

# Adoption Worksheet



# HUNT LAW FIRM, PLLC

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.

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## 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.

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**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.**

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**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. Client information will eventually be shredded.

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EMAIL YOUR COMPLETED WORKSHEET TO [INFO@HUNTLAWTEXAS.COM](mailto:INFO@HUNTLAWTEXAS.COM).

## I. Prospective Client Information

First Name		Middle Name		Last Name	
Maiden Name (if applicable)			Your Relationship to the Child(ren)		
How did you learn about Hunt Law Firm, PLLC?			Date of Birth		
Social Security Number			Texas Driver License or State ID Number		
Street Address					
City		County		State	
Please list all other residence addresses where you have lived within the last five years.					
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 currently have an attorney for this matter?			If YES, please provide the name of your current or former attorney, as well as any details you believe may be helpful.		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Do you work outside the home?					
<input type="checkbox"/> YES (answer below) <input type="checkbox"/> 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	

## II. Spouse Information (if applicable)

First Name	Middle Name	Last Name	
Relationship to the Child(ren)			
Social Security Number		Texas Driver License or State ID Number	
Street Address			
City	County	State	ZIP
Email		Phone Number	
Does he or she work outside the home?			
<input type="checkbox"/> YES (answer below) <input type="checkbox"/> NO <input type="checkbox"/> 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

**PROVIDE INFORMATION ON ANY OTHER PERSONS WITH COURT-ORDERED  
RELATIONSHIPS WITH THE CHILD(REN) OR BIOLOGICAL PARENT**

#### PERSON 1

First Name		Middle Name		Last Name	
Maiden Name (if applicable)			Relationship to the Child(ren)		
Date of Birth					
Social Security Number			Texas Driver License or State ID Number		
Street Address					
City		County		State	
Email			Phone Number		
Who else lives in the household?					
If this is a biological parent, have parental rights been terminated yet?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE <input type="checkbox"/> N/A					
Does he or she work outside the home?					
<input type="checkbox"/> YES (answer below) <input type="checkbox"/> NO <input type="checkbox"/> 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		

Do any court orders exist that award this person conservatorship, access, or visitation with the child(ren)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE	
If YES, please summarize this person's court-ordered relationship to the child(ren).	
Do you speak regularly with this person?	If NO, when is the last time you have spoken with him/her?
<input type="checkbox"/> YES <input type="checkbox"/> NO	

## PERSON 2

First Name		Middle Name		Last Name	
Maiden Name (if applicable)			Relationship to the Child(ren)		
Date of Birth					
Social Security Number			Texas Driver License or State ID Number		
Street Address					
City		County		ZIP	
Email			Phone Number		
Who else lives in the household?					
If this is a biological parent, have parental rights been terminated yet?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE <input type="checkbox"/> N/A					
Does he or she work outside the home?					
<input type="checkbox"/> YES (answer below) <input type="checkbox"/> NO <input type="checkbox"/> 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	
Do any court orders exist that award this person conservatorship, access, or visitation with the child(ren)?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE		
If YES, please summarize this person's court-ordered relationship to the child(ren).		
Do you speak regularly with this person?	If NO, when is the last time you have spoken with him/her?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		

## IV. Child(ren) Information

**INCLUDE INFORMATION FOR ALL CHILDREN YOU ARE SEEKING TO ADOPT**

### CHILD 1

First Name	Middle Name	Last Name
Date of Birth	Age	Social Security Number
City, County, & State of Birth	Gender	
Child's Current County of Residence	How long has the child resided in that county?	
Does a court order currently exist that involves this child?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE		
If YES, please explain (provide details including the cause number, county, court, judge, etc., if available)		
What is your relationship with this child?		
<input type="checkbox"/> MANAGING CONSERVATOR <input type="checkbox"/> STEPPARENT <input type="checkbox"/> FORMER STEPPARENT <input type="checkbox"/> HAS ACTUAL CARE, POSSESSION, AND CONTROL OF THE CHILD BUT NO COURT ORDER		

