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Date: _____

ADOPTION INFORMATION SHEET
CONTACT AND EMPLOYMENT INFORMATION OF ADOPTIVE PARENTS

Petitioner's Name: _____ Spouse's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone: _____ Fax: _____

E-mail Address: _____

Husband's Employer: _____

Husband's Occupation: _____

Employer's Address: _____

Business Phone: _____ Cell Phone: _____

Wife's Employer: _____

Wife's Occupation: _____

Employer's Address: _____

Business Phone: _____ Cell Phone: _____

Will Wife Continue Employment? Yes No

Date of Couple's Marriage: _____

Birth Place of Adoptive Mother: (City, County, State)
City: _____ County: _____

State: _____ Adoptive Mother's Age: _____

Birth Place of Adoptive Father: (City, County, State)
City: _____ County: _____

State: _____ Adoptive Father's Age: _____

FAMILY RELATIONSHIP INFORMATION

Was Adopting Mother Previously Married? Yes No

Did that Marriage Terminate in Divorce? Yes No

If so, What was the Date of the Divorce? _____

What Court Granted Divorce? _____

Were There any Children Born of That Marriage? Yes No

If so, How Many? _____

	Names:	Ages:
List Names and Ages of Children:	1. _____	1. _____
	2. _____	2. _____
	3. _____	3. _____
	4. _____	4. _____
	5. _____	5. _____

Who Was Granted Custody of the Children? _____

Was Support Ordered by Court? Yes No

Is Petitioner Receiving or Paying Support? _____

If so, How Much per Week? _____

Is Petitioner Current with Support Payments? Yes No

Was Adopting Father Previously Married? Yes No

Did that Marriage Terminate in Divorce? Yes No

If so, What was the Date of the Divorce? _____

What Court Granted Divorce? _____

Were There any Children Born of That Marriage? Yes No

If so, How Many? _____

	Names:	Ages:
List Names and Ages of Children:	1. _____	1. _____
	2. _____	2. _____
	3. _____	3. _____
	4. _____	4. _____
	5. _____	5. _____

Who Was Granted Custody of the Children? _____

INFORMATION OF BIOLOGICAL PARENTS

Name of Biological Mother: (If Known) _____

Birth Place of Biological Mother of Child: (If Known) _____

Address of Biological Mother: (If Known) _____

Name of Biological Father: (If Known) _____

Birth Place of Biological Father of Child: (If Known) _____

Address of Biological Father: (If Known) _____

Are Biological Parents of Child Deceased? Yes No

If so, Give Dates of Each of Their Deaths: _____

Name of Guardian or the Nearest of Kin or the Court or Agency of Which Child is a Ward: _____

Have Parental Rights Been Terminated? _____

If so, Give Court, City, County, State, and the Cause Number of the Action: _____

Is There a Sponsoring Agency to This Adoption? Yes No

If so, Name Agency: _____

Was Custody Awarded to One Parent Pursuant to Divorce? Yes No

If so, Give Court, City, County, State, and the Cause Number of the Action: _____

Can Consent of Biological Parent or Parents be Secured? _____

Has Child Been Abandoned or Deserted by Biological Parent? _____

If so, State Time and Circumstances: _____

Will Notice be Served by Certified Mail or Publication? _____

Indiana State Department of Health: \$50.00 (Putative Father Registry)
Indiana State Department of Health: \$30.00 (This includes 1 copy of a birth certificate)

How were you referred to our office:

- Google Bing Facebook AVVO FindLaw
 Newspaper Radio

Friend/Family: _____ Lawyer: _____

Other: _____

FOR ATTORNEY USE ONLY:

Fee: _____ Hourly Flat

General: _____

Escrow: _____

Filing Fee: _____

County: _____

ATTORNEY NOTES: