



**KESSLER, SCHWARZ
& SOLOMIANY, PC**
FAMILY LAW ATTORNEYS

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Confidential Information Sheet for Adoption

1. YOUR PERSONAL INFORMATION:

Date: _____
Full Name(s): _____
Soc. Sec. No(s): _____
Place and Date of Birth: _____
Place and Date of Marriage to current spouse: _____

Confidential Address - all correspondence from this office will be sent to this address - be sure it is secure:

(Do not list an address where mail could be retrieved by the other party or anyone else; rather, give us a safe address, or call us later when you obtain a secure address such as a PO Box).

Street

City State Zip

County of Home Address: _____

Lived at Address Since: _____

Full Work Address: _____

Street

City State Zip

Telephone Numbers:

(*Do not list a number or email address where calls, faxes, emails or pages could be received by the other party or anyone you do not want receiving them; rather, give a safe number or email address, or call us later when you obtain such safe contact information. We **STRONGLY** suggest that you create a new email account with a new password for any communications with us).

(only list "safe" numbers)

Home: (____) _____ Cell Phone: (____) _____
Alternate Cell Phone: (____) _____
Work: (____) _____ Alt. Work: (____) _____
Facsimile: (____) _____
Email(s): _____

Please indicate any directions or restrictions in calling you or sending you email:

Who referred you to our office: _____

If this individual is an attorney or other professional, to what firm/practice does he/she belong:

Can we send a thank you letter to the person who referred you to our office: _____

2. INFORMATION ABOUT BIOLOGICAL PARENTS OF CHILD:

Full Name of Mother: _____

Place and Date of Birth: _____ Soc. Sec. No.: _____

Home Address: _____

Street

City

State

Zip

County of Home Address: _____

Has Mother surrendered her rights?: _____

Full Name of Father: _____

Is he the Legal Father or Biological Father?: _____

Place and Date of Birth: _____ Soc. Sec. No.: _____

Home Address: _____

Street

City

State

Zip

County of Home Address: _____

Has Father surrendered his rights?: _____

When is the last time Father has had contact with the child(ren)?: _____

When is the last time Father has provided financial support to the child(ren)? _____

3. INFORMATION ABOUT CHILD/CHILDREN TO BE ADOPTED:

Name: _____ Birthdate: ____/____/____ Place of Birth: _____

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Name: _____ Birthdate: ____/____/____ Place of Birth: _____

Name: _____ Birthdate: ____/____/____ Place of Birth: _____

With whom do/does the children/child currently reside? _____

Are there any other comments that you would like to make that were not covered in this questionnaire?:

Note: The fee for an initial consultation (one hour) is \$250.00*; thereafter, hourly rates apply
*\$350.00 for consultation with founding partner, Randall M. Kessler.