

NEAL & WRIGHT LLC
ADOPTION QUESTIONNAIRE

ALL INFORMATION PROVIDED ON THIS FORM IS
PRIVILEGED AND CONFIDENTIAL

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION
BEFORE COMPLETING THIS FORM:

This questionnaire is designed to obtain information that will allow us to determine what legal services you require, to set a reasonable fee for those services, and to provide you with the best service possible. Please provide as much information as possible. It is important that you be honest and detailed in your responses. The more complete the information you provide, the more accurate and efficient we can be. Even if information is negative, it is best that we know it in advance so that we provide you with the best representation possible.

At this point, Neal & Wright LLC has not agreed to represent you or to undertake any professional responsibility for your case. Our attorneys can agree to represent you only after we have gotten all the facts and made a written fee arrangement with you. Additionally, the attorneys of Neal & Wright LLC ethically cannot agree to represent you until we have checked our system to confirm that there are no conflicts of interest. If we determine that we do have a conflict, this form will be returned to you, and, upon request, we will provide you with the names of other attorneys who may assist you. There will be no fee for any initial consultation. We do not charge any fee until you have engaged our firm and until we have agreed in writing to represent you.

If you have any questions about the form or the information sought, please let us know.

Date: _____

Signed: _____

When completed, please return this form to Neal & Wright LLC:

Via U.S. mail: P. O. Box 5207
Atlanta, GA 31107

Via email: sherry@nealandwright.com

Via facsimile: (678) 302-9628

I. Information about adoptive parent(s):

	Adoptive parent #1	Adoptive parent #2
Full name		
Other names by which you have been known		
Age		
Date of birth		
State of birth		
Marital status		
Current address		
Home telephone number		
Cell phone number		
Email		
Current employer		
Work address		

	Adoptive parent #1	Adoptive parent #2
Work telephone number		
Job title or description		
Have you been a resident of Georgia for at least 6 months?		
Address at time of child's birth		

II. Child(ren) to be adopted:

Name	Age	Date of Birth	Biological Mother	Biological Father	Of Native American ancestry? If yes: please note name of the tribe; what percentage; whether child is a member of the tribe; & any tribal registry number	Any Health Problems or Special Education Needs?

III. Please provide the name, address, and telephone number of other family or extended family members other than a biological parent, e.g. stepparents or grandparents, who have court-ordered visitation with the child(ren):

IV. Information about biological parents:

(Please use additional sheets if necessary.)

	Biological mother	Biological father
Name		
Other names by which this person may have been known		
If deceased, cause & date of death		

V. Information about legal father who is not the biological father:

If the biological mother was married to a man who is not the biological father at the time the child was conceived or born, please provide the following information about the biological mother's husband:

Name	
If deceased, cause & date of death	

VI. Please use the space below to provide any other information you believe may be relevant to the adoption.