



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
1640 Kings County 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:

Other names used:

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

Home Telephone: ( )

Business Telephone: ( )

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

Name & telephone number of your attorney:

( )

IDENTIFYING DATA OF PETITIONER:

Social Security Number:

Age:

Date of Birth:

Place of Birth:

Race:

Eye Color:

Hair Color:

Wgt:

Hgt:

Drivers License/State:

Education:

**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
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			

**CHILDREN**

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

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

Who will provide childcare?

Name of caretaker	Relationship to children	Address	Phone Number	What period of time
			( )	
			( )	

**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
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	

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 history? 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:

--

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:

Employer:

Has he consented to Adoption: Yes  No

Is signed consent filed with the Court: Yes  No

**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:	
Employer:		
Has she consented to Adoption: Yes <input type="checkbox"/> No <input type="checkbox"/>		Is signed consent filed with the Court: Yes <input type="checkbox"/> No <input type="checkbox"/>

**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 in another State/County regarding this matter? Yes <input type="checkbox"/> No <input type="checkbox"/>
--