

**MARIN COUNTY SUPERIOR COURT
COURT INVESTIGATOR'S OFFICE**

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

**QUESTIONNAIRE FOR
STEPPARENT ADOPTION / TERMINATION OF PARENTAL RIGHTS**

DATE: _____ CASE NUMBER(S): _____

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 - PETITIONER

Full Name: _____

List any prior names used _____

Address: _____

Home No.: _____ Work No.: _____ Cell No.: _____

Birthdate: _____ Birthplace: _____

Length of time at current address: _____

Length of residence in Marin County: _____ Length of residence in California: _____

Employer's Name: _____ Telephone No.: _____

Employer's Address: _____

Occupation: _____ Length of Employment: _____

FINANCIAL INFORMATION:

MONTHLY INCOME / PROPERTY VALUES:

Gross Wages: _____

Child Support: _____

Unemployment: _____

Public Assistance (welfare/food stamps): _____

Other - specify (i.e., Social Security, Rental Income, Pension)

AUTOMOBILES:

Make: _____

Equity: _____

Make: _____

Equity: _____

BANK ACCOUNTS

Checking Account Balance _____

Savings Account Balance _____

Investment Balance _____

REAL PROPERTY:

___ Own/purchasing – If purchasing monthly payments \$ _____
Approximate equity \$ _____

___ Rent - If renting, amount paid each month \$ _____

MONTHLY EXPENSES / PAYMENTS:

Utilities: _____ Transportation: _____

Clothing for ___ persons: _____ Food for ___ persons: _____

Spousal Support: _____ Child Support: _____

Health Insurance: _____ Life Insurance: _____

CREDITORS: Balance Payment

CREDITORS:	Balance	Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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, provide the name, address and phone number of your Supervising Officer:

Have you ever abused drugs or alcohol? No Yes

If yes, provide details _____

Do you have any significant health problems? No Yes

If yes, provide details _____

Prior Marriages/Domestic Partner Registrations:

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

List the names of your children, even if they are adults, from any prior marriages/domestic partnerships and relationships:

Name	Date of birth	Other parent's name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you maintain a relationship with the children who do not reside with you? ____ yes ____ no

If not, reason why: _____

Children Residing in the Home:

Name	Age
_____	_____
_____	_____
_____	_____

Names of others residing in the home and their relationship to the petitioner _____

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

Full Name: _____

List any prior names used: _____

Birthdate: _____ Birthplace: _____

Address if different from petitioner: _____

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? _____

Did the father sign a Declaration of Paternity when the child was born? Yes No

Was the father adjudicated as the parent in a court proceeding? Yes No

If, yes provide the name of the court and the case number

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? _____

Prior Marriages/Domestic Partner Registrations:

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

List the names of your children, even if they are adults, from any prior marriages/domestic partnerships and relationships:

Name	Date of birth	Other parent's name
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you maintain a relationship with the children who do not reside with you? ____ yes ____ no

If not, reason why: _____

PART III - ABSENT PARENT

Full Name: _____

List any other names used: _____

Address: _____

Home No.: _____ Work No.: _____ Cell No.: _____

Employer's Name: _____ Occupation: _____

Has this parent consented to this adoption? Yes No N/A deceased

If you do not know the whereabouts of the absent parent, what efforts have you made to locate him/her and provide the names and telephone number of any relatives or friends you have contacted?

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

How much? _____ Is there are child support order? Yes No

If yes, what court was the order granted in and what is the case number? _____

When did the absent parent last visit or communicate with the child?

Are you aware of any criminal history involving the absent parent? Yes No if yes, provide as much detail as you have about where, when and for what types of offenses _____

PART IV - MINOR(S) TO BE ADOPTED

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 an adoption or step-parent adoption before? Yes No

If yes, provide information about the case: _____

Is the child aware of the adoption? Yes No

If no, why? _____

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

I declare under penalty of perjury that the information provided in this document are true and correct to the best of my knowledge.

Print name and relationship to minor

Signature

Date