<b>Are you related to this child?</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE		
<b>Where and with whom does this child primarily reside?</b>		
<b>Child's Current School or Daycare</b>	<b>Grade Level</b>	<b>Does the child have a disability or special needs?</b>
		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Provide details about the father's parentage:</b>		
<input type="checkbox"/> The father was married to the mother when the child was born or conceived <input type="checkbox"/> The father signed an Acknowledgment of Paternity (e.g. signed AOP in hospital, is on the birth certificate, etc.) <input type="checkbox"/> The father took a DNA paternity test <input type="checkbox"/> The father's parentage was adjudicated by a court		
<b>Will this child be able to attend the final adoption hearing?</b>		<b>Do you have information to help the attorney complete a Health, Social, Educational, and Genetic History report for the child? (if necessary)</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE
<b>Will you be asking the court to change the child's name?</b>		<b>If YES, what is the new name?</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE		

### **CHILD 2**

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Date of Birth</b>	<b>Age</b>	<b>Social Security Number</b>
<b>City, County, &amp; State of Birth</b>		<b>Gender</b>
<b>Child's Current County of Residence</b>		<b>How long has the child resided in that county?</b>
<b>Does a court order currently exist that involves this child?</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE		
<b>If YES, please explain (provide details including the cause number, county, court, judge, etc., if available)</b>		
<b>What is your relationship with this child?</b>		
<input type="checkbox"/> MANAGING CONSERVATOR <input type="checkbox"/> STEPPARENT <input type="checkbox"/> FORMER STEPPARENT <input type="checkbox"/> HAS ACTUAL CARE, POSSESSION, AND CONTROL OF THE CHILD BUT NO COURT ORDER		

<b>Are you related to this child?</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE		
<b>Where and with whom does this child primarily reside?</b>		
<b>Child's Current School or Daycare</b>	<b>Grade Level</b>	<b>Does the child have a disability or special needs?</b>
		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Provide details about the father's parentage:</b>		
<input type="checkbox"/> The father was married to the mother when the child was born or conceived <input type="checkbox"/> The father signed an Acknowledgment of Paternity (e.g. signed AOP in hospital, is on the birth certificate, etc.) <input type="checkbox"/> The father took a DNA paternity test <input type="checkbox"/> The father's parentage was adjudicated by a court		
<b>Will this child be able to attend the final adoption hearing?</b>		<b>Do you have information to help the attorney complete a Health, Social, Educational, and Genetic History report for the child? (if necessary)</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE
<b>Will you be asking the court to change the child's name?</b>		<b>If YES, what is the new name?</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE		

### **CHILD 3**

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Date of Birth</b>	<b>Age</b>	<b>Social Security Number</b>
<b>City, County, &amp; State of Birth</b>		<b>Gender</b>
<b>Child's Current County of Residence</b>		<b>How long has the child resided in that county?</b>
<b>Does a court order currently exist that involves this child?</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE		
<b>If YES, please explain (provide details including the cause number, county, court, judge, etc., if available)</b>		
<b>What is your relationship with this child?</b>		
<input type="checkbox"/> MANAGING CONSERVATOR <input type="checkbox"/> STEPPARENT <input type="checkbox"/> FORMER STEPPARENT <input type="checkbox"/> HAS ACTUAL CARE, POSSESSION, AND CONTROL OF THE CHILD BUT NO COURT ORDER		



<b>Are you related to this child?</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE		
<b>Where and with whom does this child primarily reside?</b>		
<b>Child's Current School or Daycare</b>	<b>Grade Level</b>	<b>Does the child have a disability or special needs?</b>
		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Provide details about the father's parentage:</b>		
<input type="checkbox"/> The father was married to the mother when the child was born or conceived <input type="checkbox"/> The father signed an Acknowledgment of Paternity (e.g. signed AOP in hospital, is on the birth certificate, etc.) <input type="checkbox"/> The father took a DNA paternity test <input type="checkbox"/> The father's parentage was adjudicated by a court		
<b>Will this child be able to attend the final adoption hearing?</b>	<b>Do you have information to help the attorney complete a Health, Social, Educational, and Genetic History report for the child? (if necessary)</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE	
<b>Will you be asking the court to change the child's name?</b>	<b>If YES, what is the new name?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE		