

# UNRELATED ADOPTION INFORMATION SHEET

LOCATION OF APPOINTMENT: ☐ Peoria ☐ Morton ☐ Telephone ☐ Other DATE: \_\_\_\_\_

## How did you hear about us?

☐ Radio ☐ Printed Ad ☐ Facebook ☐ Referral from a former client: \_\_\_\_\_  
☐ Referral from an attorney: \_\_\_\_\_ ☐ Referral from a friend \_\_\_\_\_  
☐ Google Search ☐ I am a previous client ☐ Other (please explain) \_\_\_\_\_

## CLIENT

Name - First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ (Maiden) \_\_\_\_\_  
Address - Street \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Years of Schooling \_\_\_\_\_ Degrees, Certificates, etc. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Length of Residence in Illinois \_\_\_\_\_  
Employer Name and Address \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ email address \_\_\_\_\_

## Client Phone Numbers:

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Client Email: \_\_\_\_\_

**(For Office Use Only): Full Conflict Check Completed By:**

## SPOUSE

Name - First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ (Maiden) \_\_\_\_\_  
Address - Street \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Years of Schooling \_\_\_\_\_ Degrees, Certificates, etc. \_\_\_\_\_ Length of Residence in Illinois \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

**NATURAL MOTHER: If deceased, date of death** \_\_\_\_\_

\_\_\_\_\_  
Name - first Middle Last (Maiden)

\_\_\_\_\_  
Address – Street County City State Zip

\_\_\_\_\_  
Date of Birth State of Birth Age Race Social Security No. Driver's Lic. No.

\_\_\_\_\_  
Occupation Employer Name Employer Address

\_\_\_\_\_  
Residential Address of Mother at Child's Birth (if different than above)

How many older children are now living? \_\_\_\_\_ Have died? \_\_\_\_\_ Were stillborn? \_\_\_\_\_

Is this child from a previous relationship or marriage? \_\_\_\_\_

What county is the parentage or divorce case in? \_\_\_\_\_ Case No. \_\_\_\_\_

Did you receive sole custody? \_\_\_\_\_

Will the non-custodial parent consent to this adoption? \_\_\_\_\_

**NATURAL FATHER: If deceased, date of death** \_\_\_\_\_

\_\_\_\_\_  
Name - first Middle Last (Maiden)

\_\_\_\_\_  
Address – Street County City State Zip

\_\_\_\_\_  
Date of Birth State of Birth Age Race Social Security No. Driver's Lic. No.

\_\_\_\_\_  
Occupation Employer Name Employer Address

**ADOPTIVE CHILD INFORMATION:**

Name - first	Middle	Last	Sex
Address – Street	County	City	State Zip
Date of Birth	City & State of Birth	Hospital	Names of Siblings
Name of who has Custody	State & County Case Resides	Case Number	

**MATERNAL GRANDPARENTS OF ADOPTIVE CHILD**

Name - first	Middle	Last	
Address – Street	County	City	State Zip
Name - first	Middle	Last	
Address – Street	County	City	State Zip

**PATERNAL GRANDPARENTS OF ADOPTIVE CHILD**

Name - first	Middle	Last	
Address – Street	County	City	State Zip
Name - first	Middle	Last	
Address – Street	County	City	State Zip

**FACTS OF UNFITNESS REGARDING BIOLOGICAL FATHER:**  
**If any of these apply, please give detailed information.**

1. Failure to pay child support as per court order:

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2. Abandonment:

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3. Failure to see or visit the child for a lengthy period of time:

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4. Substantial neglect:

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5. Habitual drunkenness or addiction to drugs:

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6. Failure to demonstrate a reasonable degree of care or interest in the child:

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7. As to newborns/infants: Failure to demonstrate a reasonable degree of interest as to the child's welfare during the first 30 days after birth:

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**FACTS OF UNFITNESS REGARDING BIOLOGICAL MOTHER:**  
**If any of these apply, please give detailed information.**

1. Failure to pay child support as per court order:

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2. Abandonment:

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3. Failure to see or visit the child for a lengthy period of time:

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4. Substantial neglect:

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5. Habitual drunkenness or addiction to drugs:

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6. Failure to demonstrate a reasonable degree of care or interest in the child:

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7. As to newborns/infants: Failure to demonstrate a reasonable degree of interest as to the child's welfare during the first 30 days after birth:

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