



Virginia Frank

Adoption & Surrogacy Attorney

Colorado Law Office Address:
1434 Spruce Street, Suite 100
Boulder, CO 80302
Phone 303-756-4673

Oklahoma Law Office Address:
201 N. Broadway, Suite 107a
Moore, OK 73160
Phone 405-880-5700

Fax 888-203-6124
Email:ginny@virginiafrank.com
Web: www.virginiafrank.com

ADOPTIVE PARENTS

Adoptive Parent's Full name:

(First)

(Middle)

(Maiden)

(Last)

Date of Birth: _____ **Place of birth:** _____
(Month/Day/Year) *(City or Town)* *(County)* *(State or foreign country)*

SSN: _____ **Nationality:** _____ **Race:** _____

Education: **Highest Grade Completed:** _____ **GED:** Yes No **College:** Yes No **Vocational or Tech School:** Yes No

Occupation: _____

Marital Status: Single Married **If so, date and place of marriage:** _____

If Married, Name of Spouse: _____

What is the name you would like to appear on all pleadings? _____

Telephone: Home: _____ OK to call

Work: _____ OK to call

Cell: _____ OK to call

Home E-Mail Address: _____ OK to Email

What are the best times to contact you? _____

What are the best methods of contacting you? _____

Language preferred:

English

Spanish

Other _____

Please note, Virginia L. Frank and her staff only speak English.

In case of emergency, and you are not available, is there anyone with whom my office can communicate with about your legal matter?

Yes No

If so, what is their name and contact information?

Adoptive Parent's Full name:

_____ (First) (Middle) (Last)

Date of Birth: _____ **Place of birth:** _____
(Month/Day/Year) (City or Town) (County) (State or foreign country)

SSN: _____ **Nationality:** _____ **Race:** _____

Education: **Highest Grade Completed:** _____ **GED:** Yes No **College:** Yes No **Vocational or Tech School:** Yes No

Occupation: _____

Marital Status: Single Married **If so, date and place of marriage:** _____

If Married, Name of Spouse: _____

Telephone: **Home:** _____ OK to call
Work: _____ OK to call
Cell: _____ OK to call

Home E-Mail Address: _____ OK to E-mail

Address: _____
Street City State County Zip

What are the best times to contact you? _____

What are the best methods of contacting you? _____

Language preferred:

- English
- Spanish
- Other _____

Please note, Virginia L. Frank and her staff only speak English.

In case of emergency, and you are not available, is there anyone with whom my office can communicate with about your legal matter?

Yes No

If so, what is their name and contact information?

Who prepared your Preplacement Assessment (Homestudy)?

Name of Agency: _____

Agency Address: _____

Date Completed: _____ **Updates (if applicable):** _____

Who will do your post placement visits? _____

Have you completed CORE training? _____

If no, what dates are you planning on completing CORE training? _____

My office will reach out to you if we need to obtain more information on your case or need to give you a status update. For finalizations of adoption, the clients understand that they will need to receive three (3) post placement reports from their home study agency. These will need to be forwarded to my office. Please contact your home study agency to give permission for the adoption agency to release this information to me. Also, Home study FBI and background checks must be dated 1 year from the date of your placement and be valid for the finalization. Please check the dates of these documents and make sure that your family doesn't need to get an "Updated" home study or the background checks need to be re-done before the finalization date.

Type of Adoption:

- Independent Agency
 In State Interstate

Name of Placing Agency _____

Contact: _____

Address /Telephone: _____

CHILD

Full name of child: _____ **Sex:** _____ **Race:** _____

(As entered on original birth certificate)

Anticipated Due Date: _____ **Date of Birth:** _____

(Month/Day/Year)

(Month/Day/Year)

Place of birth: _____

(City or Town)

(County)

(State or foreign country)

If birth occurred in a hospital or institution, give name and address _____

Chosen Adopted Name: _____

Place of Conception: _____ **Date of Placement:** _____

For the five years preceding the filing of this action, list:

- Each address where the child has resided.
- The dates that the child lived there.
- Identify the persons with whom the child lived.
- The current address of that / those persons.

From	To	Address	Name of Person(s) Lived With	Present Address of Person

Check one or more as applicable:

- Child has lived in CO since birth.
- **Adoptive parent has lived in Colorado for the 6 consecutive month's immediately preceding filing of this action.**

- **Adoptive parent is domiciled in Colorado.**
- Child is in the legal custody of a licensed Colorado child placement agency.
- Child has lived in Colorado for the 6 consecutive month's immediately preceding filing of this action or from birth and continues to reside in Colorado at the time of the filing of this action.

Citizenship:

- Are you a United States citizen? Yes / No. If No, what is your legal status? Visa / LPR / Other
- If you are a citizen of another country, identify the country of citizenship – _____
- Is your spouse a United States citizen? Yes / No. If No, what is his / her legal status? Visa / LPR / Other
- If your spouse is a citizen of another country, identify the country of citizenship – _____

Address:

_____ (Street) (City) (County) (State) (Zip)

How long have you lived in your state of residence?

First Applicant: _____

Second Applicant: _____

Address at the time of placement:

_____ (Street) (City) (County) (State) (Zip)

If you have lived somewhere other than your current address in the six months immediately preceding today, list:

- Each address where you have lived.
- The dates that you lived there.

From	To	Address

BIOLOGICAL MOTHER

Full name:

_____ (First) (Middle) (Maiden) (Last)

Date of Birth:

Place of birth:

(State or foreign country)

(Month/Day/Year)

(City or Town)

(County)

SSN: _____ Nationality: _____ Race: _____

Address: _____
(Street) (City) (County) (State) (Zip)

Telephone: Home: _____ OK to call
Work: _____ OK to call

Occupation: _____

Marital Status: Single (Never Married)
 Married
 Separated
 Divorced
 Widowed

If Married, Name of Spouse: _____

Married to Biological Father: Yes / No

Date of termination of parental rights? _____

State and County of termination: _____

BIOLOGICAL FATHER

Full name: _____
(First) (Middle) (Last)

Date of Birth: _____ Place of birth: _____
(Month/Day/Year) (City or Town) (County) (State or foreign country)

Consent to Adoption: _____ Nationality: _____ Race: _____

Address: _____
(Street) (City) (County) (State) (Zip)

Telephone: Home: _____ OK to call
Work: _____ OK to call

Occupation: _____

Marital Status: Single (Never Married)
 Married
 Separated
 Divorced
 Widowed

If Married, Name of Spouse: _____

Married to Biological Mother: Yes / No

Has Birth Father provided emotional or financial support to Birth Mother: Yes / No

Is his name on the original birth certificate? Yes / No

Date of termination of parental rights?

State and County of termination:

**** If more than one possible birth father, please complete one page for each potential birth father.**

Source of Referral: How did you hear about us?

- Personal reference _____
- Professional organization _____
- Business entity _____
- General web search (on Google or another browser)
- Visit to our web site
- Telephone directory
- Other _____

In a perfect world, what would the ideal outcome be for you?

What would be the worst outcome?

What information might come out that you're worried about, or that you'd rather not be known?

Please provide any other information you would like us to know about your case:

Clients should expect communication to be returned from our office within 24 hours by either email or text. Clients understand and agree that your cases status will be updated to you, as they occur from this office.

As we want to have better customer satisfaction, we hope that you will give our office feedback on anything we can do better so we can improve our services to you and your family:
