



The following form is designed to help us to better litigate your adoption case.

Your answers will help determine whether we can assist with your case, and if we can, it will help reduce attorney fees by limiting the number of questions we need to ask in person. It is very important that you answer this worksheet **HONESTLY, ACCURATELY, and COMPLETELY.**

If you believe that a question does not apply to your case, please mark the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. HOWEVER, IF A PROFESSIONAL, INCLUDING AN ATTORNEY OR AN EMPLOYEE OF AN ATTORNEY, HAS CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED OR MAY BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 OF THE TEXAS FAMILY CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY-EIGHTH HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT MAY CONSTITUTE ATTORNEY WORK PRODUCT, ARE CONFIDENTIAL, AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

WARNING: DO NOT DISCUSS CUSTODY LITIGATION WITH CHILDREN. DO NOT SHOW THIS FORM TO THE CHILDREN OR REQUEST THEIR ASSISTANCE COMPLETING IT. DO NOT SPEAK NEGATIVELY OR DISPARAGINGLY ABOUT THE OTHER PARENT IN FRONT OF THE CHILDREN. SUCH BEHAVIOR IS FROWNED UPON BY COURTS AND MAY NEGATIVELY AFFECT THE OUTCOME OF YOUR CUSTODY CASE. ADDITIONALLY, NOTHING IN THIS FORM IS INTENDED TO BE LEGAL ADVICE AND NOTHING SHOULD BE TAKEN AS SUCH. COMPLETING THIS FORM OR SIMPLY SUBMITTING IT TO HUNT LAW FIRM DOES NOT CREATE AN ATTORNEY-CLIENT RELATIONSHIP.

Privacy Policy Regarding Social Security Numbers: Social Security numbers will be divulged only when necessary during the course and within the scope of our employment. The firm collects them from various sources, including income tax returns as well as the client. They are used to identify parties for a number of purposes, including determination of wages, preparation of orders to withhold wages for child support and reports filed with the state of Texas, and obtaining information about retirement benefits. Only employees of the firm who have a need to know will have access to this personal information. Every step is taken to protect the client's privacy. This information is kept secure within the office of the firm in file folders and file drawers, until the file information is retired and the file is removed to a locked, off-site storage facility. Client information will eventually be shredded.

EMAIL YOUR COMPLETED WORKSHEET TO INFO@HUNTLAWTEXAS.COM.

I. Prospective Client Information

First Name

Middle Name

Last Name

How did you learn about the Hunt Law Firm, P.L.L.C.?

Your Relationship to the Child(ren)

Date of Birth

Place of Birth

Social Security Number

Texas Driver License or State ID Number

Street Address

City

County

State

ZIP

Email

Phone Number

Who else lives in your household?

What are your current housing arrangements? (including the size of the residence, number of bedrooms, etc.)

.....
Do you work outside the home?

YES (answer below)

NO

Company Name

Job Title

Company Street Address

Company City

**Company
State**

Company ZIP

Company Telephone

Average Gross Monthly Income

**Average Number of Hours
Worked Per Week**

Length of Employment

Education / Training

.....
Do any court orders exist that involve the child(ren)?

YES

NO

NOT SURE

If YES, please summarize previous court orders.

II. Spouse Information (if applicable)

First Name

Middle Name

Last Name

Relationship to the Child(ren)

Date of Birth

Place of Birth

Social Security Number

Texas Driver License or State ID Number

Street Address

City

State

ZIP

Email

Phone Number

.....
Does he or she work outside the home?

YES (answer below)

NO

NOT SURE

Company Name

Job Title

Company Street Address

Company City

Company
State

Company ZIP

Company Telephone

Average Gross Monthly Income

Average Number of Hours
Worked Per Week

Length of Employment

Education / Training

III. Other Persons Entitled to Service *(give information on any other persons with court-ordered relationships with the children or biological parents)*

PERSON 1

First Name

Middle Name

Last Name

Relationship to the Children

Date of Birth

Place of Birth

Social Security Number

Texas Driver License or State ID Number

Street Address

City

State

ZIP

Email

Phone Number

If this is a biological parent, have parental rights been terminated yet?

YES

NO

NOT SURE

N/A

.....
Does he or she work outside the home?

YES (answer below)

NO

NOT SURE

Company Name

Job Title

Company Street Address

Company City

**Company
State**

Company ZIP

Company Telephone

Average Gross Monthly Income

**Avg. Number of Hours
Worked Per Week**

Length of Employment

Education / Training

.....
Do any court orders exist that award this person conservatorship, access or visitation with the child(ren)?

