



1625 Williams Drive, Bldg. 1  
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**NEW CLIENT INTAKE – ADULT ADOPTION**

PLEASE PROVIDE THE FOLLOWING INFORMATION:

**General Information (Please Print)**

Today's Date: \_\_\_\_\_

Please check one:            Father \_\_\_\_\_            Mother \_\_\_\_\_

Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DL # \_\_\_\_\_

Birthdate (M/D/Y): \_\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnic background: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

Name of Current Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please check one:            Father \_\_\_\_\_            Mother \_\_\_\_\_

Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DL # \_\_\_\_\_

Birthdate (M/D/Y): \_\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnic background: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

Name of Current Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Current Marital Status: (check one)

Married      Not Married      Engaged to be married on \_\_\_/\_\_\_/\_\_\_      Single

If married, please give date and place of marriage:

\_\_\_\_\_

Name of Adult Child Adoptee: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DL # \_\_\_\_\_

Birthdate (M/D/Y): \_\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnic background: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

Name of Current Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

How do you prefer that we contact you? (If different than above.)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Pager: \_\_\_\_\_

How were you referred to Wendi Lester? \_\_\_\_\_

Who will be responsible for your account with us? \_\_\_\_\_

Have you seen another attorney about this matter? \_\_\_ If yes, who? \_\_\_\_\_

**Name and phone number** of person, not currently living with you, to contact in case of an emergency: \_\_\_\_\_