



Date:

DSS Foster-Adopt Intake Form

Husband's Legal Name *(Please list full name — first, middle & last — as it appears on legal documents & vital record forms)*

Wife's Legal Name *(Please list full name — first, middle & last — as it appears on legal documents & vital record forms)*

Wife's Maiden Name *(Please list full maiden name — first, middle & last — as it appears on legal documents & vital record forms)*

Marriage Date City State

Home Address

City State Zip County

Home Phone Fax Who should we call first?
Husband Wife

Cell *(his)* Cell *(hers)* Business *(his)* Business *(hers)*

Email *(his)* Email *(hers)*

Children

Name	Date of Birth	Race	Relationship
------	---------------	------	--------------

(If more than 5, please list under additional notes section at the end of this form)

Family Information

Adoptive Father

Adoptive Mother

Date of Birth

Place of Birth

Race

Occupation

Additional Client Information

Do you have a current Home Study (*completed within the last 9 months*)? Completed by:

Please list any additional languages that you speak:

Information of Child(ren) to be Adopted

CHILD 1: Full Birth Name

Date of Birth Gender Race

Place of Birth: Hospital Address

Hospital City State Zip County

Date of Placement City State

Name as you wish it to appear on amended birth certificate: DSS Case Number Court

.....

CHILD 2: Full Birth Name

Date of Birth Gender Race

Place of Birth: Hospital Address

Hospital City State Zip County

Date of Placement City State

Name as you wish it to appear on amended birth certificate: DSS Case Number Court

Birth Mother Information

Birth Mother's Legal Name *(Please list full name — first, middle & last — as it appears on legal documents & vital record forms)*

Birth Mother's Maiden Name *(Please list full maiden name — first, middle & last — as it appears on legal documents & vital record forms)*

Phone Number Date of Birth Social Security Number Race

Last Known Address

City State Zip

Amount of visitation in the last 3 years:

Any drug or alcohol usage?

Are birth parents married to each other? Amount of child support paid in the last 3 years
Yes No

Is there termination of parental rights order? Case number
Yes No

Did birth mother sign surrender documents? If so, when?
Yes No

Birth Father Information

Birth Father's Legal Name *(Please list full name — first, middle & last — as it appears on legal documents & vital record forms)*

Phone Number Date of Birth Social Security Number Race

Last Known Address

City State Zip

Amount of visitation in the last 3 years:

Any drug or alcohol usage?

Are birth parents married to each other? Amount of child support paid in the last 3 years

Yes No

Is there termination of parental rights order? Case number

Yes No

Did birth father sign surrender documents? If so, when?

Yes No

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

How did you hear about our office?

Any additional notes?

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.

We agree

We disagree

Please save your completed intake form and email it as an attachment to our office at assistant@scadopt.net.