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CLIENT INFORMATION

Adopting Father

_____ (First) _____ (Middle) _____ (Last)

Adopting Mother

_____ (First) _____ (Middle) _____ (Last)

Address: _____
(Number and Street) (Apt. No.) (City) (State & Zip)

_____ **Home Phone:** _____ **Home Fax:** _____
(County of Residence)

E-mail:	Adopting Father	Adopting Mother
_____	_____	_____

Cell phone:	Adopting Father	Adopting Mother
_____	_____	_____

If you reside outside of California, who is the attorney you are working with in your state?

Name: _____ Address: _____ Phone: _____

BUSINESS

Adopting Father

Adopting Mother

(Company Name)

(Company Name)

(Address)

(Address)

(City, State, Zip)

(City, State, Zip)

(Area Code - Phone)

(Area Code - Phone)

EMERGENCY CONTACT

(someone who will always know where you are/how to reach you)

Name: _____ Relation: _____

Address: _____ Phone.: _____

PERSONAL DATA

Adopting Father

Adopting Mother

Age:	Age:
Birth date:	Birth date:
Birthplace:	Birthplace:
Hair:	Hair:
Eyes:	Eyes:
Weight:	Weight:
Height:	Height:
SSN: (Required at Hospital in Adoption)	SSN:
Drivers Lic. No: (Required at Hospital in Adoption)	Drivers Lic. No:
Complexion:	Complexion:
Religion:	Religion:
Occupation:	Occupation:
National Ancestry:	National Ancestry:
Hobbies:	Hobbies:

City / County of Marriage: _____ Date of Marriage: _____

EDUCATION

Adopting Father
Dates

Name of School

No. of Years

Degrees and

High School			
College			
Other			

Adopting Mother
Dates

Name of School

No. of Years

Degrees and

High School			
College			
Other			

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GENERAL FINANCIAL

Adopting Father	Adopting Mother
Average Annual Gross Income:	Average Annual Gross Income:

OTHER CHILDREN

(Please "star" Name of any adopted children)

Name	Age	Birth date

PRIOR MARRIAGES

(If more than one prior marriage, provide additional info. below or on reverse.)

Adopting Father	Adopting Mother
Name of Prior Spouse:	Name of Prior Spouse:
Marriage Date/Place	Marriage Date/Place
No. of Children:	No. of Children:
How Marr. Terminated:	How Marr. Terminated:
Date/County of Termination:	Date/County of Termination:

CRIMINAL HISTORY

(Please indicate, **even if matter was dismissed or expunged**. Explain all "yes" answers where provided)

Adopting Father	Adopting Mother
Have you ever been arrested?	Have you ever been arrested?
If yes, provide: Date of arrest:	If yes, provide: Date of arrest:
Reason for arrest:	Reason for arrest:
City/County of arrest:	City/County of arrest:
Have you ever been convicted of a crime?	Have you ever been convicted of a crime?
If yes, provide: Date of crime:	If yes, provide: Date of crime:
Conviction for:	Conviction for:
City/County of conviction:	City/County of conviction:
Has there been any child abuse registry reports/complaints made against you? If yes, explain:	Has there been any child abuse registry reports/complaints made against you? If yes, explain:

[Provide on a separate sheet all details and listing of for any and all arrests, conviction, or charges of child abuse]	[Provide on a separate sheet all details and listing of for any and all arrests, conviction , or charges of child abuse]
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ADDITIONAL PERSONAL HISTORY

Adopting Father	Adopting Mother
Been in bankruptcy?	Been in bankruptcy?
Been in a mental hospital?	Been in a mental hospital?
Had psychotherapy?	Had psychotherapy?
Received other than an honorable discharge from military service?	Received other than an honorable discharge from military service?
Been turned down by an adoption agency?	Been turned down by an adoption agency?
Placed a child for adoption?	Placed a child for adoption?

Describe the reason you are seeking legal counsel:

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I/We understand the importance of fully and accurately completing the above information as this information may be material in the matter for which we have consulted the law office. Therefore, we state that the foregoing is true and correct under penalty of perjury under the laws of the state of California. Should any of the foregoing information change I/we will immediately advise the law office of such change.

Dated: _____

Adopting Father

Adopting Mother