

**GENERAL INFORMATION FORM-Adoption & Custody Cases**

TO BE COMPLETED BY THE BIOLOGICAL PARENT OF \_\_\_\_\_

**GENERAL INFORMATION: BIOLOGICAL FATHER**

<b>FULL LEGAL NAMES:</b>		
<b>SOCIAL SECURITY #</b>		
<b>DRIVER'S LICENSE #:</b>		
<b>ADDRESS:</b>		
<b>Home #</b>	<b>Work #</b>	
<b>Mobile #</b>	<b>Pager #</b>	
<b>Race</b>	<b>Date of Birth</b>	<b>Age</b>
<b>PLACE OF BIRTH:</b>		<b>Religious Affiliation</b>
<b>Active/Inactive</b>	<b>Church</b>	

**GENERAL INFORMATION CONCERNING BIOLOGICAL MOTHER**

<b>FULL LEGAL NAMES:</b>		
<b>SOCIAL SECURITY #</b>		
<b>DRIVER'S LICENSE #:</b>		
<b>ADDRESS:</b>		
<b>Home #</b>	<b>Work #</b>	
<b>Mobile #</b>	<b>Pager #</b>	
<b>Race</b>	<b>Date of Birth</b>	<b>Age</b>
<b>PLACE OF BIRTH:</b>		<b>Religious Affiliation</b>
<b>Active/Inactive</b>	<b>Church</b>	

**CURRENT MARRIAGE:**

<b>Spouse's Name</b>
<b>Date of Marriage</b>
<b>Years Married</b>
<b>Formal/Informal</b>
<b>Children of the Marriage: [#] Name/Date of Birth/Age/Current Residence</b>
1.
2.
3.
4.
5

**MOTHER'S PREVIOUS MARRIAGES:**

<b>Spouse's Name</b>
<b>Date of Marriage</b>
<b>Years Married</b>
<b>Formal/Informal (Common Law)</b>
<b>Divorce Information (City/County/State/Cause No./Possession Order/Child Support Obligation)</b>
<b>Children of the Marriage: [#] Name/Date of Birth/Age/Residence</b>
1.
2.
3.

**FATHER'S PREVIOUS MARRIAGES:**

<b>Spouse's Name</b>
<b>Date of Marriage</b>
<b>Years Married</b>
<b>Formal/Informal (Common Law)</b>
<b>Divorce Information (City/County/State/Cause No./Possession Order/Child Support Obligation)</b>
<b>Children of the Marriage: [#] Name/Date of Birth/Age/Residence</b>
1.
2.
3.
4.

**REPEAT ABOVE INFORMATION ON ADDITIONAL SHEET IF MORE THAN TWO (2) PREVIOUS MARRIAGES**

**GENERAL INFORMATION: STEP-FATHER, IF DIFFERENT FROM BIOLOGICAL FATHER:**

<b>FULL LEGAL NAMES:</b>			
<b>SOCIAL SECURITY #</b>			
<b>DRIVER'S LICENSE #:</b>			
<b>ADDRESS:</b>			
<b>Home #</b>		<b>Work #</b>	
<b>Mobile #</b>		<b>Pager #</b>	
<b>Race</b>	<b>Date of Birth</b>		<b>Age</b>
<b>PLACE OF BIRTH:</b>		<b>Religious Affiliation</b>	
<b>Active/Inactive</b>		<b>Church</b>	

**GENERAL INFORMATION: STEP-MOTHER, IF DIFFERENT FROM BIOLOGICAL MOTHER.**

<b>FULL LEGAL NAMES:</b>			
<b>SOCIAL SECURITY #</b>			
<b>DRIVER'S LICENSE #:</b>			
<b>ADDRESS:</b>			
<b>Home #</b>		<b>Work #</b>	
<b>Mobile #</b>		<b>Pager #</b>	
<b>Race</b>	<b>Date of Birth</b>		<b>Age</b>
<b>PLACE OF BIRTH:</b>		<b>Religious Affiliation</b>	
<b>Active/Inactive</b>		<b>Church</b>	

**PREVIOUS MARRIAGE INFORMATION FOR STEP-MOTHER:**

<b>Spouse's Name</b>
<b>Date of Marriage</b>
<b>Years Married</b>
<b>Formal/Informal</b>
<b>Children of the Marriage: [#] Name/Date of Birth/Age/Current Residence</b>
1.
2.
3.
4.
5

**PREVIOUS MARRIAGE INFORMATION FOR STEP-FATHER:**

<b>Spouse's Name</b>
<b>Date of Marriage</b>
<b>Years Married</b>
<b>Formal/Informal (Common Law)</b>
<b>Divorce Information (City/County/State/Cause No./Possession Order/Child Support Obligation)</b>
<b>Children of the Marriage: [#] Name/Date of Birth/Age/Residence</b>
1.
2.
3.

