

**ADOPTION- CLIENT QUESTIONNAIRE**

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The following information will be needed by **The Reynolds Law Firm, LLC** in order to properly advise you and handle your case. Please print and fill out every applicable question. If a question is not applicable, please write N/A in the space. **DO NOT LEAVE BLANKS.** This information will help us help you. **THIS INFORMATION WILL BE KEPT CONFIDENTIAL.**

Date: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS OFFICE: \_\_\_\_\_

**ADOPTIVE MOTHER'S PERSONAL INFORMATION**

*GENERAL BIOGRAPHICAL INFORMATION:*

Name (first, middle name and last): \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Former Names / Nicknames: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Driver's Lic. No.: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Are you / were you in the Military: \_\_\_\_\_

Branch: \_\_\_\_\_

Military Rank: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Current Status (active, reserves, retired, etc.): \_\_\_\_\_

Education: High School Diploma / GED? Yes \_\_\_\_\_ No \_\_\_\_\_  
College Degree (if so describe): \_\_\_\_\_  
Post Graduate Degree (if so describe): \_\_\_\_\_  
Licenses / Accreditations: \_\_\_\_\_

*CURRENT CONTACT INFORMATION:*

Residential Address: \_\_\_\_\_

How long at present address: \_\_\_\_\_

Do you: \_\_\_\_\_ own; \_\_\_\_\_ rent; or \_\_\_\_\_ live with a relative?

In what County do you live, and how long have you lived there? \_\_\_\_\_

In what State do you reside and how long have you been there? \_\_\_\_\_

Mailing Address, if different from above, for mail during pendency of case where opposing party will not have access:

\_\_\_\_\_

*CURRENT PHONE NUMBERS / FAX / E-MAIL:*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*CURRENT EMPLOYMENT INFORMATION:*

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Salary / Rate of Pay: Gross: \_\_\_\_\_ Net: \_\_\_\_\_ Per: \_\_\_\_\_

Fringe Benefits from Current Employment:

Pension / 401(k) / Retirement:      Yes \_\_\_\_\_      No \_\_\_\_\_

Current Value: \_\_\_\_\_

Health Insurance:      Yes \_\_\_\_\_      No \_\_\_\_\_

Name of Plan: \_\_\_\_\_

Cost to you per month: \_\_\_\_\_

Cost to employer per month: \_\_\_\_\_

Group Number: \_\_\_\_\_

Card Number: \_\_\_\_\_

*PRIOR EMPLOYMENT IN LAST FIVE (5) YEARS (attach separate page if necessary):*

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_      Length of Employment: \_\_\_\_\_

Salary / Rate of Pay:    Gross: \_\_\_\_\_      Net: \_\_\_\_\_      Per: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

*OTHER SOURCES OF INCOME:*

Do you have any source of income other than employment?    Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

*PRIOR ADDRESSES LAST FIVE (5) YEARS (attach additional pages if necessary):*

Address: \_\_\_\_\_

Dates of Residence: \_\_\_\_\_ County: \_\_\_\_\_

Name and relationship of others also living there: \_\_\_\_\_

\_\_\_\_\_

**ADOPTIVE FATHER'S PERSONAL INFORMATION**

*GENERAL BIOGRAPHICAL INFORMATION:*

Name (first, middle name and last): \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Former Names / Nicknames: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Driver's Lic. No.: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Are you (were you) in the Military: \_\_\_\_\_ Branch: \_\_\_\_\_

Military Rank: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Current Status (active, reserves, retired, etc.): \_\_\_\_\_

Education: High School Diploma / GED? Yes \_\_\_\_\_ No \_\_\_\_\_

College Degree (if so describe): \_\_\_\_\_

Post Graduate Degree (if so describe): \_\_\_\_\_

Licenses / Accreditations: \_\_\_\_\_

*CURRENT CONTACT INFORMATION:*

Residential Address: \_\_\_\_\_

How long at present address: \_\_\_\_\_

Do you: \_\_\_\_\_ own; \_\_\_\_\_ rent; or \_\_\_\_\_ live with a relative?

