

**DOMESTIC CLIENT QUESTIONNAIRE-POTENTIAL TERMINATION OF  
PARENTAL RIGHTS CASE**  
**FOR IDENTIFICATION PURPOSES WE REQUIRE A COPY OF YOUR DRIVERS LICENSE OR  
PHOTO ID FOR YOUR FILE**

**(PLEASE COMPLETE ONLY SECTION I OF THIS FORM PRIOR TO YOUR APPOINTMENT WITH OUR OFFICE)**

**SECTION I**

Today's Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Opposing Counsel, if any: \_\_\_\_\_

Your full name \_\_\_\_\_  
(First, middle, last name)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
(Town, state, zip code)

Phone Number: \_\_\_\_\_  
Home Work Cell Voicemail?  
Text? \_\_\_\_\_  
Fax Email address \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PREFERRED METHOD OF COMMUNICATION (circle one): US MAIL EMAIL  
Your Place of Employment / Address: \_\_\_\_\_

Your relationship to the children: \_\_\_\_\_

**Is this matter an EMERGENCY MATTER due to neglect, abuse or violence?  YES  NO**

Full Name of Children's Biological Mother: \_\_\_\_\_

Full Name of Children's Biological Father: \_\_\_\_\_

Mailing address of biological mother: \_\_\_\_\_

Mailing address of biological father: \_\_\_\_\_

Children's Full Names: Date/s of Birth: Where & with whom is each child residing at this time?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Biological mother and father married?  YES  NO

If married, please provide the information below:

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Divorce complete?  YES  NO  
County / State

Date divorce completed and location (county & state): \_\_\_\_\_

Is there a current child custody order in effect for the children?  YES  NO

If your answer to the above question is YES, did you bring a copy of the order with you today?  
 YES  NO

If your answer to the above question is NO, what county and state was the order issued in?

\_\_\_\_\_