**FATHER'S EMPLOYMENT HISTORY:**

<b>Employer</b>	<b>Date of Employment</b>
<b>Position Held</b>	<b>Length of Time at this position</b>
<b>Reason for Leaving</b>	

<b>Employer</b>	<b>Date of Employment</b>
<b>Position Held</b>	<b>Length of Time at this position</b>
<b>Reason for Leaving</b>	

<b>Employer</b>	<b>Date of Employment</b>
<b>Position Held</b>	<b>Length of time at this position</b>
<b>Reason for Leaving</b>	

<b>Employer</b>	<b>Date of Employment</b>
<b>Position Held</b>	<b>Length of time at this position</b>
<b>Reason for leaving</b>	

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<b>Position Held</b>	<b>Length of time at this position</b>
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<b>Employer</b>	<b>Date of Employment</b>
<b>Position Held</b>	<b>Length of time at this position</b>
<b>Reason for leaving</b>	

<b>Employer</b>	<b>Date of Employment</b>
<b>Position Held</b>	<b>Length of time at this position</b>
<b>Reason for leaving</b>	

<b>Employer</b>	<b>Date of Employment</b>
<b>Position Held</b>	<b>Length of time at this position</b>
<b>Reason for leaving</b>	

**MILITARY HISTORY**

<b>ACTIVE/INACTIVE</b>	<b>Branch</b>
<b>Dates of Service</b>	<b>Rank</b>
<b>Type of Discharge:</b>	

**FAMILY HISTORY: (USE ADDITIONAL PAGE, IF NECESSARY)**

<b>Father:</b>	<b>Mother</b>
<b>Location</b>	<b>Location</b>
<b>Siblings Names:</b>	<b>Contact Information/Age:</b>
1.	
2.	
3.	

**EDUCATIONAL BACKGROUND:**

<b>High School:</b>	<b>Graduation Year:</b>
<b>College:</b>	<b>Years Completed:</b>
<b>Trade School:</b>	<b>Degree/Certificate:</b>

**MOTHER'S EMPLOYMENT HISTORY:**

<b>Employer</b>	<b>Date of Employment</b>
<b>Position Held</b>	<b>Length of Time at this position</b>
<b>Reason for Leaving</b>	

<b>Employer</b>	<b>Date of Employment</b>
<b>Position Held</b>	<b>Length of Time at this position</b>
<b>Reason for Leaving</b>	

<b>Employer</b>	<b>Date of Employment</b>
<b>Position Held</b>	<b>Length of time at this position</b>
<b>Reason for Leaving</b>	

<b>Employer</b>	<b>Date of Employment</b>
<b>Position Held</b>	<b>Length of time at this position</b>
<b>Reason for leaving</b>	

<b>Employer</b>	<b>Date of Employment</b>
<b>Position Held</b>	<b>Length of time at this position</b>
<b>Reason for leaving</b>	

<b>Employer</b>	<b>Date of Employment</b>
<b>Position Held</b>	<b>Length of time at this position</b>
<b>Reason for leaving</b>	

<b>Employer</b>	<b>Date of Employment</b>
<b>Position Held</b>	<b>Length of time at this position</b>
<b>Reason for leaving</b>	

<b>Employer</b>	<b>Date of Employment</b>
<b>Position Held</b>	<b>Length of time at this position</b>
<b>Reason for leaving</b>	

**MILITARY HISTORY**

<b>ACTIVE/INACTIVE</b>	<b>Branch</b>
<b>Dates of Service</b>	<b>Rank</b>
<b>Type of Discharge:</b>	

**FAMILY HISTORY: (USE ADDITIONAL PAGE, IF NECESSARY)**

<b>Father:</b>	<b>Mother</b>
<b>Location</b>	<b>Location</b>
<b>Siblings Names:</b>	<b>Contact Information/Age:</b>
1.	
2.	
3.	

**EDUCATIONAL BACKGROUND:**

<b>High School:</b>	<b>Graduation Year:</b>
<b>College:</b>	<b>Years Completed:</b>
<b>Trade School:</b>	<b>Degree/Certificate:</b>



**Briefly state what you believe to be the main issues of this case:**

**If you were in complete control of the outcome of this case, what would be the end result?**

**What do you believe to be in the best interest of your child?**

**“SKELETON’s IN THE CLOSET” and/or Sensitive Topics**

**IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. PLEASE BE AWARE, HOWEVER, THAT YOUR RESPONSES ARE NOT PROTECTED BY ATTORNEY-CLIENT PRIVILEGE.**

**IF YOU ARE RELUCTANT TO ANSWER ANY OF THESE QUESTIONS YOU SHOULD CONTACT YOUR ATTORNEY OF RECORD IMMEDIATELY AND DISCUSS YOUR RESPONSE(S). ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE.**

**IN THE EVEN YOU CHOSE NOT TO RESPOND TO ANY OF THESE QUESTIONS, LEAVE THEM BLANK AND/OR TO WHICH YOU RESPOND “YES”, WILL VERY LIKELY RESULT IN THE NECESSITY FOR**

**MORE FORMAL INQUIRY PURSUANT TO THE TEXAS RULES OF CIVIL PROCEDURE.**

**If your answer to any of the questions below is “YES”, please describe the situation in detail on an additional page.**

**Will anyone allege that you or your spouse has done any of the following:**

#	Inquiry Question	Mother’s Response	Father’s Response
1.	Committed a crime?		
2.	Been arrested?		
3.	Been in jail or prison?		
4.	Used illegal drugs?		
5.	Been hospitalized for using illegal drugs?		
6.	Abuse/abused prescription drugs?		
7.	Been hospitalized for abusing prescription drugs?		
8.	Abuse/abused alcohol?		
9.	Been hospitalized for abusing alcohol?		
10.	Been arrested for or convicted of driving while under the influence of alcohol (DWI or DUI)?		

