ASSISTED REPRODUCTION CLIENT INTAKE QUESTIONNAIRE:

CONFIDENTIAL. Syndicate provides legal assistance to Intended Parents, Gestational Surrogates, and Egg, Sperm, and Embryo Donors. Please complete Parts 1 and 5–9, plus the Part (2, 3, or 4) that matches your role. If a question does not apply, write "N/A." If unknown, write "Unknown." Attach additional pages if needed and note the question number.

NAME OF THE CLIENT(s):

[__] Primary Party: _____

[__] Additional Party (spouse / partner, if applicable): _____

Syndicate Plan Member ID: _____ Plan Start Date: _____

Preferred method of contact:

[__] Phone [__] Text [__] Email

PART 1 — YOUR ROLE & THE SERVICES YOU NEED

1.1 Your role (check one):

[__] Intended Parent(s) → complete Part 2

[__] Gestational Surrogate → complete Part 3

[__] Egg Donor → complete Part 4

[__] Sperm Donor → complete Part 4

[__] Embryo Donor → complete Part 4

[__] Embryo Recipient → complete Part 2

1.2 Services requested (check all that apply):

[__] Prepare a contract / agreement

[__] Review and negotiate an agreement prepared by the other side

[__] Court proceeding to establish parental rights before birth (pre-birth parentage judgment)

[__] Parentage judgment after birth / step-parent or second-parent issues

[__] Referral for counseling (psychological evaluation or support)

[__] Other / not sure

Each party to a surrogacy or donor agreement should have separate, independent legal representation. In California, it is required for gestational carrier agreements. Syndicate can represent only one side of any arrangement.

1.3 Where are you in the process?

[__] Still looking / not matched

[__] Matched, not yet screened

[__] Medical / psychological screening

[__] Agreement being negotiated

[__] Embryo transfer scheduled

[__] Pregnancy confirmed

1.4 Key dates — Match date: _____ Expected transfer / retrieval: _____ Due date: _____

1.5 Has an agreement already been drafted or signed? [__] Yes [__] No

If yes — drafted by whom, and date signed (if signed): _____

Please attach any draft or signed agreement, term sheet, or agency / clinic contract.

PART 2 — INTENDED PARENT(S) / EMBRYO RECIPIENT(S)

2A Intended Parent 1:

Last Name: _____ First: _____ Middle: _____

Other names used: _____ Date of Birth: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Country of residence: _____ Citizenship(s): _____

Phone: _____ Email: _____

Occupation / Employer: _____

2B Intended Parent 2 (if applicable):

Last Name: _____ First: _____ Middle: _____

Other names used: _____ Date of Birth: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Country of residence: _____ Citizenship(s): _____

Phone: _____ Email: _____

Occupation / Employer: _____

2.1 Relationship status:

[__] Married [__] Registered Domestic Partners

[__] Unmarried couple [__] Single intended parent

Date and place of marriage / registration: _____

2.2 Source of genetic material (check all that apply):

[__] Intended parent's egg [__] Donor egg

[__] Intended parent's sperm [__] Donor sperm

[__] Donated embryo [__] Not yet decided

2.3 Who will carry the pregnancy?

[__] Gestational surrogate [__] Intended parent will carry [__] Not yet decided

2.4 Number of embryos currently stored: _____ Where stored: _____

2.5 Number of embryos you intend to transfer at one time: _____

2.6 Your position on selective reduction or termination (e.g., for medical reasons or multiples). This must be agreed with the surrogate: _____

_____

_____

2.7 Wishes for disposition of remaining embryos if you divorce, separate, or pass away (donate, destroy, use by one party, research): _____

_____

2.8 Guardian for the child if intended parent(s) die before birth: _____

2.9 Will you pay surrogate / donor compensation through an escrow account? [__] Yes [__] No

2.10 Will you provide life / health insurance for the surrogate? [__] Yes [__] No

2.11 Desired contact with the surrogate / donor after birth:

[__] None [__] Updates / photos [__] Occasional visits [__] Ongoing relationship

2.12 Do you live outside the U.S. or plan to take the baby abroad? [__] Yes [__] No

International intended parents may need additional planning for birth certificates, citizenship, and travel documents.

PART 3 — GESTATIONAL SURROGATE

3A Surrogate:

Last Name: _____ First: _____ Middle: _____

Other names used: _____ Date of Birth: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Country of residence: _____ Citizenship(s): _____

Phone: _____ Email: _____

Occupation / Employer: _____

3.1 Relationship status:

[__] Married [__] Registered Domestic Partner

[__] In a relationship [__] Single

Spouse / Partner name: _____ Phone: _____

A surrogate's spouse or registered domestic partner generally must also sign the agreement.

