

WEBSITE
www.gustafsonlaw.com

TOLL FREE
(800) 410-1002

PHONE
(719) 260-1002

FAX
(719) 260-1003

EMAIL
rdg@gustafsonlaw.com

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

FOR ALL NAMES - PROVIDE 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 _____

RESIDENTIAL PARENT TO DATE

Father Mother Other

2ND CHILD n/a Male Female

Full Name _____

Birth Date _____

Social Security _____

RESIDENTIAL PARENT TO DATE

Father Mother Other

3RD CHILD n/a Male Female

Full Name _____

Birth Date _____

Social Security _____

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

PROSPECTIVE CLIENT LAST NAME

INFORMATION FOR NEW BIRTH CERTIFICATE

CHILD NO. 1

Race
 Caucasian Hispanic Black Asian Indian
Birth - City County State

CHILD NO. 2

Race
 Caucasian Hispanic Black Asian Indian
Birth - City County State

CHILD NO. 3

Race
 Caucasian Hispanic Black Asian Indian
Birth - City County State

CLIENT'S CURRENT SPOUSE

Race
 Caucasian Hispanic Black Asian Indian
Birth - City County State

CURRENT SPOUSE Address at time of **CHILD 1 birth**
Street City County State

Inside City Limits Yes No
Occupation at time of Child 1 Birth

* * * * *
CURRENT SPOUSE Address at time of **CHILD 2 birth**
Street City County State

Inside City Limits Yes No
Occupation at time of Child 2 Birth

* * * * *
CURRENT SPOUSE Address at time of **CHILD 3 birth**
Street City County State

Inside City Limits Yes No
Occupation at time of Child 3 Birth

CLIENT

Race
 Caucasian Hispanic Black Asian Indian
Birth - City County State

CLIENT Address at time of **CHILD 1 birth**
Street City County State

Inside City Limits Yes No
Occupation at time of Child 1 Birth

* * * * *

CLIENT Address at time of **CHILD 2 birth**
Street City County State

Inside City Limits Yes No
Occupation at time of Child 2 Birth

* * * * *

CLIENT Address at time of **CHILD 3 birth**
Street City County State

Inside City Limits Yes No
Occupation at time of Child 3 Birth

PROSPECTIVE CLIENT LAST NAME

EXISTING GUARDIAN AD LITEM n/a

Law Firm: _____
Attorney Name _____
Atty Registration No. _____
Address _____
PO Box No. _____
City State Zip _____
Phone _____
Cell _____
Fax _____
Email _____

FINANCIAL INFORMATION

Real Property Parcel 1

- Client Current Spouse
 Opposing Party Current Spouse

Street Address _____

Market Value \$ _____ Estimated Net Equity \$ _____

Legal Description _____

* * * * *

Real Property Parcel 2

- Client Current Spouse
 Opposing Party Current Spouse

Street Address _____

Market Value \$ _____ Estimated Net Equity \$ _____

Legal Description _____

* * * * *

- Real Property Opposing Party Unknown
 Real Property Opposition Current Spouse Unknown

FINANCIAL INFORMATION

Motor Vehicle Client Current Spouse

Year _____ Make _____ Model _____

VIN _____

Market Value \$ _____ Estimated Net Equity \$ _____

Motor Vehicle Client Current Spouse

Year _____ Make _____ Model _____

VIN _____

Market Value \$ _____ Estimated Net Equity \$ _____

Motor Vehicle Client Current Spouse

Year _____ Make _____ Model _____

VIN _____

Market Value \$ _____ Estimated Net Equity \$ _____

* * * * *

Motor Vehicle Opposing Party Current Spouse

- opposing party's motor vehicles unknown

Year _____ Make _____ Model _____

VIN _____

Market Value \$ _____ Estimated Net Equity \$ _____

Motor Vehicle Opposing Party Current Spouse

- opposing party's motor vehicles unknown

Year _____ Make _____ Model _____

VIN _____

Market Value \$ _____ Estimated Net Equity \$ _____

Motor Vehicle Opposing Party Current Spouse

- opposing party's motor vehicles unknown

Year _____ Make _____ Model _____

VIN _____

Market Value \$ _____ Estimated Net Equity \$ _____

PROSPECTIVE CLIENT LAST NAME

CO-MAKER No. 1

Relation to Client Father Mother Sibling
 Grandparent Friend Other

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 _____

CO-MAKER No. 2

Relation to Client Father Mother Sibling
 Grandparent Friend Other

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 _____