

RAYMOND W. GODWIN

Attorney at Law, PC

PRACTICE AREA LIMITED TO ADOPTION & CHILDREN'S LAW

PO Box 354, Greenville, SC 29602
Phone: 864.241.2883 | Fax: 864.255.4342
www.scadopt.net

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

Full Birth Name: _____ DOB: _____ Gender: _____ 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

Full Birth Name: _____ DOB: _____ Gender: _____ 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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Please list any additional languages that you speak:

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 _____

[CLICK HERE](#)

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