

Client Interview Sheet

Date: _____

Please complete the Questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to complete the required paperwork to finalize the adoption. All information will be held in strict confidence.

1. Please give your full name, date and place of birth, and social security number.
 - a) Name: _____
 - b) Date of birth: _____ c) Place of birth: _____
 - d) Social security number: _____ e) Driver's license number: _____
 - f) Maiden Name: _____ g) Race: (for BVS form) _____
2. Where are you living now?
 - a) Address: _____ City: _____ State: _____ Zip: _____
 - b) Telephone number: _____ Cell number: _____

If your mailing address is different from your physical address, please list both.
3. Please complete the following concerning your employment.
 - a) Employer: _____
 - b) Job Title: _____
4. Please give your spouse's full name, date and place of birth, and social security number
 - a) Name: _____
 - b) Date of birth: _____ c) Place of birth: _____
 - d) Social security number: _____ e) Driver's license number: _____
 - f) Maiden Name: _____ g) Race: (for BVS form) _____
5. Please complete the following concerning your spouse's employment.
 - a) Employer: _____
 - b) Job Title: _____
6. Please give the date and place of your marriage.
 - a) Date: _____ Place: _____
7. Please give full name, date and place of birth, sex, and Social Security number of each child you intend to adopt and the name change you are requesting.
 - a) Name: _____
Sex: _____ Birthplace: _____ Birth date: _____
Social Security number: _____
Name Change: _____
 - b) Name: _____

Sex: _____ Birthplace: _____ Birth date: _____
Social Security number: _____
Name Change: _____

c) Name: _____
Sex: _____ Birthplace: _____ Birth date: _____
Social Security number: _____
Name Change: _____

d) Name: _____
Sex: _____ Birthplace: _____ Birth date: _____
Social Security number: _____
Name Change: _____

e) Name: _____
Sex: _____ Birthplace: _____ Birth date: _____
Social Security number: _____
Name Change: _____

8. Please give the date the children were placed with you.

a.) Date: _____

9. Please provide the address of your residence at the time the child/children were born.

a.) Address: _____ City: _____ State: _____ Zip: _____

9. Please provide the information below regarding your foster licensing agency (ex. DFPS, Arrow Child & Family Ministries, etc.)

a.) Agency: _____ Caseworker/Contact: _____

b.) Email: _____ Date of Licensure: _____

10. Please provide the following information regarding your DFPS (CPS) Adoptions Caseworker.

a.) Caseworker: _____ Email: _____

11. Please provide the name of your child/children's Attorney Ad Litem.

a.) Name: _____ Email: _____

12. Please provide the name of your child's CASA (Court Appointed Special Advocate) if one was appointed.

a.) Name: _____ Email: _____