

# RAYMOND W. GODWIN

Attorney at Law, PC

PRACTICE AREA LIMITED TO ADOPTION & CHILDREN'S LAW

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## ADOPTIVE PARENT INTAKE FORM: DSS Foster-Adopt

Date: \_\_\_\_\_

### CLIENT INFORMATION

*\* Please list wife's name as it should appear on legal documents and vital records forms*

Husband's Legal Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Wife's Legal Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Wife's Maiden Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Marriage Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

DOB: Husband's \_\_\_\_\_ Race: \_\_\_\_\_ Wife's \_\_\_\_\_ Race: \_\_\_\_\_

Occupation: Husband's title: \_\_\_\_\_ Wife's title: \_\_\_\_\_

Do you have a current home study? \_\_\_\_\_ Completed by: \_\_\_\_\_

### Contact

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

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

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

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Call first? \_\_\_\_\_

Business: (His) \_\_\_\_\_ Cell: (His) \_\_\_\_\_

Business: (Hers) \_\_\_\_\_ Cell: (Hers) \_\_\_\_\_

**Children** (If more than 4, please list under Additional Notes at the end of this form)

| Name  | Date of Birth | Race  | Relationship |
|-------|---------------|-------|--------------|
| _____ | _____         | _____ | _____        |
| _____ | _____         | _____ | _____        |
| _____ | _____         | _____ | _____        |
| _____ | _____         | _____ | _____        |

### CHILD(REN) TO BE ADOPTED INFORMATION

#### First Child

Birth Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_

Place of Birth: Hospital \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Date of Placement: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name as you want it to appear on the Amended Birth Certificate: \_\_\_\_\_

DSS case number: \_\_\_\_\_ Court: \_\_\_\_\_

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## Second Child

Birth Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_

Place of Birth: *Hospital* \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Date of Placement: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name as you want it to appear on the Amended Birth Certificate: \_\_\_\_\_

DSS case number: \_\_\_\_\_ Court: \_\_\_\_\_

## BIRTH MOTHER INFORMATION

Legal name of birth mother: \_\_\_\_\_ Maiden: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Last known address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount of visitation in the last 3 years: \_\_\_\_\_

Any drug/alcohol usage? \_\_\_\_\_

Amount of child support paid in the last 3 years: \_\_\_\_\_

Are the birth parents married to each other? \_\_\_\_\_

Is there a termination of parental rights order? \_\_\_\_\_ Case number: \_\_\_\_\_

Did the birth mother sign surrender documents? \_\_\_\_\_ If so, when? \_\_\_\_\_

## BIRTH FATHER INFORMATION

Legal name of birth father: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Last known address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount of visitation in the last 3 years: \_\_\_\_\_

Any drug/alcohol usage? \_\_\_\_\_

Amount of child support paid in the last 3 years: \_\_\_\_\_

Are the birth parents married to each other? \_\_\_\_\_

Is there a termination of parental rights order? \_\_\_\_\_ Case number: \_\_\_\_\_

Did the birth father sign surrender documents? \_\_\_\_\_ If so, when? \_\_\_\_\_

## CASE INFORMATION

The DSS GAL assigned to the case: \_\_\_\_\_ Contact info: \_\_\_\_\_

The DSS case worker: \_\_\_\_\_ Contact info: \_\_\_\_\_

The DSS attorney: \_\_\_\_\_ Contact info: \_\_\_\_\_

DSS adoption specialist caseworker from Regions I Adoptions: \_\_\_\_\_ Contact info: \_\_\_\_\_

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## Additional Notes

How did you hear about our office and why have you chosen to retain us?

We hereby give our permission for Raymond W. Godwin, Esq. to use any photos that we send him or his office for use on his website, pamphlets, booklets, or published material.

**Digital Signature** \_\_\_\_\_



**to attach the completed Intake Form  
to an email and send to our office via email at  
assistant@scadopt.net**