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Your Name

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Date of Appointment

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Referred by

# **ADOPTION, THIRD-PARTY, AND GRANDPARENT'S RIGHTS QUESTIONNAIRE**

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## **CONFIDENTIAL**

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**PLEASE READ THESE  
INSTRUCTIONS CAREFULLY**

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You are having difficulties of one kind or another, and have sought the advice of this law firm. In order to properly advise you, we need certain basic information about the parties involved and your specific circumstances.

In order to handle your case efficiently, we are asking you to complete this Questionnaire. By doing so, you will save your attorney time and save yourself money.

The following information is for the sole use of your attorney. All answers that you give will be held STRICTLY CONFIDENTIAL, and will not be released to any unauthorized person. If you wish, this questionnaire will be returned to you when your matter has concluded.

Answer each question fully and accurately. Success in your case depends upon mutual confidence and complete cooperation between client and attorney. We cannot stress too strongly the importance of answering every question fully, even though it may be embarrassing, or you do not think it is important.

Even if you do not understand why a question has anything to do with your particular circumstance, please answer the question and we will be happy to discuss its bearing.

**GENERAL INFORMATION**

**Your full name:**

\_\_\_\_\_  
*First, Middle, Last*

**Your preferred name, if any:**

**Your address:**

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City, State, Zip*

**Indiana County:** \_\_\_\_\_

**Your home phone number:**

**Your cell phone number:**

**Your business phone number:**

**Your date and place of birth:**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*City, State*

**Your Social Security Number:**

**Your e-mail address:**

**Your length of residency in this state:** \_\_\_\_\_

**Spouse's length of residency in this state:** \_\_\_\_\_

**Natural Mother's length of residency in this state:** \_\_\_\_\_

**Natural Father's length of residency in this state:** \_\_\_\_\_

**Spouse's full name (if applicable):**

\_\_\_\_\_  
*First, Middle, Last*

**Spouse's preferred name, if any:**

**Spouse's address (if different than yours):**

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City, State, Zip*

**Indiana County:** \_\_\_\_\_

**Spouse's home phone number:**

**Spouse's cell phone number:**

**Spouse's business phone number:**

**Spouse's date and place of birth:**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*City, State*

**Spouse's Social Security Number:**

**Spouse's e-mail address:**

**Your length of residency in this county:** \_\_\_\_\_

**Spouse's length of residency in this county:** \_\_\_\_\_

**Natural Mother's length in this county:** \_\_\_\_\_

**Natural Father's length in this county:** \_\_\_\_\_

**GENERAL INFORMATION**

**Natural Mother's full name:**

\_\_\_\_\_  
*First, Middle, Last*

**Natural Mother's address:**

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City, State, Zip*

**Natural Father's full name:**

\_\_\_\_\_  
*First, Middle, Last*

**Natural Father's address:**

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City, State, Zip*

Indiana County: \_\_\_\_\_

Indiana County: \_\_\_\_\_

Natural Mother's home phone number:

Natural Father's home phone number:

\_\_\_\_\_

\_\_\_\_\_

Natural Mother's cell phone number:

Natural Father's cell phone number:

\_\_\_\_\_

\_\_\_\_\_

Natural Mother's business phone number:

Natural Father's business phone number:

\_\_\_\_\_

\_\_\_\_\_

Natural Mother's date and place of birth:

Natural Father's date and place of birth:

Date

Date

City, State

City, State

Natural Mother's Social Security Number:

Natural Father's Social Security Number:

\_\_\_\_\_

\_\_\_\_\_

Natural Mother's e-mail address:

Natural Father's e-mail address:

\_\_\_\_\_

\_\_\_\_\_

Natural Mother's physical attributes:

Natural Father's physical attributes:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_

Eye Color \_\_\_\_\_ Race \_\_\_\_\_ Distinguishing Marks \_\_\_\_\_  
(i.e. tattoos, birthmarks, etc.)

Eye Color \_\_\_\_\_ Race \_\_\_\_\_ Distinguishing Marks \_\_\_\_\_  
(i.e. tattoos, birthmarks, etc.)

Your length of residency in this state: \_\_\_\_\_

Your length of residency in this county: \_\_\_\_\_

Spouse's length of residency in this state: \_\_\_\_\_

Spouse's length of residency in this county: \_\_\_\_\_

Natural Mother's length of residency in this state: \_\_\_\_\_

Natural Mother's length in this county: \_\_\_\_\_

Natural Father's length of residency in this state: \_\_\_\_\_

Natural Father's length in this county: \_\_\_\_\_

Children/Grandchildren subject to this cause of action: **(Please give all requested information)**

Full Name                      Date Born                      City, ST born:                      Gender:                      SSN:                      School/Occupation                      Resides with:

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

Are any of the subject children disabled?  No  Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Children/Grandchildren NOT subject to this cause of action: (Please give all requested information)**

<u>Full Name</u>	<u>Date Born</u>	<u>City, ST born:</u>	<u>Gender:</u>	<u>SSN:</u>	<u>School/Occupation</u>	<u>Resides with:</u>
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Have any other parties retained an attorney to represent them?  No  Yes

If yes, please provide the attorney's name(s) and a description of the matter: \_\_\_\_\_  
\_\_\_\_\_

Are there currently any pending civil, family, or criminal cases/lawsuits involving you or your spouse, or Natural Mother or Natural Father?  No  Yes

If yes, please provide the following information for each:

Name of Case: \_\_\_\_\_

Cause Number: \_\_\_\_\_

Where filed: \_\_\_\_\_

Have you or your spouse ever been convicted of a criminal offense? (Other than minor traffic violations):  No  Yes

If yes, please provide the following information:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Charges: \_\_\_\_\_ Result: \_\_\_\_\_

Has Natural Mother or Natural Father ever been convicted of a criminal offense? (Other than minor traffic violations):

No  Yes

If yes, please provide the following information (continue on back if necessary):

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Charges: \_\_\_\_\_ Result: \_\_\_\_\_

Are you a member of a church?  No  Yes Denomination? \_\_\_\_\_

What religion are the subject children/grandchildren being raised, if any? \_\_\_\_\_

**EMPLOYMENT INFORMATION**

**Your employer:** \_\_\_\_\_

Employer's address: \_\_\_\_\_

Your occupation: \_\_\_\_\_

Start date: \_\_\_\_\_

Gross earnings: \$ \_\_\_\_\_ per \_\_\_\_\_ Net earnings: \$ \_\_\_\_\_ per \_\_\_\_\_

**Spouse's employer:** \_\_\_\_\_

Employer's address: \_\_\_\_\_

Spouse's occupation: \_\_\_\_\_

Start date: \_\_\_\_\_

Gross earnings: \$ \_\_\_\_\_ per \_\_\_\_\_ Net earnings: \$ \_\_\_\_\_ per \_\_\_\_\_

## LIST OF MONTHLY LIVING EXPENSES

### HOUSING

1. Rent/Mortgage \_\_\_\_\_
2. Gas & Electric \_\_\_\_\_
3. Telephone & Cell \_\_\_\_\_
4. Water \_\_\_\_\_
5. Sanitation \_\_\_\_\_
6. Cable \_\_\_\_\_
7. Internet \_\_\_\_\_
8. Taxes \_\_\_\_\_
9. Insurance (Home) \_\_\_\_\_
10. Lawn Care \_\_\_\_\_
11. Maintenance \_\_\_\_\_
12. Water Softener \_\_\_\_\_
13. Pool Costs \_\_\_\_\_

### GROCERIES

1. Food \_\_\_\_\_
2. Toiletries \_\_\_\_\_
3. Paper Products \_\_\_\_\_
4. Cleaning Supplies \_\_\_\_\_
5. Other (list items) \_\_\_\_\_

### BEAUTY CARE

1. Hair Cuts \_\_\_\_\_
2. Cosmetics \_\_\_\_\_
3. Other (list items) \_\_\_\_\_

### CLOTHING

1. Clothes \_\_\_\_\_
2. Shoes \_\_\_\_\_
3. Sporting Gear/Uniforms \_\_\_\_\_

### INFANT CARE

1. Diapers \_\_\_\_\_
2. Formula/Food \_\_\_\_\_
3. Doctor/Shots \_\_\_\_\_

### SCHOOL SUPPLIES (IF APPLICABLE)

1. Lunches \_\_\_\_\_
2. Books \_\_\_\_\_
3. Tuition \_\_\_\_\_

### TRANSPORTATION

1. Car Payment \_\_\_\_\_
2. Gasoline \_\_\_\_\_
3. Oil Changes \_\_\_\_\_
4. Maintenance \_\_\_\_\_
5. Vehicle Insurance \_\_\_\_\_
6. Car Washes \_\_\_\_\_
7. Vehicle Repairs \_\_\_\_\_
8. License Plates \_\_\_\_\_

### MISCELLANEOUS

1. Church Donations \_\_\_\_\_
2. Health Insurance \_\_\_\_\_
3. Doctor Visits \_\_\_\_\_
4. Dentist \_\_\_\_\_
5. Child Care \_\_\_\_\_
6. Newspapers, Books, Magazines \_\_\_\_\_
7. Cigarettes \_\_\_\_\_
8. Dry Cleaning \_\_\_\_\_
9. Medicine \_\_\_\_\_
10. Entertainment \_\_\_\_\_
11. Extracurriculars \_\_\_\_\_
12. Pets \_\_\_\_\_
13. Other (list items) \_\_\_\_\_