

CLIENT INFORMATION SHEET
ADOPTEE or PERSON SEEKING PARENT



Person(s) for whom you are searching: _____

Your Name: _____

(First, middle, maiden, last)

Street Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip: _____

Country: _____

Mailing Address if different than above:

Home Phone: _____ Work Phone: _____

Pager: _____ Cellular: _____

Fax: _____

Email Address: _____

Social Security No (optional) _____

Driver's Lic. No / State: _____

Current Employment: _____

Length of Employment: _____

Position/Title: _____

Your Date of Birth: _____

**CLIENT INFORMATION SHEET
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Race: _____

Adoptee's Date of Birth: _____

Time: _____ Weight: _____ Length: _____

Hospital: _____

Delivering doctor: _____

Address of hospital: _____

City: _____ State: _____

County: _____

Was child baptized prior to relinquishment or during foster care? Yes (___) No (___)

If yes, when and where:

What religious affiliation is the adoptive family?: _____

Adoptee placed in:

City: _____ State: _____

County: _____ Country: _____

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Name of placement agency: _____

Address: _____

If agency has changed names since placement of child, specify such and indicate if you have knowledge of current location of agency and/or records:

Name of Social Worker: _____

Last contact with agency: _____

Court of adoption finalization: _____

Name of Adoption Attorney: _____

Non-identifying information known about the adoptive family of child:

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Birthname (if known): _____

Birthmothers name at time of adoption:

Birthmothers maiden name if married at time: _____

Birthmother's husband's name if married at time:

Birthfather's name: _____

A COPY OF YOUR AMMENDED BIRTH CERTIFICATE MUST BE SENT IN.

Adoptive Name: _____

Adoptive Father: _____

Adoptive Mother's Maiden Name: _____

**IF YOU HAVE ANY ADDITIONAL INFORMATION THAT WILL AID IN YOUR
SEARCH, PLEASE ATTACH ANOTHER SHEET TO THIS FORM.**



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I _____ agree to pay

GivenRight Research

\$ _____ down and \$ _____ when party is located

\$ _____ when the party is located

(Payable only by PayPal or Money Order)

I agree that GivenRight is to locate and find the party _____

is seeking. If, after using due diligence, the party cannot be found in 90 days of beginning the search, GivenRight will discontinue your search and the party seeking will receive a discontinue letter by mail. (The retainer fee of \$200 will not be refunded.)

I, _____ agree that GivenRight will not be liable if the party is not located. All information that will be given to the party seeking is public information and will not be used against any individual.

I, _____ agree that I am the person listed on the form and that all information is true and accurate to the best of my knowledge.

Signature of Searching Party:

Date:

MAIL form to address listed below:

GivenRight Research Inc.
Jennifer Robinson
2211 S. Starlake Rd 27-103
Federal Way, Wasington 98003
(253)946-FIND
(253)839-3666 fax
<http://www.givenright.com>

Company/Client Agreement: Fulfillment of a contract between GivenRight and a client is when the client is provided, at a minimum, with the birth Mother's and/or Birth Father's name and last known address. Only in exceptional occasion's cases and by prior arrangement with GivenRight, will GivenRight make initial contact. Other charges may be levied under these circumstances. The client is responsible for reading the company's disclaimer, accessible at the bottom of our "Home Page". Contracting with GivenRight, either verbally or by written contract will be construed by GivenRight & the client as acceptance of all aspects of the Disclaimer. An "agreed upon" fee; half is due before the search begins & the remaining half will be paid "before" the final information is provided to the client. We also have No-find No fee meaning if we give our client the birth mother's or the adoptee's name or any information you are responsible for set fee.