

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF MARIN  
Probate Court Investigations**

3501 Civic Center Drive, Room 116 • P.O. Box 4988 • San Rafael, CA 94913 • (415) 444-7090

**STEPPARENT ADOPTION QUESTIONNAIRE**

DATE: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

ALL ANSWERS ARE TO BE GIVEN UNDER PENALTY OF PERJURY

All questions must be answered for a report to be filed with the Court. This information will be held confidential. Please return the questionnaire to the address above.

**PART I - MINOR(S) TO BE ADOPTED**

1. Full Name (before adoption): \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of School and/or Day Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No(s): \_\_\_\_\_ Grade: \_\_\_\_\_

Does the child have any learning difficulties or an Individual Educational Plan (IEP)?  Yes  No

If yes, please explain \_\_\_\_\_

Does the child have any developmental disabilities or delays?  Yes  No

If yes, please explain \_\_\_\_\_

If yes, is the child a client of the Golden Gate Regional Center?  Yes  No

Does the child have any health problems?  Yes  No

If yes, please explain \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Names of Regular Medications: \_\_\_\_\_

Is the child in therapy or counseling?  Yes  No

If yes, Name of Counselor: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Has the child been the subject of a step-parent adoption before?  Yes  No

If yes, provide information about the case: \_\_\_\_\_

2. Full Name (before adoption): \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of School and/or Day Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No(s): \_\_\_\_\_ Grade: \_\_\_\_\_

**PART I - MINOR(S) TO BE ADOPTED cont'd**

Does the child have any learning difficulties or an Individual Educational Plan (IEP)?  Yes  No

If yes, please explain \_\_\_\_\_

Does the child have any developmental disabilities or delays?  Yes  No

If yes, please explain \_\_\_\_\_

If yes, is the child a client of the Golden Gate Regional Center?  Yes  No

Does the child have any health problems?  Yes  No

If yes, please explain \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Names of Regular Medications: \_\_\_\_\_

Is the child in therapy or counseling?  Yes  No

If yes, Name of Counselor: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Has the child been the subject of a step-parent adoption before?  Yes  No

If yes, provide information about the case: \_\_\_\_\_

*If the adoption is for more than two children, please include an additional page for each child.*

**PART II - PARENT WHO HAS CUSTODY OF MINOR(S)**

Full Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Address: \_\_\_\_\_

Home No.: \_\_\_\_\_ Work No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Gross Monthly Salary: \_\_\_\_\_ Amount of other income, if any: \_\_\_\_\_

Were the natural parents married to each other?  No *(If no, please answer "A" questions below)*

Yes *(If yes, please answer "B" questions below)*

A. Did the natural parents live together at the time the child was conceived?  Yes  No

If yes, how long did they live together? \_\_\_\_\_

B. Date natural parents were married: \_\_\_\_\_

City and state where natural parents were married: \_\_\_\_\_

How marriage terminated: \_\_\_\_\_

Date marriage was terminated: \_\_\_\_\_

City and state where marriage was terminated: \_\_\_\_\_

If divorced, who was awarded custody? \_\_\_\_\_

**PART II - PARENT WHO HAS CUSTODY OF MINOR(S) cont'd**

Prior Marriages/Domestic Partner Registrations:

Name	Date	Place	Date Terminated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**PART III - ABSENT PARENT**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home No.: \_\_\_\_\_ Work No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Has this parent consented to this adoption?  Yes  No

When did the absent parent last contribute to the support of the child(ren)? \_\_\_\_\_

How much? \_\_\_\_\_

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**PART IV - PETITIONER**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home No.: \_\_\_\_\_ Work No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Length of time at current address: \_\_\_\_\_ Own or Rent? \_\_\_\_\_

Length of residence in Marin County: \_\_\_\_\_ Length of residence in California: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

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Prior Marriages/Domestic Partner Registrations:

Name	Date	Place	Date Terminated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children from Current Marriage/Domestic Partner Registration:

Name	Age
_____	_____
_____	_____
_____	_____

**PART IV - PETITIONER cont'd**

Children Residing in the Home:

Name

Age

_____	_____
_____	_____
_____	_____

Names of others residing in the home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Military Service: Branch: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_

Do you have a criminal record?  No  Yes

List any arrests for which you were booked and disposition of case (do not include vehicle citations):

_____	_____
_____	_____
_____	_____

Are you currently on parole? \_\_\_\_\_ Probation? \_\_\_\_\_

If yes, give the name, address and phone number of your Supervising Officer:

\_\_\_\_\_  
\_\_\_\_\_

**PETITIONER'S  
FINANCIAL INFORMATION**

**MONTHLY INCOME/PROPERTY VALUES:**

Gross Wages: \_\_\_\_\_  
Spousal Support: \_\_\_\_\_  
Child Support: \_\_\_\_\_  
Unemployment: \_\_\_\_\_  
Public Assistance (welfare/food stamps): \_\_\_\_\_  
Other - specify (i.e., Social Security, Rental Income, Pension)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REAL ESTATE:**

Market Value: \_\_\_\_\_  
Equity: \_\_\_\_\_

**AUTOMOBILES:**

Make: \_\_\_\_\_ Equity: \_\_\_\_\_  
Make: \_\_\_\_\_ Equity: \_\_\_\_\_

**BANK ACCOUNTS:**

Checking Account Balance: \_\_\_\_\_  
Savings Account Balance: \_\_\_\_\_  
Investments Balance: \_\_\_\_\_

**MONTHLY EXPENSES/PAYMENTS:**

Rent/Mortgage: \_\_\_\_\_  
Utilities: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
Clothing for \_\_\_\_\_ persons: \_\_\_\_\_  
Food for \_\_\_\_\_ persons: \_\_\_\_\_  
Spousal Support: \_\_\_\_\_  
Child Support: \_\_\_\_\_  
Health Insurance: \_\_\_\_\_  
Life Insurance: \_\_\_\_\_

<b>CREDITORS:</b>	<b>Balance</b>	<b>Payment</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SPOUSE/PARTNER:**

Gross Wages: \_\_\_\_\_

I CERTIFY THAT THE ABOVE IS A FULL AND CORRECT STATEMENT OF MY FINANCIAL STATUS TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*SIGNATURE*