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RETAINER DATA - STEP PARENT ADOPTION
PLEASE PRINT LEGIBLY AND IN BLACK INK

FOR ALL NAMES - PROVIDE FULL LEGAL NAME - FIRST, MIDDLE, LAST + ANY SUFFIX - ie: Jr. or III

upon receipt of this data information by fax, attorney will prepare and email a proposed retainer agreement

CLIENT - PROSPECTIVE ADOPTIVE PARENT

Full Name _____
 Street Address _____
 PO Box Address _____
 City, State ZIP _____
 Date of Birth _____
 Social Security _____
 DL No. _____
 DL State Issued _____
 DL Expiration Date _____
 Phone - Home _____
 Phone - Cell _____
 Phone - Message _____
 Phone - Work _____
 Phone - Fax _____
 Email Address _____
 Employer Name _____
 Employer Street _____
 Employer PO Box _____
 Employer City, State _____
 Title - Job Description _____

OPPOSING BIRTH PARENT TO BE TERMINATED

Full Name _____
 Street Address _____
 PO Box Address _____
 City, State ZIP _____
 Date of Birth _____
 Social Security _____
 DL No. _____
 DL State Issued _____
 DL Expiration Date _____
 Phone - Home _____
 Phone - Cell _____
 Phone - Message _____
 Phone - Work _____
 Phone - Fax _____
 Email Address _____
 Employer Name _____
 Employer Street _____
 Employer PO Box _____
 Employer City, State _____
 Title - Job Description _____

1ST CHILD Male Female

Full Name _____
 Birth Date _____
 Social Security _____

2ND CHILD n/a Male Female

Full Name _____
 Birth Date _____
 Social Security _____

3RD CHILD n/a Male Female

Full Name _____
 Birth Date _____
 Social Security _____

RESIDENTIAL PARENT TO DATE

Father Mother Other

RESIDENTIAL PARENT TO DATE

Father Mother Other

RESIDENTIAL PARENT TO DATE

Father Mother Other

OFFICE USE ONLY - NOT FOR PROSPECTIVE CLIENT SUBMISSION

Charge Card: MasterCard VISA Account No. _____
 \$ _____ American Express Discover Expiration Date: _____ PIN: _____

DATE: _____, 20____

PROSPECTIVE CLIENT'S SIGNATURE

PROSPECTIVE CLIENT LAST NAME _____

CLIENT'S CURRENT SPOUSE

by definition, client's spouse will be a birth parent

Full Name _____
Street Address _____
PO Box Address _____
City, State ZIP _____
Date of Birth _____
Social Security _____
DL No. _____
DL State Issued _____
DL Expiration Date _____
Phone - Home _____
Phone - Cell _____
Phone - Message _____
Phone - Work _____
Phone - Fax _____
Email Address _____
Employer Name _____
Employer Street _____
Employer PO Box _____
Employer City, State _____
Title - Job Description _____

OPPOSING BIRTH PARENT'S CURRENT SPOUSE

n/a - not currently married

Full Name _____
Street Address _____
PO Box Address _____
City, State ZIP _____
Date of Birth _____
Social Security _____
DL No. _____
DL State Issued _____
DL Expiration Date _____
Phone - Home _____
Phone - Cell _____
Phone - Message _____
Phone - Work _____
Phone - Fax _____
Email Address _____
Employer Name _____
Employer Street _____
Employer PO Box _____
Employer City, State _____
Title - Job Description _____

COURT CASE

Client's Relation with Current Spouse _____
Date of Cohabitation n/a _____
Date of Marriage _____
Married One Year Yes No

Opposing Birth Parent's Counsel
Law Firm: _____
Attorney Name _____
Atty Registration No. _____
Address _____
PO Box No. _____
City State Zip _____
Phone _____
Cell _____
Fax _____
Email _____

COURT CASES

Court _____ District Court
Court Case No. _____ Unknown
Location: County _____ State _____
Support Order Date _____
Amount Ordered \$ _____
First Due Date _____
Periodic Due Dates 1st 15th Last _____
Intervals Due
 monthly weekly bi-weekly semi-monthly
Support paid within last 12 months Yes No
Last support paid \$ _____ Date _____
No Months Delinquent _____ Approx Amt Past Due \$ _____
Number of Prior Income Assignments _____

* * * * *

Children's New Names per Client per Client's Spouse

Anticipate Opposing Parent consent court fight