



McFARLING LAW GROUP

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Termination/adoption Intake Sheet

Today's date: _____

Personal Data

Name _____ Soc Sec # _____

Address _____ Home Phone _____

City, State, Zip _____ Cell Phone _____

Company Name and Address _____

City, State, Zip _____ Work Phone _____

Driver's License Number _____ State _____

Age _____ Birth date _____ Marital status: Sing Mar Sep Div

Date of Marriage _____ Date of Divorce _____

Email: _____ Fax No: _____

Adopting Stepparent

Name _____ Soc Sec # _____

Address _____ Home Phone _____

City, State, Zip _____ Cell Phone _____

Company Name and Address _____

City, State, Zip _____ Work Phone _____

Driver's License Number _____ State _____

Age _____ Birth date _____ Marital status: Sing Mar Sep Div

Father of the Child whose rights are to be terminated

Name _____ Soc Sec # _____

Address _____ Home Phone _____

City, State, Zip _____ Cell Phone _____

Company Name and Address _____

City, State, Zip _____ Work Phone _____

Driver's License Number _____ State _____

Age _____ Birth date _____ Marital status: Sing Mar Sep Div

Attorney of Record for Opposing Party (if any) _____

Children

Name _____ Soc Sec # _____

Age _____ Birth date _____

Name _____ Soc Sec # _____

Age _____ Birth date _____

Name _____ Soc Sec # _____

Age _____ Birth date _____

Issue _____

Facts _____

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained and reason to discontinue service.) _____

UNDERLYING ORDERS OR JUDGMENTS

Has any judge previously signed any ORDERS or JUDGMENTS in connection with this matter or another matter involving these same parties? _____ YES _____ NO

If yes, in what City, State and Year did this occur? _____

Are you aware of any ongoing proceedings surrounding this matter? _____ YES _____ NO

EXPLAIN (Please supply Dates, State, County and Details):

PLEASE USE THIS SPACE TO PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL IS PERTINENT TO THIS MATTER.

How did you hear about us? Yellow Pages Mediator Directory Referral from: _____

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Other: _____