3.2 Number of prior pregnancies: _____ Deliveries: _____ C-sections: _____

3.3 Number of prior surrogacies: _____ Date of most recent delivery: _____

3.4 Any pregnancy complications in the past? [__] Yes [__] No

If yes, explain: _____

_____

3.5 Have you completed medical and psychological screening? [__] Yes [__] No

Clinic / evaluator and date: _____

3.6 Health insurance carrier: _____ Plan type: _____

3.7 Does your policy exclude or limit coverage for surrogacy? [__] Yes [__] No

3.8 Expected base compensation: $ _____ Agency (if any): _____

3.9 Expected additional payments (monthly allowance, lost wages, maternity clothes, travel, child care, invasive procedures, multiples, C-section): _____

_____

3.10 Maximum number of embryos you will accept per transfer: _____

3.11 Your position on selective reduction or termination: _____

_____

_____

3.12 Preferred delivery hospital (city, state): _____

3.13 Desired contact with the intended parent(s) and child after birth:

[__] None [__] Updates / photos [__] Occasional visits [__] Ongoing relationship

3.14 Anything else you want included in your agreement (e.g., who attends appointments and delivery, breast milk, travel limits): _____

_____

PART 4 — EGG, SPERM, OR EMBRYO DONOR

4A Donor:

Last Name: _____ First: _____ Middle: _____

Other names used: _____ Date of Birth: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Country of residence: _____ Citizenship(s): _____

Phone: _____ Email: _____

Occupation / Employer: _____

4.1 Type of donation:

[__] Egg [__] Sperm [__] Embryo

4.2 Type of arrangement:

[__] Known donor (friend, relative, or directed donation)

[__] Anonymous / identity-release through an agency or bank

If known — relationship to the recipient(s): _____

4.3 Agency / bank / clinic: _____

4.4 Compensation (if any): $ _____ Number of prior donations: _____

4.5 Future contact you are willing to have with the child / family:

[__] No contact [__] Medical updates only

[__] Contact when child turns 18 [__] Ongoing contact

4.6 Do you want to be kept informed of births resulting from your donation? [__] Yes [__] No

4.7 Are you married or in a registered domestic partnership? [__] Yes [__] No

For known donors, a written agreement signed before conception is important to confirm the donor will not be a legal parent.

4.8 Embryo Donors Only:

Number of embryos to be donated: _____ Clinic where stored: _____

Genetic source of the embryos (whose eggs / sperm): _____

Have all persons with rights to the embryos agreed to the donation? [__] Yes [__] No

PART 5 — OTHER PARTIES TO THE ARRANGEMENT

Name	Role (IP, surrogate, donor, spouse)	Phone / Email	Their Legal Representative

PART 6 — CLINICS, AGENCIES & PROFESSIONALS

Type	Name / Organization	Contact Person	Phone / Email

Types: fertility clinic, surrogacy agency, egg donor agency / sperm bank, escrow company, mental health professional, insurance broker.

PART 7 — PARENTAGE & COURT PROCEEDINGS

7.1 State and county where the baby is expected to be born: _____

7.2 Delivery hospital: _____

7.3 Name(s) to be listed as parent(s) on the birth certificate: _____

7.4 Do you want a pre-birth parentage judgment? [__] Yes [__] No

A pre-birth judgment is usually filed after a pregnancy is confirmed, often in the second trimester, and requires a declaration from the fertility physician.

7.5 Is any other court case pending involving any party (divorce, custody, etc.)? [__] Yes [__] No

If yes, explain: _____

_____

7.6 Any other legal concerns about this arrangement: _____

_____

PART 8 — COUNSELING REFERRAL

8.1 Would you like a referral for counseling? [__] Yes [__] No

If yes, type of support:

- [__] Required psychological evaluation
- [__] Couples counseling
- [__] Support during the process
- [__] Post-birth support

PART 9 — DOCUMENT CHECKLIST

Please provide copies of the following, if available. Check each item you are including.

- [__] Government-issued photo ID(s)
- [__] Draft or signed agreement(s)
- [__] Clinic consent & embryo disposition forms
- [__] Surrogate's health insurance policy
- [__] Pregnancy confirmation from clinic
- [__] Marriage / domestic partnership certificate
- [__] Agency contract / match documents
- [__] Screening clearance letters
- [__] Escrow agreement
- [__] Donor profile / bank documents

Certification:

I/We declare that the information provided in this questionnaire is true, correct, and complete to the best of my/our knowledge. I/We understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of evaluating my/our assisted reproduction matter.

Signed and dated this ____ day of _____, 20___

Signature (Primary Party): _____

Print Name: _____

Signature (Additional Party): _____

Print Name: _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.