In what County do you live, and how long have he / she lived there? \_\_\_\_\_

In what State do you reside and how long have you been there? \_\_\_\_\_

*CURRENT PHONE NUMBERS / FAX / E-MAIL:*

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*CURRENT EMPLOYMENT INFORMATION:*

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Salary / Rate of Pay: Gross: \_\_\_\_\_

Net: \_\_\_\_\_

Per: \_\_\_\_\_

Fringe Benefits from Current Employment:

Pension / 401(k) / Retirement: Yes \_\_\_\_\_ No \_\_\_\_\_

Current Value: \_\_\_\_\_

Health Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Plan: \_\_\_\_\_

Cost to you per month: \_\_\_\_\_

Cost to employer per month: \_\_\_\_\_

Group Number: \_\_\_\_\_

Card Number: \_\_\_\_\_

*PRIOR EMPLOYMENT IN LAST FIVE (5) YEARS (attach separate page if necessary):*

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Salary / Rate of Pay: Gross: \_\_\_\_\_ Net: \_\_\_\_\_ Per: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

*OTHER SOURCES OF INCOME:*

Does your spouse have any source of income other than employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

*PRIOR ADDRESSES LAST FIVE (5) YEARS (attach additional pages if necessary):*

Address: \_\_\_\_\_

Dates of Residence: \_\_\_\_\_ County: \_\_\_\_\_

Name and relationship of others also living there: \_\_\_\_\_

\_\_\_\_\_

**BIOLOGICAL MOTHER'S INFORMATION**

*GENERAL BIOGRAPHICAL INFORMATION:*

Name (first, middle name and last): \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Former Names / Nicknames: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Driver's Lic. No.: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Is he/she (were they) in the Military: \_\_\_\_\_ Branch: \_\_\_\_\_

Military Rank: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Current Status (active, reserves, retired, etc.): \_\_\_\_\_

Education: High School Diploma / GED? Yes \_\_\_\_\_ No \_\_\_\_\_

College Degree (if so describe): \_\_\_\_\_

Post Graduate Degree (if so describe): \_\_\_\_\_

Licenses / Accreditations: \_\_\_\_\_

*CURRENT CONTACT INFORMATION:*

Residential Address: \_\_\_\_\_

How long at present address: \_\_\_\_\_

In what County does he / she live, and how long have he / she lived there? \_\_\_\_\_

In what State do you reside and how long have you been there? \_\_\_\_\_

*CURRENT PHONE NUMBERS / FAX / E-MAIL:*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*CURRENT EMPLOYMENT INFORMATION:*

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Salary / Rate of Pay: Gross: \_\_\_\_\_ Net: \_\_\_\_\_ Per: \_\_\_\_\_

*PRIOR EMPLOYMENT IN LAST FIVE (5) YEARS (attach separate page if necessary):*

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Salary / Rate of Pay: Gross: \_\_\_\_\_ Net: \_\_\_\_\_ Per: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

*PRIOR ADDRESSES LAST FIVE (5) YEARS (attach additional pages if necessary):*

Address: \_\_\_\_\_

Dates of Residence: \_\_\_\_\_ County: \_\_\_\_\_

Name and relationship of others also living there: \_\_\_\_\_

\_\_\_\_\_

**BIOLOGICAL FATHER'S INFORMATION**

*GENERAL BIOGRAPHICAL INFORMATION:*

Name (first, middle name and last): \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Former Names / Nicknames: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Driver's Lic. No.: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Is he/she (were they) in the Military: \_\_\_\_\_

Branch: \_\_\_\_\_

Military Rank: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Current Status (active, reserves, retired, etc.): \_\_\_\_\_

Education: High School Diploma / GED? Yes \_\_\_\_\_ No \_\_\_\_\_

College Degree (if so describe): \_\_\_\_\_

Post Graduate Degree (if so describe): \_\_\_\_\_

Licenses / Accreditations: \_\_\_\_\_

*CURRENT CONTACT INFORMATION:*

Residential Address: \_\_\_\_\_

How long at present address: \_\_\_\_\_

In what County does he / she live, and how long have he / she lived there? \_\_\_\_\_

In what State do you reside and how long have you been there? \_\_\_\_\_

*CURRENT PHONE NUMBERS / FAX / E-MAIL:*

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*CURRENT EMPLOYMENT INFORMATION:*

