HARRINGTON LAW

You may not know some of the information requested. Please answer what you can.

Client Name_____
Address_____
City_____State_____Zip_____
Phone(s):
Work_____Home_____
Cell_____Email_____

Date of Birth _____
Length of time in county_____

Spouse (if married) Name_____
Date of Birth _____
Date of Marriage_____

Has client or spouse been previously married? ____Yes ____ No

Biological/Legal Mother Name _____
Address_____
City_____State_____Zip_____
Date of Birth _____
Biological/Legal Father Name _____
Address_____
City_____State_____Zip_____
Date of Birth _____

Previous court actions regarding the child(dren)? ____Yes ____ No

Children to be adopted (full names)	Birthdate	State & County of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will the child(ren)'s name(s) be changed? ____Yes ____ No

Does adoptee have assets worth more than $500? ____Yes ____ No

Is the adoptee eligible for membership in an Indian tribe or the child of a member of an Indian tribe? ____Yes ____ No

Referred to Harrington Law, PLLC By _____