



WILLIS & CAGLE LAW FIRM

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CLIENT INTAKE FORM DHS ADOPTION

CLIENT INFORMATION

Legal Name (Last, First, Middle)

Date of Birth

Current Address (Street, City, State, ZIP)

Telephone Number

Best Time of Day to Reach You

Email Address

Employer Name

Employer Phone Number

Employer Address

Occupation / Position

DHS CASE INFORMATION

DHS Case Number

County DHS Office

Assigned DHS Caseworker Name

Caseworker Phone/Email

Date Child Was Placed in Your Home

Current Placement Type (Foster-to-Adopt, Relative/Kinship, etc.)

CHILD INFORMATION

Child's Full Legal Name

Date of Birth

Has a Permanency Plan of Adoption Been Approved by the Court? (Yes / No)

BIRTH PARENT INFORMATION

Birth Parent Name	Address (if known)	Parental Rights Status

CHILD CUSTODY INFORMATION

Oklahoma's UCCJEA (43 O.S. § 551-209) requires the court to be given each child's residence history for the past five years. Please complete as accurately as possible. If you have more children than rows provided, please attach an additional sheet.

Child Full Legal Name	Date of Birth	Current Address	Relationship to Client

Address(es) Where Each Child Has Lived During the Past Five (5) Years, With Dates and the Name(s) of Person(s) Lived With

Has any child been the subject of another custody proceeding? (Yes / No)

If yes, court, case number, and county/state

Are you aware of any other person claiming custody or visitation rights? (Yes / No)

If yes, name and relationship

Is there an existing protective order involving you, the other parent, or any child? (Yes / No)

If yes, case number and issuing court

INDIAN CHILD WELFARE ACT (ICWA) INFORMATION

Federal and Oklahoma law require specific notice and procedures when a child involved in this matter is a member of, or eligible for membership in, a federally recognized Indian tribe. Please complete this section if applicable.

Is the child a member of, or eligible for membership in, a federally recognized Indian tribe? (Yes / No / Unknown)

Name of Tribe(s)

Is the Child Enrolled in the Tribe? (Yes / No / Pending)

Roll Number(s) (if enrolled)

Indian Child Welfare Caseworker Name

Caseworker Phone Number

Caseworker Agency / Tribe Address

ADDITIONAL INFORMATION

Underlying Juvenile Deprived Case Number and County