



In the Superior Court of the State of California
In and for the County of Kings

ADOPTION QUESTIONNAIRE
(for a Stepparent or Domestic Partner Adoption)

(local form)

FOR COURT USE ONLY
(RECEIVED ON):

CASE NUMBER:

Instructions to Petitioner:

In order to begin the investigation ordered by the Court, you must complete this questionnaire and return it, along with your completed investigation packet to:

KINGS COUNTY SUPERIOR COURT
1426 South Drive
Hanford, CA 93230
Attention: Adoption Clerk

The questionnaire is important in introducing you and your situation to the investigator handling your case. No appointment will be set up to interview you until the form is returned. When returned, you will be contacted by the investigator regarding an office appointment, plans to visit your home and interviewing your children. (Attach additional pages as needed)

PETITIONER:

Your current name:

Maiden name and/or any other names used:

Name & telephone number of your attorney:

Your current address (Street, City, State and ZIP):

How long at this address? Years Months

Home Telephone: ()

Business Telephone: ()

If no home or business telephone, give a contact number where the investigator can reach you:
()

IDENTIFYING DATA OF PETITIONER:

Social Security Number:

Age:

Date of Birth:

Place of Birth:

Race:

Eye Color:

Hair Color:

Wgt:

Hgt:

Religion:

Extent of schooling, H.S./College, etc.

Insurance (Life, Health, etc.) specify:

MARITAL HISTORY OF PETITIONER

(List all marriages)

Time	Name of spouse (use maiden names) include present marriage	Date of Marriage	Date Separated	Date & How Terminated	Number of Children
<i>First</i>		/ /	/ /		
<i>Second</i>		/ /	/ /		
<i>Third</i>		/ /	/ /		

CHILDREN

(List the child/children **INVOLVED** with this Court action)

Name	Date of Birth	Living with	Address	Name of other parent	Indian Ancestry?
	/ /				<input type="checkbox"/> yes <input type="checkbox"/> no
	/ /				<input type="checkbox"/> yes <input type="checkbox"/> no
	/ /				<input type="checkbox"/> yes <input type="checkbox"/> no
	/ /				<input type="checkbox"/> yes <input type="checkbox"/> no
	/ /				<input type="checkbox"/> yes <input type="checkbox"/> no
	/ /				<input type="checkbox"/> yes <input type="checkbox"/> no

CHILDREN

(List all your other children **NOT INVOLVED** in the Court action)

Name	Date of Birth	Living with	Address	Name of other parent
	/ /			
	/ /			
	/ /			
	/ /			

Since the separation of the parents of the minor(s), whom have the children been living with? Also list dates:

HEALTH OF CHILDREN

(List each child in this case who has recently been under the care of a Doctor, or Psychiatrist, including family physician)

Child	Doctor	Address	Date	Reason
			/ /	
			/ /	
			/ /	
			/ /	

Do any of the children presently have physical or mental problems? Yes No Please explain:

Plan of custody/visitation:
Place of residence for self and children:

Will children be placed under supervision of others?				
<i>Name of caretaker</i>	<i>Relationship to children</i>	<i>Address</i>	<i>Phone Number</i>	<i>What period of time</i>
			()	
			()	
State the reasons why you feel the other parent should not have custody/visitation and be specific. Give examples and dates (attach additional sheet, if needed).				

EMPLOYMENT (Beginning with your present employment, list employment for the last 5 years)					
Name of Employer	Address of Employer	Type of Job	Date Begun	Date Left	Reason for Leaving
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	

Current working hours and days:

MONTHLY INCOME		Gross	Net
From employment	\$		\$
Own business	\$		\$
Public Assistance (AFDC or Social Security Assistance)	\$		\$
Child support	\$		\$
Other sources	\$		\$
TOTAL	\$		\$

Has child support been paid as ordered? Yes No If "No", amount in arrears: \$

MEDICAL HISTORY OF PETITIONER (If either parent or guardian have any physical disability or have received psychiatric treatment or counseling, please complete the section below)			
Doctor & Address	Hospital & Address	When Treated	Nature of Illness

CRIMINAL RECORD OF PETITIONER :

Does petitioner have a criminal record? Yes No

If "Yes", please give details:

Is petitioner on Probation or Parole? Yes No

If "Yes", please give name of Probation Officer or Parole Agent:

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Area office: ()

Phone number: ()

Does the petitioner have any criminal actions pending: Yes No

If "Yes", please explain:

NATURAL FATHER :

Name of natural father:

Date of last support:

Address:

Last contact with child?

Date of Birth:

Place of Birth:

Race:

Occupation:

Employer:

Has he consented to Adoption: Yes No

Date of last contact with any other relative?

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MARITAL HISTORY OF NATURAL FATHER

(List all marriages)

Time	Name of spouse (use maiden names) include present marriage	Date of Marriage	Date Separated	Date & How Terminated	Number of Children
<i>First</i>		/ /	/ /		
<i>Second</i>		/ /	/ /		
<i>Third</i>		/ /	/ /		

NATURAL MOTHER :

Name of natural mother (include all names used):		Date of last support:
Address:		Last contact with child?
Date of Birth:	Place of Birth:	Race:
Occupation:		Employer:
Has he consented to Adoption: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of last contact with any other relative?		

MARITAL HISTORY OF NATURAL MOTHER

(List all marriages)

Time	Name of spouse (use maiden names) include present marriage	Date of Marriage	Date Separated	Date & How Terminated	Number of Children
<i>First</i>		/ /	/ /		
<i>Second</i>		/ /	/ /		
<i>Third</i>		/ /	/ /		

Has there been a prior investigation regarding this matter? Yes <input type="checkbox"/> No <input type="checkbox"/>
