## **GUAM FAMILY LAW OFFICE**

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## **ADOPTION WORKSHEET**

**INSTRUCTIONS:** Before you meet with Attorney Bill Pesch, please provide the following information. Fill out all questions to the best of your knowledge. You may attach additional sheets of paper, if needed.

What is the curre	ent name of the child to be adop	ted?			
First:	, Middle:	Last:			
What is the date	of birth of the child to be adopte	ed?			
What is the gend	er of the child to be adopted?	Male Female			
Where was the cl	Where was the child to be adopted born? City/town:				
State:	Country:				
The child to be adopted is a legal citizen of what country:					
What is the ethnicity of the child to be adopted:					
If the adoption is granted, what will the child's new name be:					
First:	Middle:	Last:			
Give a full descrip	otion and statement of value of	any and all property owned or			
possessed by the child to be adopted. Include any monthly payments, such as Social					
Security, the child	d may receive:				

9.	Where and with who is the c	hild to be adop	ted currently	residing:
	Where:			
	With Who:			
10.	If the child to be adopted is c	urrently residi	ng on Guam,	when did s/he first come to
	Guam?			
11.	Provide the following reques	sted informatio	n for person(	s) wishing to adopt.
	Person #1			
	First:	, Middle:		_ Last:
	Date of birth: Month	Day	Year:	
	Place of birth: City/Town:	<del></del>	State:	
	Country:			
	Current Residential Address:	:		
	Citizen of what country:			
	Ethnicity:			
	Current job:			
	Name of employer:			
	Address of current employer	:		
	Annual income:			
	Person #2			
	First:	, Middle:		_ Last:
	Date of birth: Month	Day	Year:	
	Place of hirth: City/Town:		State	

Current Residential Address:		
Citizen of what country:		
Ethnicity:		
Current job:		
Name of employer:		
Address of current employer:		
Annual income:		
Marital status of person(s) wishing to add	ppt: Married; Single	
If person(s) wishing to adopt is/are married, please answer the following:		
Place of marriage: City/town	; State:;	
Country:	<u> </u>	
If the persons(s) wishing to adopt already	has children, please give the full name and date	
If the persons(s) wishing to adopt already of birth for each child:	has children, please give the full name and date	
of birth for each child:		
of birth for each child:  a. Full name:	DOB:	
of birth for each child:  a. Full name:	DOB: DOB:	
of birth for each child:  a. Full name:  b. Full name:  c. Full name:	DOB: DOB: DOB:	
of birth for each child:  a. Full name:  b. Full name:  c. Full name:	DOB: DOB: DOB:	
of birth for each child:  a. Full name:  b. Full name:  c. Full name:  d. Full name:  What is the relationship between the child	DOB:	
of birth for each child:  a. Full name:  b. Full name:  c. Full name:  d. Full name:  What is the relationship between the child adopt?	DOB:	

	Give the full names, date of birth, and residential address of the child's natural parents:				
	Mother's full name:	DOB:			
	Residential address:				
	Father's full name:	DOB:			
	Residential address:				
	Have the natural parents' parental rights already been terminated by a court?				
	Yes [ ] No [ ] Unknow	vn [ ]			
	If so, when: W	hat court:			
	Will the natural parents consent to the termination of their parental rights:				
	Mother: Yes [ ] No [ ] Unkno	wn [ ]			
	Father: Yes [ ] No [ ] Unknown	wn [ ]			
	Are there any special facts or circumstances	s I should be aware of? If so, please			
	specify:				
	(Continue on back, if necessary)				
How did you find out about the Guam Family Law Office?					
	[ ] Newspaper [ ] From sign on building				
	[ ] From the internet [ ] Referral from				
		om			

PLEASE ATTACH A COPY OF THE CHILD TO BE ADOPTED'S BIRTH CERTIFICATE