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Salary / Rate of Pay: Gross: \_\_\_\_\_ Net: \_\_\_\_\_ Per: \_\_\_\_\_

*PRIOR EMPLOYMENT IN LAST FIVE (5) YEARS (attach separate page if necessary):*

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Salary / Rate of Pay: Gross: \_\_\_\_\_ Net: \_\_\_\_\_ Per: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

*PRIOR ADDRESSES LAST FIVE (5) YEARS (attach additional pages if necessary):*

Address: \_\_\_\_\_

Dates of Residence: \_\_\_\_\_ County: \_\_\_\_\_

Name and relationship of others also living there: \_\_\_\_\_

\_\_\_\_\_

**CHILDREN OF THIS COURT ACTION**

*(For each child please provide the following. Attach additional pages if necessary.)*

Name (first, middle and last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Place of Birth (City and State): \_\_\_\_\_

Current Grade of School: \_\_\_\_\_ Child Lives With: \_\_\_\_\_

Name of School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Child's address for last 6 months: \_\_\_\_\_

Who if any one is listed as the father on the birth certificate: \_\_\_\_\_

Was genetic testing done: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Results of genetic testing: \_\_\_\_\_

New Name to be ordered: \_\_\_\_\_

Name (first, middle and last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Place of Birth (City and State): \_\_\_\_\_

Current Grade of School: \_\_\_\_\_ Child Lives With: \_\_\_\_\_

Name of School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Child's address for last 6 months: \_\_\_\_\_

Who if any one is listed as the father on the birth certificate: \_\_\_\_\_

Was genetic testing done: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Results of genetic testing: \_\_\_\_\_

New Name to be ordered: \_\_\_\_\_

**YOUR CHILDREN FROM OTHER RELATIONSHIPS**

*(For each child please provide the following. Attach additional pages if necessary.)*

Name (first, middle and last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Place of Birth (City and State): \_\_\_\_\_

Current Grade of School: \_\_\_\_\_ Child Lives With: \_\_\_\_\_

Name of School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Name of Other Parent: \_\_\_\_\_

Other Parent's Contact Information: \_\_\_\_\_

Support Received per Month: \_\_\_\_\_ Support Paid: \_\_\_\_\_

Court / Case Information (name of court, case number) \_\_\_\_\_

**YOUR SPOUSE'S CHILDREN FROM OTHER RELATIONSHIPS**

*(For each child please provide the following. Attach additional pages if necessary.)*

Name (first, middle and last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Place of Birth (City and State): \_\_\_\_\_

Current Grade of School: \_\_\_\_\_ Child Lives With: \_\_\_\_\_

Name of School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Name of Other Parent: \_\_\_\_\_

Other Parent's Contact Information: \_\_\_\_\_

Support Received per Month: \_\_\_\_\_ Support Paid: \_\_\_\_\_

Court / Case Information (name of court, case number) \_\_\_\_\_

**CURRENT RELATIONSHIP ISSUES / PROBLEMS / COMPLAINTS**

Please state briefly your view of the basic problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state briefly any complaints the adverse party would have against you at this time:

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List and describe briefly all evidence in your possession or knowledge (including names and addresses of all witnesses with a brief description of what can be proven by each) that will substantiate any issues regarding this adoption: \_\_\_\_\_

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What possible accusations might the adverse party raise in this case? \_\_\_\_\_

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Are there now, or have there been any other Court actions in this or any other state? If so, state:

When: \_\_\_\_\_

Where: \_\_\_\_\_

Case Number: \_\_\_\_\_

Ultimate Disposition: \_\_\_\_\_

Attorneys: \_\_\_\_\_

Does the adverse party have any physical disabilities?      Yes \_\_\_\_\_      No \_\_\_\_\_  
If yes, please describe:

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Do *you* have any physical disabilities?      Yes \_\_\_\_\_      No \_\_\_\_\_  
If yes, please describe:

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Please state any other facts or comments you believe your attorney should know regarding this matter:

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**CLIENT'S GOALS**

After reviewing the contents of this questionnaire, please help us understand your intentions by listing, in order of priority, those goals or final results you wish to achieve in this current matter.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_