



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

(optional form)

FOR COURT USE ONLY
(RECEIVED ON):

ADOPTION QUESTIONNAIRE
(For a Stepparent or Domestic Partner Adoption)

Case Number:

Hearing date (if applicable):

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 and interviewing your child(ren). (Attach additional pages as needed)

Name of Child (1):		DOB:	
Address of Child (1):			
Name of Child (2):		DOB:	
Address of Child (2):			
Name of Child (3):		DOB:	
Address of Child (3):			
PETITIONER INFORMATION			
Your current name:			
Other Names Used:			
Age:	DOB:	Place of Birth:	
Address:		City:	State: Zip:
Home Phone:		Business Phone:	
Sex:	Height:	Weight:	Eyes: Hair:
Driver's License No.			

Provide previous residential history (Past 10 years):			
CUSTODIAL PARENT OF CHILD			
Name:			
Current or last known Address:			
City:	State:	Zip:	Phone:
DOB:	Place of Birth:		
Other Names Used:			
NONCUSTODIAL PARENT OF CHILD (1)			
Name:			
Current or last known Address:			
City:	State:	Zip:	Phone:
DOB:	Place of Birth:		
Date and location of last contact with child:			
NONCUSTODIAL PARENT OF CHILD (2)			
Name:			
Current or last known Address:			
City:	State:	Zip:	Phone:
DOB:	Place of Birth:		
Date and location of last contact with child:			
NONCUSTODIAL PARENT OF CHILD (3)			
Name:			
Current or last known Address:			
City:	State:	Zip:	Phone:
DOB:	Place of Birth:		
Date and location of last contact with child:			
OTHER CHILDREN OF CUSTODIAL PARENT AND PETITIONER			
Name:	Age:	DOB:	Living with whom?
EMPLOYMENT DATA OF PROPOSED PETITIONER			
Occupation:			
If unemployed, what are your employment plans?			

Present or last employer:		Address:		
Workdays & hours:	Employment began:	Ended:		
Previous Employer:				
Employment began:		Ended:		
MARITAL HISTORY OF PETITIONER (List of all marriages)				
Name (To Whom)	Date & Place	How Terminated (Divorce, Death)	Date Separated	Final
Was there ever any domestic violence in any of the marriages? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please explain:				

PETITIONERS CHILD(REN) FROM PREVIOUS RELATIONSHIP(S) (Include adult children, first & last names)			
Name (list all)	Age	DOB	Children's Address (If different than parent)

PETITIONERS EDUCATION		
High School graduate?	Year:	Name of school:
If not, grade last attended:		
Reason for leaving:		
College or University Attended	Degree/Units	Major

PETITIONERS HEALTH

Insurance:

Present health status: Good ☐ Fair ☐ Poor ☐

If fair or poor, please explain:

Have you ever had a substance abuse problem with any of the following?

Alcohol ☐Yes ☐No Drugs ☐Yes ☐No

If yes to any of the above, please explain:

List all medications currently taking:

PETITIONERS CRIMINAL RECORD

Have charges ever been filed against you for any crime other than a traffic violation?

☐Yes ☐No If yes, please specify:

List Arrests	Where	When	Charge

Are you currently on Probation?

Officer's Name:

Are you currently on Parole?

Agent's Name:

Have you ever been involved with Child Protective Services?

☐Yes ☐No If yes, please explain:**FAMILY FUNCTIONING OF PROPOSED PETITIONER**

What types of activities do you participate in as a family?

Minor (1) History – Professional Practitioners**(Medical doctors, psychiatrists, psychologists, counselors, social workers, etc.)**Minor's present health status: ☐ Good ☐ Fair ☐ Poor

If fair or poor, please explain:

Special health problems:

Minor (2) History – Professional Practitioners**(Medical doctors, psychiatrists, psychologists, counselors, social workers, etc.)**Minor's present health status: ☐ Good ☐ Fair ☐ Poor

If fair or poor, please explain:

Special health problems:

Minor (3) History – Professional Practitioners**(Medical doctors, psychiatrists, psychologists, counselors, social workers, etc.)**Minor's present health status: ☐ Good ☐ Fair ☐ Poor

If fair or poor, please explain:

Special health problems:

School of Child (1)Is the minor currently enrolled in school? ☐ Yes ☐ No

If yes, where?

What grade?

Does the minor participate in extracurricular activities? ☐ Yes ☐ No

If yes, what activities?

School of Child (2)Is the minor currently enrolled in school? ☐ Yes ☐ No

If yes, where?

What grade?

Does the minor participate in extracurricular activities? ☐ Yes ☐ No

If yes, what activities?

School of Child (3)Is the minor currently enrolled in school? ☐ Yes ☐ No

If yes, where?

What grade?

Does the minor participate in extracurricular activities? ☐ Yes ☐ No

If yes, what activities?

Summary of Views

Please summarize your views and concerns as clearly as possible on the following pages. Please attach additional pages as necessary. Please reference the question number on additional pages.

1. Is there anyone who opposes your petition for adoption? Please explain.

Date: ____/____/____

(print name of Petitioner)

(Signature of Petitioner)