

DATE: _____

LAW OFFICES *of*
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Also Admitted in Florida

ADOPTION INFORMATION FORM

I. Basic Client Information

Client Name: _____

Home Address: _____
Street City State Zip Code

Phone: (Home) _____ (Work) _____ (Mobile) _____

Email: _____

Date of Birth: _____ Social Security #: _____ Driver's License #: _____

Place of Birth _____ U.S. Citizen? YES NO

Race & Ethnic Heritage (please check):

- African/African-American American Indian/Alaskan Native Asian/Asian American Caucasian Hispanic/Latino
 Pacific Islander Multi-Ethnic/Multi-Racial Other (Please detail specific cultural heritage): _____

Place of Employment: _____

Address of Employer: _____

Spouse's full name, if married _____ (Maiden Name?) _____

Spouse's Date of Birth: _____ Spouse's Place of Birth: _____

Social Security #: _____ Driver's License #: _____ U.S. Citizen? YES NO

Race & Ethnic Heritage (please check):

- African/African-American American Indian/Alaskan Native Asian/Asian American Caucasian Hispanic/Latino
 Pacific Islander Multi-Ethnic/Multi-Racial Other (Please detail specific cultural heritage): _____

Spouse's Place of Employment: _____

Spouse's Address of Employer: _____

Children: YES NO

1.) Name: _____ Date of Birth: _____ Age: _____

2.) Name: _____ Date of Birth: _____ Age: _____

3.) Name: _____ Date of Birth: _____ Age: _____

Emergency Contact: (Name) _____ (Address) _____

Phone #: _____ Relationship: _____

II. General Financial Information

Your Gross Monthly Pay: \$ _____

Paid: Weekly Bi-Weekly Semi-Monthly Monthly

Your spouse's Gross Monthly Pay: \$ _____

Paid: Weekly Bi-Weekly Semi-Monthly Monthly

Any other sources of regular income? YES NO (If yes, please explain: _____)

Have you ever filed Bankruptcy? YES NO (If yes, please explain where, when, and the disposition).

III. Child's Background Information (You must ONLY complete this section if the information is currently known to you)

MOTHER OF CHILD(REN):

Full Name: _____ (Maiden Name): _____

Address: _____ Apt #: _____

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

U.S. Citizen? YES NO (If not, how long in the US? _____ years, _____ months, _____ days)

Date of Birth: _____

Place of Birth: _____

Employer: _____ Address: _____

FATHER OF CHILD(REN):

Full Name: _____

Address: _____ Apt #: _____

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

U.S. Citizen? YES NO (If not, how long in the US? _____ years, _____ months, _____ days)

Date of Birth: _____

CHILD(REN) TO BE ADOPTED:

1. Full Name: _____

First Middle Last

Sex: MALE FEMALE

Social Security #: _____

Date of Birth: _____

Place of Birth: _____

City County State

2. Full Name: _____

First Middle Last

Sex: MALE FEMALE

Social Security #: _____

Date of Birth: _____

Place of Birth: _____

City

County

State

3. Full Name: _____

First

Middle

Last

Sex: MALE FEMALE

Social Security #: _____

Date of Birth: _____

Place of Birth: _____

City

County

State

IV. Child's Background Information Cnt'd. (You must ONLY complete this section if the information is currently known to you)

Do both biological parents agree/consent to this adoption? YES NO

Are you related to either parent? YES NO (If yes, which parent (*circle one*)? Mother Father)

Are either of the parents currently incarcerated? YES NO

If so, please provide details:

Is Child Protective Services involved or have they ever been involved with this matter? YES NO

If yes, please explain when, where and why:

Have you or anyone associated with this adoption been the subject of a:

- Protective Order
- Restraining Order
- Child Protective Services Investigation
- Personal Injury Lawsuits
- Mental Health Professional Treatment
- Questionable Paternity Status
- Substance Abuse Treatment
- Common-Law or Informal Marriage
- Termination of Parental Rights
- Prenuptial Agreement or Partitioning Agreement
- Welfare of Aid to Families with Dependent Children

If so please explain:

V. Additional Information about Adoptive Parent(s)

Do you have a completed HOME STUDY? YES NO (If yes, when was it conducted? _____)

Has an adoption ever been denied you? YES NO

If yes, please explain: _____

Explain all current and chronic illnesses, past and future surgeries, medications you or your spouse are currently taking, and other relevant health information:

Do you have a history of alcohol or drug abuse? Adoptive mother: YES NO

Adoptive father: YES NO

How were you referred to us? (Please circle one)

I am a previous client

Office sign

Web Site

Erie County Bar Association

Referring Attorney

Former/Current Client

Name of person who referred you: _____

Their address: _____

Their telephone: _____