

**DOMESTIC CLIENT QUESTIONNAIRE-POTENTIAL TERMINATION OF
PARENTAL RIGHTS CASE**

(PLEASE COMPLETE ONLY SECTION I OF THIS FORM PRIOR TO YOUR APPOINTMENT WITH MR. DISBROW)

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

Fax Email address

Drivers License # / State: _____ Social Security #: _____ Date of Birth: _____

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: _____
County / State

Date of Separation: _____ Divorce complete? YES NO

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?
