GUILLORY HARGRAVE & LACOMBE, LLC CLIENT INFO SHEET STEPPARENT ADOPTION

CLIENT NAME:					Date:		
	First	Middle	Maiden	Last			
Phone: ()		Alternate Phone: ()					
E-Mail Address:							
Employer:							
Employer Address:							
		Street	City		State	Zip	
ADOPTING STE	PPARENT	<u>':</u>					
Full Name:							
Address:							
	Street		City	Parish	State	Zip	
Date of Birth:							
Place of Birth:							
Religion:							
Race:							
Occupation:							
Marital Status:							
Social Security Nu	mber:						
BIOLOGICAL P	ARENT:						
Full Name:							
Address:	<u> </u>		<u> </u>		<u> </u>	<i></i>	
	Street		City	Parish	State	Zip	
Date of Birth:							
Place of Birth:							
Religion:							
Race:							
Occupation:							
Marital Status:							
Social Security Nu	mber:						

BOTH PARENTS:

Date of Marriage:
Place of Marriage:
Number of Children Born off Marriage:
Number of Children Adopted:
Approximate Combined Gross Yearly Income:

CHILD TO BE ADOPTED

Name on Birth Certif	ficate:				
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 custod	lian:				
Date child began livi	ng with adoptive ste	epparent:			
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