11.	<b>Engaged in gambling activities (legal or illegal)?</b>		
12.	<b>Attempted suicide?</b>		
13.	<b>Been hospitalized for an emotional or psychiatric disorder?</b>		
14.	<b>Suffered from or received treatment for an emotional or psychiatric condition?</b>		
15.	<b>Abused your spouse, ex-spouse, a sibling?</b>		
16.	<b>Been accused of child abuse or neglect?</b>		
17.	<b>Have the police ever been called to your home for any reason?</b>		
18.	<b>Is there any other information the Ad Litem should be aware of?</b>		

**REFERENCES: (RELATIVES, FRIENDS AND/OR NEIGHBORS):**

<b>NAME:</b>
<b>ADDRESS:</b>
<b>TELEPHONE:</b>

<b>NAME:</b>
<b>ADDRESS:</b>
<b>TELEPHONE:</b>

<b>NAME:</b>
<b>ADDRESS:</b>
<b>TELEPHONE:</b>

<b>NAME:</b>
<b>ADDRESS:</b>
<b>TELEPHONE:</b>

<b>NAME:</b>
<b>ADDRESS:</b>
<b>TELEPHONE:</b>

<b>NAME:</b>
<b>ADDRESS:</b>
<b>TELEPHONE:</b>

<b>FINANCIAL INFORMATION STATEMENT</b>	
This statement is submitted by:	
1.	Date of marriage:
2.	Date of separation:
3.	Husband's occupation:
4.	Husband's gross earnings from primary employment (per month)
5.	Withholding/FICA
6.	Insurance
7.	Retirement
8.	Social Security
9.	Medicare
10.	Other: (i.e. Union Dues or other mandatory deductions)
11.	<b>Husband's NET income from primary employment (per month)</b>
12.	Husband's average income from other sources (per month)
13.	Husband's NET income from ALL sources (per month)
14.	<b>PLEASE ATTACH APPLICABLE DOCUMENTATION, I.E. 1040, W-2, 1099 AND/OR RECENT PAY STUB(S).</b>
15.	Wife's occupation:
16.	Wife's gross earnings from primary employment (per month)
17.	Withholding/FICA
18.	Insurance
19.	Retirement
20.	Social Security
21.	Medicare
22.	Other: (i.e. Union Dues or other mandatory deductions)
23.	<b>Wife's NET income from primary employment (per month)</b>
24.	Wife's average income from other sources (per month)
25.	Wife's NET income from ALL sources (per month)
26.	<b>PLEASE ATTACH APPLICABLE DOCUMENTATION, I.E. 1040, W-2, 1099 AND/OR RECENT PAY STUB(S).</b>

**FINANCIAL INFORMATION STATEMENT**

<b>27. Necessary Monthly Expenses:</b>	
28. House Payment (or rent)	
29. Utilities, including Telephone	
30. Food, including school lunches	
31. Child care	
32. Car payment(s)	
33. Car insurance	
34. Gasoline, oil, parking, bus fares, tolls, repairs	
<b>35. INSURANCE:</b>	
36. Life (Non-Payroll)	
37. Health or hospitalization	
<b>38. UNINSURED MEDICAL</b>	
39. Uninsured Mental Health Care expenses (counseling, etc.)	
40. Uninsured Medical and/or Drug expenses (including co-payments)	
41. Uninsured Dental and/or Orthodontic expenses	
<b>42. EDUCATION:</b>	
43. School supplies, fees, and other costs	
<b>44. PERSONAL:</b>	
45. Grooming (barber, hairdresser)	
46. Clothing	
47. Cleaning and laundry	
48. Uniforms for work	
<b>49. ENTERTAINMENT:</b>	
<b>50. DUES:</b>	
51. Union, Professional organizations, etc.	
52. Other (Specify):	

**FINANCIAL INFORMATION STATEMENT**

53. **CREDIT CARD / LOAN OBLIGATIONS (Please include name of creditor, balance owed & minimum monthly payment on each account. Use additional page, if necessary.)**

54.		
55.		
56.		
57.		
58.		
59.		
60.		
61.		
62.		
63.		
64.		
65.		
66.		
67.		
68.	<b>OTHER PAYMENTS: (Specify)</b>	
69.	Taxes (property)	
70.	Other:	

**TOTAL EXPENSES:**