

# SURROGACY - QUESTIONNAIRE

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 \_\_\_\_\_

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 \_\_\_\_\_

Client Phone Numbers: \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

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

## SPOUSE/CIVIL UNION PARTNER

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 \_\_\_\_\_

**NAME OF SURROGATE**

Name - First	Middle	Last	(Maiden)
Address - Street	County	City	State Zip
Cell Phone	email Address		

**NAME OF SPOUSE OF SURROGATE**

Name - First	Middle	Last	(Maiden)
Address - Street	County	City	State Zip
Cell Phone	email Address		

**TREATING PHYSICIAN**

Name – First	Last	Company Name
Address - Street	County	City State Zip
Phone	email Address	Fax Number

Notes: \_\_\_\_\_  
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