

**GULLORY HARGRAVE & LACOMBE, LLC
CLIENT INFO SHEET
PRIVATE ADOPTION**

CLIENT NAME: _____ Date: _____
 First Middle Maiden Last

Phone: () _____ Alternate Phone: () _____

E-Mail Address: _____

Employer: _____

Employer Address: _____
 Street City State Zip

ADOPTIVE FATHER:

Full Name: _____

Address: _____
 Street City Parish State Zip

Date of Birth: _____

Occupation: _____

Marital Status: _____

ADOPTIVE MOTHER:

Full Name: _____

Address: _____
 Street City Parish State Zip

Date of Birth: _____

Occupation: _____

Marital Status: _____

BOTH ADOPTIVE PARENTS:

Date of Marriage: _____

Place of Marriage: _____

Number of Children Born off Marriage: _____

Number of Children Adopted: _____

CHILD TO BE ADOPTED

Name on Birth Certificate: _____

Name by which you know the child: _____

Place of Birth: _____

Date of Birth: _____

Name of mother: _____

Address of mother: _____

Street City Parish State Zip

Name of father: _____

Address of father: _____

Street City Parish State Zip

Name of legal custodian: _____

Date child began living with you: _____

Circumstances under which child began living with you: _____

Relationship between you and the child: _____

This is a consultation only. A consultation fee of \$300.00 is due and payable at the time of consultation. The retainer fee for representation is determined based on the facts to the attorney at the time of the initial consultation.

Signature

Date