	
_				
RELAT	CIONSHIP OF A	ADOPTIVE COUPLE:		
4. A	Are you current	ly married?	10	
1	i so, where ald y	ou marry and now long have	you been married?	
.5. V	What are the cir	cumstances surrounding th	nis adoption?	
	vinut are the ch	cumpunces surrounding th		
_				
. 6. A	Are the highging	al narents in agreement to t	this adoption?	
			e?	
_	——————————————————————————————————————	•		
-				
.7. I	If the child is liv	ing with you, how long hav	re they done so?	
	How long have y			
.8. I	now long nave y	ou resided in Texas?		
.8. I	What county do y	you resided in Texas?		
1	What county do y	ou reside in?		
ŀ	What county do y How long have y	ou reside in?ou resided in that County?		

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 Do any other parties have an attorney? If so, who? Do you or the other party have any other children for whom child support is o If so, please give the full name, date and place of birth, sex, Social Security n pays/receives child support, and how much child support is paid/received of each st Name: Sex (M/F): Date of birth: Age: Place of birth: Social Security number:	as without expressing intent to return as without providing support and the child in dangerous conditions dangers children at for one year dren without identifying them ther during pregnancy mit to court order are from school wit of relinquishment attorney? we any other children for whom child support is owed? The child are and place of birth, sex, Social Security number at how much child support is paid/received of each such chi and birth: Age: ircle one) How Much? \$			
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Do any other parties have an attorney?	we any other children for whom child support is owed? me, date and place of birth, sex, Social Security number of how much child support is paid/received of each such child support birth: Age:			
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Sex (M/F): Date of birth: Age: Place of birth:	of birth: Age:	Name:		
Social Security number:	of birth:Age: of birth:Age: for birth:Age:	Sex (M/F):	Date of birth:	Age:
Social Security number:	of birth:Age: of birth:Age: for birth:Age:	Place of birth:		
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			Divorce
	Name: Date of birth:	Δ ~~.	
	Place of birth: Date of birth:		
	Social Security number:		
	Child Support: <u>pay or receive</u> (circle one) How Much?	\$	
23.	Do the children involved in the adoption own 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? If not, then where?		
26.	"Skeletons in the Closet" and Sensitive Topics:		
	IT IS IMPERATIVE THAT YOU BE OPEN AS FOLLOWING QUESTIONS. ANY DISCUSSION RIBETWEEN YOU AND YOUR ATTORNEY ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIR THESE QUESTIONS, IT COULD BE ABSOLUTELY	ELATING TO ANY WILL BE PROT L TO BE HONES'	OF THESE TOPICS ECTED BY THE T IN ANSWERING
If an	answer to one of the questions below is "yes," please des	scribe the situation in	detail.
Wil	l anyone allege that you or the other party has done ar	ny of the following:	
		Adoptive Mother	Adoptive Father
Co	mmitted a crime?		
Bee	en arrested?		
Bee	en in jail or prison?		
	ed illegal drugs?		
	en hospitalized for using illegal drugs?		
	used prescription drugs?		
	en hospitalized for abusing prescription drugs?		
	bused alcohol?		
Ве	en hospitalized for abusing alcohol?		
	en arrested for or convicted of driving while under the		

Adoption/Termination

able to care for the children?	hs or audio or visua nt:	al recordings of the
28. Do you the other party suffer from any physical deable to care for the children?	isability that would i	nterfere with being
27. If you or the other party has a relationship value frequently and that person would answer "yes" "skeleton-in-the-closet" questions, describe the situation:	to one or more	of the preceding
Other?		
Drunk to excess? If so, what and how often?		
Had a sexually transmitted disease?		
Had a pregnancy outside of a marriage?		
Engaged in unusual sexual practices?		
Had a homosexual/bisexual relationship?	Adoptive Mother	Adoptive Father
Had a sexual relationship during the relationship with someone other than partner? If so, describe the children's reaction to the relationship and involved in the relationship.		<u> </u>
Been accused of child abuse?		
Abused spouse?		
Suffered from or received treatment for an emotional or psychiatric condition?		
Been hospitalized for an emotional or psychiatric disorder?		
Attempted suicide?		
Engaged in other illegal activities?		
Engaged in gambling activities (legal or illegal)?		