

DATE: \_\_\_\_\_

**LAW OFFICE OF STEPHEN ROSS**

**ADOPTION - INTAKE SHEET**

**ADOPTIVE PARENT:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M\_\_F\_\_  
Last First Middle (Maiden)

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City County State Country

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Addresses Information for Last 5 Years:

Address Duration Housemates

Address Duration Housemates

Address Duration Housemates

Employment Information:

Name: \_\_\_\_\_ Length of Time with Employer: \_\_\_\_\_

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

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

Gross Monthly Pay: \_\_\_\_\_ Paid:  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Religious Affiliation: \_\_\_\_\_





3. Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M\_\_F\_\_  
Last First Middle

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

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

Place of Birth: \_\_\_\_\_  
City County State Country

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Addresses Information for Last 5 Years:

Address Duration Housemates

Address Duration Housemates

Address Duration Housemates

Marital Status: Married Single Divorced Widowed

Does the child have any assets? YES or NO

**BIOLOGICAL MOTHER:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M\_\_F\_\_  
Last First Middle (Maiden)

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City County State Country

Religious Affiliation: \_\_\_\_\_ Racial Background: \_\_\_\_\_

Marital Status at time of birth of Child(ren) being adopted: Married Single Divorced Widowed

Marital Status 1 year prior to birth of Child(ren) being adopted: Married Single Divorced Widowed

**BIOLOGICAL FATHER:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_  
Last First Middle

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City County State Country

Religious Affiliation: \_\_\_\_\_ Racial Background: \_\_\_\_\_

Marital Status at time of birth of Child(ren) being adopted: Married Single Divorced Widowed

Marital Status 1 year prior to birth of Child(ren) being adopted: Married Single Divorced Widowed

**OTHER INFORMATION:**

Have you or anyone associated with this case been the subject of a: (circle any applicable)

- a) Protective Order
- b) Restraining Order
- c) Child Protective Services Investigation
- d) Mental Health Professional Treatment
- e) Questionable Paternity Status
- f) Substance Abuse Treatment
- g) Welfare or Aid to Families with Dependent Children
- h) Common-Law or Informal Marriage
- i) Termination of Parental Rights
- j) Prenuptial Agreement or Partitioning Agreement
- k) Personal Injury Lawsuits

If any circled, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**OFFICE USE ONLY**

- Step-parent Adoption       Grand-parent Adoption       Involuntary Termination of Father's Rights
- Alternative service       Biological Father Consent       Involuntary Termination of Mother's Rights
- Biological Mother Consent

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Documents needed:

- Original Birth Certificate of Child(ren) to be adopted
- Copies of Birth Certificates of Adoptive Parent(s)
- Copy of marriage certificate of Adoptive Parent(s)
- Adoptive parent FBI Clearance – [www.pa.cogentid.com](http://www.pa.cogentid.com)
- Adoptive parent State Criminal Record Check
- Adoptive parent Child Abuse History Clearance

Retainer: \_\_\_\_\_ Court Costs: \_\_\_\_\_ Total Retainer: \_\_\_\_\_ Down Payment: \_\_\_\_\_