



Civic Center Building, Third Floor
1700 Hudson Street
PO Box 1549
Longview, WA 98632

Phone: (360) 423-5220
Fax: (360) 423-1478
Website: www.walstead.com

ADOPTION WORKSHEET

Date _____

PETITIONER - HUSBAND

Full Legal Name _____ Soc. Sec. No. _____

All other names you have used in your lifetime _____

Address _____

Home phone (____) _____ Cell (____) _____ Work (____) _____

Driver's license no. _____ Race _____

Birth date _____ City/County/State of birth _____ Age _____

Citizenship: U.S.A. Other _____ Armed Forces No. (if applicable) _____

PETITIONER - WIFE

Full Legal Name _____ Soc. Sec. No. _____

Maiden name _____

All other names you have used in your lifetime _____

Address _____

Home phone (____) _____ Cell (____) _____ Work (____) _____

Driver's license no. _____ Race _____

Birth date _____ City/County/State of birth _____ Age _____

Citizenship: U.S.A. Other _____ Armed Forces No. (if applicable) _____

ADOPTIVE CHILD

Full Legal Name _____ Sex: Male Female

Date of birth or expected delivery date _____

Birth city _____ Birth county _____ Birth state _____

Citizenship (choose one) U.S.A. Other _____ Unknown

Conception date (if known) _____ Place of conception (if known) _____

Race _____ Religion _____ Does Indian Child Welfare Act apply? Yes No

Name of individual/agency who has custody of child _____

Change child's name to _____

Where has the child resides for the last two years? City: _____ State _____

Is the child 14 years old or older? Yes No **If yes**, does child consent to the adoption? Yes No

BIOLOGICAL MOTHER

Full Legal Name _____ Soc. Sec. No. _____

Maiden name: _____

Address _____

Home phone (____) _____ Cell (____) _____ Work (____) _____

Is biological mother a minor? Yes No Unknown Race _____

Birth date _____ Age _____ Birth place _____

Citizenship (choose one) U.S.A. Other _____ Unknown

Is biological mother on active duty in the U.S. Military? Yes No Unknown

Answer **one** of the following: 1. Biological mother will consent to adoption Yes No
2. Biological mother's parental rights have been terminated Yes No
3. Biological mother's parental rights need to terminated Yes No

BIOLOGICAL FATHER

Full Legal Name _____ Soc. Sec. No. _____

Address _____

Home phone (____) _____ Cell (____) _____ Work (____) _____

Is biological father a minor? Yes No Unknown Race _____

Birth date _____ Age _____ Birth place _____

Citizenship (choose one) U.S.A. Other _____ Unknown

Is biological father on active duty in the U.S. Military? Yes No Unknown

Answer **one** of the following: 1. Biological mother will consent to adoption Yes No
2. Biological mother's parental rights have been terminated Yes No
3. Biological mother's parental rights need to terminated Yes No

* * * * *

Person/agency filing pre-placement and post-placement reports _____

Address _____ Phone no. _____

If Child Protective Services or Child Welfare Services has been involved with the child within the last 2 years, List the name and phone number of the case worker(s):

Name _____ Phone _____

Name _____ Phone _____

GUARDIAN AD LITEM (if needed)

Name _____ Email _____

Address _____ Phone no. _____

DISCLAIMER

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