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Petitioner

Respondent

PROSPECTIVE CLIENT INFORMATION

STEPPARENT ADOPTION

Today's Date ____ / ____ / ____

Time of Appointment _____

Mother's Name _____ Date of Birth _____ Age _____

Address _____

City _____ County _____ State ____ Zip _____

Phone #'s: Home _____ Business _____ ext. _____

Cell _____ Fax _____

Email Address _____

Social Security # _____ - _____ - _____

Driver's License # _____ State _____

Place of Birth: City _____ State _____

Employer _____ Years _____

Occupation _____ Title _____

Days You Work _____ Your hours _____

Employer Address _____

Do you rent or own? _____ How much is your monthly rent or house payment? \$ _____

Your Annual Income \$ _____ Your Monthly Take-Home Pay \$ _____

Other Biological Parent's Information

Name _____ Date of Birth _____ Age _____

Address _____

City _____ County _____ State _____ Zip _____

Phone #'s: Home _____ Business _____ ext. _____

Social Security # _____ - _____ - _____

Driver's License # _____ State _____

Employer _____ Years _____

Occupation _____ Title _____

Other Parent's Annual Income \$ _____ Other Parent's Monthly Take-Home Pay \$ _____

Is any member of your family, including yourself, Native American Indian? yes _____ no _____

Have you or the other biological parent lived in Texas for the past 6 months? yes _____ no _____

In what county have you resided in for the past 90 days? _____

Were you ever married to the other biological parent? yes _____ no _____

Date of Marriage _____ / _____ / _____

Place of Marriage: City _____ County _____ State _____

Date the Final Divorce Decree was Entered (if applicable) _____ / _____ / _____

Where was the Final Decree Entered? City _____ County _____ State _____

Have you been served with legal papers? yes _____ no _____

If yes, on what date were you served? _____ / _____ / _____

Has paternity been established by prior order of the court? yes _____ no _____

Is father listed on birth certificate? yes _____ no _____

Is mother listed on birth certificate? yes ____ no ____

Has DNA testing been done? yes ____ no ____

Is the Attorney General involved? yes ____ no ____

Have you or the other biological parent applied for Medicaid benefits? yes ____ no ____

Children

Please provide the following information for each child:

Name	Birthday	SSN	Place of Birth	Age

For the past five (5) years, the child/children has/have lived at the following address(es) with the following person(s) during the following dates: (start with present)

Person Lived With/Address	Lived there from	to
	___ / ___ / ___	PRESENT
	___ / ___ / ___	___ / ___ / ___
	___ / ___ / ___	___ / ___ / ___
	___ / ___ / ___	___ / ___ / ___
	___ / ___ / ___	___ / ___ / ___

Have any prior court orders been entered regarding the children? yes ____ no ____

If yes, please explain _____

Adopting Parent's Information

Name _____ Date of Birth _____ Age _____

Address _____

City _____ County _____ State _____ Zip _____

Phone #'s: Home _____ Business _____ ext. _____

Social Security # _____ - _____ - _____

Driver's License # _____ State _____

Employer _____ Years _____

Occupation _____ Title _____

Relationship to you _____

In case of emergency, notify:

Name _____

Address _____

Phone _____ Relationship _____

Is this your first visit with an attorney regarding this matter? yes _____ no _____

If no, please give attorney's name _____

Who will be financially responsible for attorney fees? _____

How were you referred to this firm? Check all that apply.

- Yellow pages
- Website (www.jenniferwiggins.com)
- Friend _____
- Other Attorney _____
- Other _____