

CONFIDENTIAL CLIENT INTAKE FORM
FOR TERMINATION OF PARENTAL RIGHTS & ADOPTIONS

Whose rights are being terminated?: _____

What grounds or basis justifies the requested termination of a parent(s) rights?

ADOPTEE Information:

Pre-adoption name of ADOPTEE: _____

Does this name match the name on ADOPTEE's birth certificate?: _____

Name requested for ADOPTEE after adoption: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Sex of ADOPTEE: _____ Race of ADOPTEE: _____

Current Address: _____

If ADOPTEE's natural parent(s) is/are deceased, list name(s), date(s) of death, and attach original or certified copies of the death certificate(s): _____

Who has custody of ADOPTEE and since when?: _____

Was ADOPTEE born out of wedlock?: _____

If physical care or custody of ADOPTEE was placed with adoptive parent(s), answer the following:

How placement was made (court order, guardianship or voluntary)? _____

Date of initial placement: _____

Address of Initial Placement with adopting parent(s): _____

Circumstances of Placement: _____

Have you ever been required to have a home study completed by a local public child care agency, adoption agency or Court social worker? _____

Religious affiliation of ADOPTEE: pre-adoption: _____ post-adoption: _____

Does ADOPTEE have any assets? _____ If so, state the type and value of these assets:

If the ADOPTEE is over age 12, do you have ADOPTEE's consent to adoption? _____

PARAGON LEGAL, INC.
Jennifer R. Pullar, Esquire
228 South Main Street
Butler, PA 16001
(724) 282-7222
(724) 282-4253 (Fax)

Client: _____
Case No.: _____

Marital status of ADOPTEE: _____ If married, state date of marriage, spouse's name, age and address: _____

Provide original birth certificate or registration of birth of ADOPTEE at initial consultation.

Adopting Mother:

Present name: _____ Maiden name: _____

Social Security Number: _____ Age & Date of Birth: _____

Age at Child's Birth: _____ Birthplace: _____ Marital Status: _____

Name of Present Spouse: _____ Date and Place of most recent marriage: _____

Name(s) and ages(s) of person(s) who presently live in your household:

Present Address: _____

How long have you lived at this present address?: _____

List residences during the past five years: _____

Are you related to ADOPTEE?: _____ If yes, state relationship: _____

Have you ever been convicted of a misdemeanor or felony? _____

If yes, list crime, date and place of conviction: _____

Do you have any communicable or contagious disease? _____

If yes, state what it is: _____

State employment and approximate income: _____

Religious affiliation: _____ Racial background: _____

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Adopting Father:

Name: _____

Social Security Number: _____ Age & Date of Birth: _____

Age at Child's Birth: _____ Birthplace: _____ Marital Status: _____

Name of Present Spouse: _____ Date and Place of most recent marriage: _____

Name(s) and ages(s) of person(s) who presently live in your household:

Present Address: _____

How long have you lived at this present address?: _____

List residences during the past five years: _____

Are you related to ADOPTEE?: _____ If yes, state relationship: _____

Have you ever been convicted of a misdemeanor or felony? _____

If yes, list crime, date and place of conviction: _____

Do you have any communicable or contagious disease? _____

If yes, state what it is: _____

State employment and approximate income: _____

Religious affiliation: _____ Racial background: _____

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Natural Mother of ADOPTEE:

Present name: _____ Maiden name: _____

Social Security Number: _____ Age & Date of Birth: _____

Age at Child's Birth: _____ Birthplace: _____

Marital Status as of the time of birth of ADOPTEE: _____

If married at time of birth, name of spouse: _____

If this marriage ended, state how and when: _____

Marital Status during one year prior to the time of birth of ADOPTEE: _____

If married one year prior to time of birth of ADOPTEE, name of spouse: _____

If this marriage ended, state how and when: _____

Present marital status: _____ Name of Present Spouse: _____

Date and Place of most recent marriage: _____

List name(s) of all other husbands of Natural Mother: _____

Present Address: _____

If address unknown, list last known address: _____

Religious affiliation: _____ Racial background: _____

Natural Father of ADOPTEE:

Name: _____ Age & Date of Birth: _____

Social Security Number: _____ Birthplace: _____

Present marital status: _____ Name of Present Spouse: _____

Date and Place of most recent marriage: _____

Present Address: _____

If address unknown, list last known address: _____

Religious affiliation: _____ Racial background: _____

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Putative Father

(If you are not requesting the termination of parental rights of a PUTATIVE FATHER, do not complete this section)

Name: _____

Social Security Number: _____ Age & Date of Birth: _____

Age at Child's Birth: _____ Birthplace: _____

Marital Status as of the time of birth of ADOPTEE: _____

Marital Status during one year prior to the time of birth of ADOPTEE: _____

Was Putative Father ever married to Natural Mother?: _____

If yes, state beginning and ending dates of marriage: _____

Present marital status: _____ Name of Present Spouse: _____

Date and Place of most recent marriage: _____

Present Address: _____

If address unknown, list last known address: _____

Religious affiliation: _____ Racial background: _____

Explain the circumstances that create the status of Putative Father:

Has a claim of paternity ever been filed with the Department of Public Welfare or otherwise?: _____ If so, by whom and when?: _____

What were the results?: _____