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STEP PARENT ADOPTION INTAKE FORM

DATE: _____ CAUSE NO.: _____

Child(ren)'s Names and DOB:

INTAKE INFORMATION

FATHER (Circle Biological or Step)

Name: _____ DOB: _____
Street: _____ City _____ State: ____ Zip: _____
Phone:(H) _____ (W) _____ (Cell.) _____ (Fax): _____
_____ (E-mail) _____

MOTHER (Circle Biological or Step)

Name: _____ DOB: _____
Street: _____ City _____ State: ____ Zip: _____
Phone:(H) _____ (W) _____ (Cell.) _____ (Fax): _____
_____ (E-mail) _____

ATTORNEY

Name: _____ Legal Assistant: _____
Street: _____ City _____ State: ____ Zip: _____
Phone:(W) _____ (Fax): _____ (E-mail) _____

CHILD'S ATTORNEY (IF APPLICABLE)

Name: _____ Legal Assistant: _____
Street: _____ City _____ State: ____ Zip: _____
Phone:(W) _____ (Fax): _____ (E-mail) _____