YES

NO

NOT SURE

If YES, please summarize this person's court-ordered relationship to the child(ren).

.....
Do you speak regularly with this person(s)?

If NO, when is the last time you have spoken with them?

YES

NO

PERSON 2

First Name

Middle Name

Last Name

Relationship to the Children

Date of Birth

Place of Birth

Social Security Number

Texas Driver License or State ID Number

Street Address

City State ZIP

Email Phone Number

If this is a biological parent, have parental rights been terminated yet?

YES NO NOT SURE N/A

Does he or she work outside the home?

YES (answer below) NO NOT SURE

Company Name Job Title

Company Street Address

Company City Company State Company ZIP

Company Telephone Average Gross Monthly Income Avg. Number of Hours Worked Per Week

Length of Employment Education / Training

Do any court orders exist that award this person conservatorship, access or visitation with the child(ren)?

YES NO NOT SURE

If YES, please summarize this person's court-ordered relationship to the child(ren).

Do you speak regularly with this person(s)? If NO, when is the last time you have spoken with them?

YES NO

IV. Child(ren) Information

Describe the relationship of the child(ren) to be adopted:

Siblings of previously adopted child

Siblings of foster child in process of adoption

None of the above

CHILD 1

First Name

Middle Name

Last Name

Date of Birth

Age

City, County, and State of Birth

Time of Birth

Name of Hospital

Parent(s) Address at the Time of Child's Birth

Social Security Number

Where and with whom does this child primarily reside?

What is your relationship with this child?

Managing conservator

Has actual care, possession, and control of the child but no court order

Stepparent

Former Stepparent

Are you related to this child?

YES

NO

NOT SURE

How many persons have a court-ordered relationship with the child? Provide their names and relationship with the child.

Does any court having continuing jurisdiction over this child? (i.e. has a court ever heard a case involving the child?) If YES, provide details.

What is the status of any existing parental rights?

No living parents exist

Non-terminated parent consents to the adoption

Each living parent's rights already terminated

Petitioner if former stepparent

Will this child be able to attend the final adoption hearing?

YES

NO

NOT SURE

Do you have information to help the attorney complete a Health, Social, Educational, and Genetic History report?

YES

NO

NOT SURE

Will you be asking the court to change the child's name?

If YES, what is the new name?

YES

NO

Child's Current School or Daycare

Grade Level

Does the child have a disability or special needs?

YES

NO

CHILD 2

First Name

Middle Name

Last Name

Date of Birth

Age

City, County, and State of Birth

Time of Birth

Name of Hospital

Parent(s) Address at the Time of Child's Birth

Social Security Number

Where and with whom does this child primarily reside?

What is your relationship with this child?

Managing conservator

Has actual care, possession, and control of the child but no court order

Stepparent

Former Stepparent

Are you related to this child?

YES

NO

NOT SURE

How many persons have a court-ordered relationship with the child? Provide their names and relationship with the child.

Does any court having continuing jurisdiction over this child? (i.e. has a court ever heard a case involving the child?) If YES, provide details.

What is the status of any existing parental rights?

No living parents exist

Non-terminated parent consents to the adoption

Each living parent's rights already terminated

Petitioner if former stepparent

Will this child be able to attend the final adoption hearing?

YES

NO

NOT SURE

Do you have information to help the attorney complete a Health, Social, Educational, and Genetic History report?

YES

NO

NOT SURE

Will you be asking the court to change the child's name?

If YES, what is the new name?

YES

NO

Child's Current School or Daycare

Grade Level

Does the child have a disability or special needs?

YES

NO

CHILD 3

First Name

Middle Name

Last Name

Date of Birth

Age

City, County, and State of Birth

Time of Birth

Name of Hospital

Parent(s) Address at the Time of Child's Birth

Social Security Number

Where and with whom does this child primarily reside?

What is your relationship with this child?

Managing conservator

Has actual care, possession, and control of the child but no court order

Stepparent

Former Stepparent

Are you related to this child?

YES

NO

NOT SURE

How many persons have a court-ordered relationship with the child? Provide their names and relationship with the child.

Does any court having continuing jurisdiction over this child? (i.e. has a court ever heard a case involving the child?) If YES, provide details.

What is the status of any existing parental rights?

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YES

NO

NOT SURE

Do you have information to help the attorney complete a Health, Social, Educational, and Genetic History report?

YES

NO

NOT SURE

Will you be asking the court to change the child's name?

If YES, what is the new name?

YES

NO

Child's Current School or Daycare

Grade Level

**Does the child have a
disability or special needs?**

YES

NO
