STREAM COURT OF CALLFORMS	SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN JOAQUIN 180 East Weber Avenue, Suite #413 Stockton, CA 95202	FOR COURT USE ONLY
IN THE MATTER OF TH	E ADOPTION PETITION OF:	
(Name of Adopting stepp	parent/domestic partner)	
on behalf of (Name of Mi	inor/s):	
	_	
	ADOPTION QUESTIONNAIRE	CASE NUMBER:

Instructions to Petitioner:

In order to begin the investigation ordered by the Court, you must <u>complete</u> this questionnaire and provide copies of the required documents at the time you file your petition. The Court will not file an incomplete packet.

		PE	TIT	IONE	R			
Name:							Driver's License No.:	
Maiden nan	ne and/or any other names used:					•		
Name and t	elephone number of your attorney:						()	
Your addres	ss (Street, City, State and Zip Code	ə):						
How long at	this address?							
	Years	6	Mor	nths				
Home Telep	phone:		Busi	ness Telepl	hone:			
	()				(()	
lf no home o	or business telephone, give a conta	act number where th	e inves	stigator can	reach yo	ou: ()	
Social Secu	rity Number:	Age:	Date	of Birth:			Place of Birth:	
			of yo	ur marriag	ges.	Y		
	Name of spouse (use maiden na & include present marriage	me) Date of Marr	iage	Date Sep	parated	(diss	Date & How Terminated olution, nullity, death of spouse)	Number of Children
First			'	/	/			
Second			'	/	1			
Third			'	/	1			

Attach a copy of the current marriage *license* or Certificate of Registered Domestic Partnership

	List the		REN ith this Court action.		
Name	Date of Birth	Living with	Address	Name of other parent	Indian Ancestry? yes no
	/ /				
	/ /				
	/ /				
	At	tach a copy of bi	th certificate		
			arding custody of the or Free from Parenta		
		CHILDF			
		List all of your of			
Name	Date of Birth	Living with	Addr	ess	Name of other parent
	/ /				
	/ /				
	/ /				
					1
Have any of your childr yes, please explain the			other than a traffic	infraction?	yes no lf
Are any of your childr circumstances:	en currently on p	robation or parole	? yes	no If yes, pl	ease explain the
Have any of your adult of child neglect or abus		-	charged with, arrest e explain the circum		ted of allegations
Have any of your adult domestic violence?			rged with, arrested ain the circumstance		
		EMPLOY	M E N T		
Be Name of Employer	ginning with your pro Address of Emp		st employment for the Job Date Started	last 5 years. Date Ended	Reason for Leaving
			/ /	/ /	
			/ /		
			/ /		
			/ /	/ /	

Current working	hours and	days:
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MONTHLY INCOME	Gross	Net
From employment:	\$	\$
Own business:	\$	\$
Public Assistance (AFDC, unemployment, Social Security):	\$	\$
Other sources:	\$	\$
TOTAL:	\$	\$

Does the petitioner pay child support? Is there any amount of arrears due? Yes No If yes, what is the amount ordered by the court?\$___ Yes No If yes, amount in arrears: \$_____

RESIDENTIAL HISTORY

If you have lived outside of the state of California after attaining majority (18 yrs of age) please complete the section below.

State	Address (include city)	From Date	To Date	
			/ /	
			/ /	

Comments:

CRIMINAL RECORD

Do you have a criminal record? Yes No If "Yes", please give details of date of arrest, charges, where this occurred, and disposition of case, include out of state criminal record:

Are you on Probation or Parole? Yes No If "Yes", please give name of Probation Officer or Parole Agent:		
Phone number: ()		
Are you required to register as a sex offender under California Penal Code section 290? yes, please explain the circumstances, charges, and outcome:	Yes	No If

Have you ever been investigat abuse? yes no If y		charged with, an ase explain the c		nvicted of allegations	of child neglect or
Have your ever been reported f yes no If yes,		rged with, arreste explain the circu		-	omestic violence?
		BIOLOGIC	AL FATHE	R	
Name of Father:				Date last paid	l child support:
Address:				Date of last co	ontact with child:
Date of Birth:	Place	of Birth:		Race:	
Has s/he consented to the Adoption:	Yes	No			
lf applicable, atta	ch a cop	y of the death certific	ate or proof of pare	ntal rights being terminate	d.
	В		аг мотн	= R	
Name of Mother:					child support:
Address:				Date of last co	ontact with child:
Date of Birth:	Place	of Birth:		Race:	
Has s/he consented to the Adoption:	Yes	No			
If applicable, atta	ch a cop	y of the death certific	ate or proof of pare	ntal rights being terminate	d.
		HOUS List all other adult	EHOLD s living in the home	9.	
Name		Date of Birth	Social Security #	How Related?	Has a criminal record? If yes, explain.
					yes no

		yes	no
/ /		yes	no

Are you aware of any reports alleging any form of child abuse, neglect, or molestation made to any agency charged with protecting children (e.g., Child Protective Services) or any other law enforcement agency regarding you or any other person living in your home? Yes No If yes, explain in an attachment and provide the name and address of each agency.

Explain Criminal record for each person by including the explanation(s) on an attachment to the questionnaire.

Before filing your documents with the court, confirm that you have attached all required documents to this packet.

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(Name of Petitioner)

(Signature of Petitioner)