

WEBSITE
 www.gustafsonlaw.com

TOLL FREE
 (800) 410-1002

PHONE
 (719) 260-1002

FAX
 (719) 260-1003

EMAIL
 rdg@gustafsonlaw.com

RETAINER DATA - GRAND PARENT ADOPTION AND KINSHIP 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 - ADOPTIVE PARENT 1

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 _____

CLIENT - ADOPTIVE PARENT 2

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
 Adoptive Clients Mother Father

RESIDENTIAL PARENT TO DATE
 Adoptive Clients Mother Father

RESIDENTIAL PARENT TO DATE
 Adoptive Clients Mother Father

OFFICE USE ONLY - NOT FOR PROSPECTIVE CLIENT SUBMISSION

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

CLIENT 1 SIGNATURE Date: _____, 20____ **CLIENT 2 SIGNATURE** Date: _____, 20____

PROSPECTIVE CLIENTS LAST NAME _____

RELATED RELINQUISHING 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 _____

UNRELATED RELINQUISHING 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 _____

**CURRENT SPOUSE OF
RELATED RELINQUISHING BIRTH PARENT**

n/a - not currently married

Full Name _____
Street Address _____
PO Box Address _____
City, State ZIP _____
Date of Birth _____
Social Security _____
Phone - Home _____
Phone - Cell _____
Phone - Message _____
Phone - Work _____
Phone - Fax _____
Email Address _____
Employer Name _____
Title - Job Description _____

**CURRENT SPOUSE OF
UNRELATED RELINQUISHING BIRTH PARENT**

n/a - not currently married

Full Name _____
Street Address _____
PO Box Address _____
City, State ZIP _____
Date of Birth _____
Social Security _____
Phone - Home _____
Phone - Cell _____
Phone - Message _____
Phone - Work _____
Phone - Fax _____
Email Address _____
Employer Name _____
Title - Job Description _____