



## PETROFF LAW OFFICES, LLC

*Ronald R. Petroff – Managing Partner*  
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### **CLIENT INTERVIEW FORM – ADOPTION**

At Petroff Law Offices, we pride ourselves on giving each client a comprehensive and personalized consultation experience. This often necessitates a thorough review of the details of your case, and our attorneys wish to provide you with the best legal advice given the circumstances of your matter. Please complete as much of the below questionnaire as time allows in advance of your consultation. In the event that the questionnaire cannot be completed prior to the consultation, it can be submitted when you are ready to proceed with your case.

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**I. Information for Biological Parents**

**General Information:**

**Biological Mom**

Full Legal Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_  
Telephone (home) \_\_\_\_\_  
Telephone (work) \_\_\_\_\_  
Telephone (cell) \_\_\_\_\_  
Email address \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of Birth / Age \_\_\_\_\_  
Driver's License No. \_\_\_\_\_  
Married? \_\_\_\_\_

**Biological Dad**

Full Legal Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_  
Telephone (home) \_\_\_\_\_  
Telephone (work) \_\_\_\_\_  
Telephone (cell) \_\_\_\_\_  
Email address \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of Birth / Age \_\_\_\_\_  
Driver's License No. \_\_\_\_\_  
Married? \_\_\_\_\_

**Employment Information:**

Current Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Position/Title \_\_\_\_\_

Current Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Position/Title \_\_\_\_\_

**II. Information Concerning the Petitioner (the person who is seeking to adopt the minor child)**

Full Legal Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_  
Telephone (home) \_\_\_\_\_  
Telephone (work) \_\_\_\_\_  
Telephone (cell) \_\_\_\_\_

Email address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth / Age \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Married? \_\_\_\_\_

**III. Children to Be Adopted**

**A. Insert the information requested below for all minor or dependent children to be adopted. List the residences for all places where the children have lived for the last FIVE years.**

**1. Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:**  Male  Female

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived (name &amp; address)</u>	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

**2. Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:**  Male  Female

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived (name &amp; address)</u>	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

**3. Child(ren)'s Social Security Number:** \_\_\_\_\_

**B. Background Questions Relating to the Minor Child(ren):**

1. Have you ever participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case? \_\_\_\_\_
2. Do you have any information about any other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this case? \_\_\_\_\_
3. List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense; any sexually oriented offense; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense \_\_\_\_\_
4. Do you know of any persons *not* a party to this case who has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case? \_\_\_\_\_

**IV. General Questions**

1. Are both biological parents in agreement that Petitioner adopt the minor child(ren)? \_\_\_\_\_
2. Will the both biological parents sign a Consent form allowing the adoption to take place? \_\_\_\_\_
3. Has either biological parent failed without justifiable cause to provide more than de minimis contact with the minor for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner? \_\_\_\_\_
4. Has either biological parent failed without justifiable cause to provide for the maintenance and support of the minor as required by law or judicial decree for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner? \_\_\_\_\_

**Please review the below list of suggested items our firm will require should you choose to move forward with your matter.**

\_\_\_\_Child(ren)'s birth certificate