



Resource Lawyer Survey

Offline version for mailing purposes

Name of Firm: _____

Lawyer(s) Name:

Address: _____

Line 2: _____

City: _____ State: _____ Zip: _____

County: _____

Hours: _____

Website: _____

Email: _____

Phone: () - _____ Emergency phone: () - _____

I/We specialize in:

What kind of services have you provided for adoptive or foster families?

Have you had any specialized training/experience in adoption subsidy laws?
