

Duane L. Coker & Associates, P. C.

Attorneys at Law

Adoptive Father's Information (Continued)

Please specify preferred contact information.

Present Address: _____
Street City State Zip

Home Telephone: _____ Cellular Phone: _____

Email: _____ Pager: _____ Fax: _____

Employer: _____ Employer Telephone: _____

Employer Address: _____
Street City State Zip

Title: _____ Salary: _____ Employment Length: _____

Biological Mother's Information

Have her rights been terminated: _____ When: _____ Please attach Court Documents or Signed Affidavit of Termination.

Complete this section only if her rights have NOT been terminated.

Legal Name: _____
First Last Middle

List any other names used: _____

Date of Birth: _____ Birth Place: _____
City County State

Social Security Number: _____ Driver's License Number: _____

Please specify preferred contact information to contact the Biological Mother.

Present Address: _____
Street City State Zip

Home Telephone: _____ Cellular Phone: _____

Email: _____ Pager: _____ Fax: _____

Employer: _____ Employer Telephone: _____

Employer Address: _____
Street City State Zip

Title: _____ Salary: _____ Employment Length: _____

Briefly, why do you think this parent's rights should be terminated? _____

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Biological Father's Information

Have his rights been terminated: _____ When: _____ Please attach Court Documents or Signed Affidavit of Termination.

Complete this section only if his rights have not been terminated.

Legal name: _____
First Last Middle

List any other names used: _____

Date of Birth: _____ Place of Birth: _____
City County State

Social Security Number: _____ Driver's License Number: _____

Please specify preferred contact information to contact the Biological Father.

Present Address: _____
Street City State Zip

Home Telephone: _____ Cellular Phone: _____

Email: _____ Pager: _____ Fax: _____

Employer: _____ Employer Telephone: _____

Employer Address: _____
Street City State Zip

Title: _____ Salary: _____ Employment Length: _____

Briefly, why do you think this parent's rights should be terminated? _____

Child Information

Legal Name: _____
First Last Middle

Sex (M/F): _____ Date of Birth: _____ Age: _____

Social Security Number: _____ Place of Birth: _____
City County State

Current Residence: _____
Street City State Zip

Child lives with: _____

Is there a dispute over custody? _____

Interstate Compact Info (Address for last 5 years?) _____

Additional Information

Please provide any additional information you feel is important in the space below.

Goals:

Urgent Issues: