

STEPPARENT/DOMESTIC PARTNER ADOPTION INFORMATIONAL QUESTIONNAIRE

Family Court Services will use the information below in the report to the Court for your case. Therefore, please be as accurate and complete as possible. Please print or type your responses. We will verify this information with you at the personal interview, through a check of the legal documents we requested, and through a criminal and child welfare record check. If you have any questions, please contact our offices at 559/730-5000 option 6. If you require assistance with this questionnaire, please call the Self Help Resource Center at 559/737-5500 and/or visit them at 3400 W. Mineral King Blvd, Suite C, Visalia, CA 93291.

You must submit the following information BEFORE the investigation can proceed. If the information is not received by Family Court Services (Room 203) at the Visalia Courthouse within two months, the case will be placed in the inactive files. If there is no activity after an additional 30 days, the case will be closed with Family Court Services and the petitioner will need to file a new petition with the Clerk of the Court (Room 201) in Visalia or at the Clerk's Window in Porterville at the South County Justice Center if he/she desires to pursue the adoption.

1. Birth Certificate/s of the child/ren to be adopted.
2. Marriage record of the petitioner and biological/legal parent who has custody, or record of Domestic Partner Registration. (Local policy requires at least one year of marriage/registration prior to seeking stepparent/domestic partner adoption.)
3. All final judgments of divorce (or death certificates) for any prior marriages of the petitioner and the parent who has custody.
4. The death certificate of the other biological/legal parent (if applicable).
5. Names, addresses and telephone numbers of six (6) character references (non-relatives).
6. Fingerprinting for a records check. An acknowledgement is enclosed with instructions for having your fingerprints taken. Please fill out the Acknowledgment and bring it with you when you come to Room 203 to pick up the LIVESCAN form to take to the Sheriff's Office (see instructions).
7. Completed Stepparent/Domestic Partner Adoption Informational Questionnaire beginning on Page 2.

Any original documents will be returned to you upon your request at the conclusion of our investigation. Copies of the forms needed to complete this adoption in Tulare County and further instructions are in the "Stepparent Adoption Packet" available at the Superior Court Clerk's Office, Room 201, County Courthouse, Visalia, California, or the Clerk's Window at the South County Justice Center located in Porterville or online at

http://www.tularesuperiorcourt.ca.gov/3_Divisions/6_Family_Law/Family_Court_Services.htm

The investigator will witness the signature on the consent of the biological/legal parent who has custody at the time of the interview.

Adopting Parent Name: _____

Case Number: _AD_____

The consent of the non-custodial biological/legal parent must be filed, or his or her parental rights terminated. If you do not have the consent of the non-custodial parent you must file a Petition to Terminate Parental Rights which must be heard in court before the petition for Stepparent/Domestic Partner Adoption can be completed. Forms to complete the Termination of Parental Rights are in the packet which can be obtained from the Clerk's Office or the Self Help Resource Center.

If there is a court date for the termination of parental rights, it is imperative that the above requested 7 items be completed and turned in to Room 203 (Family Court Services) within 20 days of the filing. This allows adequate time for an in person interview to occur at the Family Court Services Office with the petitioner, birth parent/s and child/ren and for a report to be completed and submitted prior to the hearing date. A copy of this report will be sent to the petitioner, birth parent/s and any attorneys.

Once the investigation is completed, the investigator will file the report and send a copy to the petitioner, the adopting parent and any attorney of record. There will be a fee of \$300.00 if consent has been obtained by the non-custodial biological/legal parent. Should there need to be an investigation to terminate the non-custodial biological/legal parent's rights, a fee of \$400.00 will be due after the investigation is completed, which is collected by the Superior Court Accounting Office. Information regarding this fee will be given to you at the interview. You must then set the matter on calendar for a hearing.

Provide the following information regarding the CHILD/REN to be adopted. If additional spaced is needed, please attach a separate sheet of paper or use the reverse of the last page and check here .

Child Name _____

D.O.B. _____ Age: _____ Sex _____

Birthplace _____

School _____ Grade: _____

Health Problems _____

Special Needs: _____

Child Name _____

D.O.B. _____ Age: _____ Sex _____

Birthplace _____

School _____ Grade: _____

Health Problems _____

Special Needs: _____

Child Name _____

D.O.B. _____ Age: _____ Sex _____

Birthplace _____

School _____ Grade: _____

Health Problems _____

Special Needs: _____

Child Name _____

D.O.B. _____ Age: _____ Sex _____

Birthplace _____

School _____ Grade: _____

Health Problems _____

Special Needs: _____

Adopting Parent Name: _____

Case Number: AD _____

Native American Ancestry Yes No; If yes, name tribal affiliation: _____

Do the child/ren know about the request for adoption? Yes No

Please provide the following information regarding THE STEPPARENT/DOMESTIC PARTNER who is requesting to adopt. If additional space is needed, please attach a separate sheet of paper or use the reverse of the last page and check here .

Name _____ Other Name/s _____

Address _____

Phone (Hm) _____ (Wk) _____ (Cell) _____

E-Mail/s _____ Preferred Method of Contact (circle): H Wk Cell Email

D.O.B. _____ Birthplace _____ Drivers License # _____

Social Security Number: _____ U.S. citizen: Yes No

Military service: Yes No; Discharge type: _____

How long at current residence _____ In Tulare County _____ In California _____

Social Organizations: _____

Has he/she been convicted of a criminal offense? Yes No; If yes, fill out below:

Date of arrest	Arresting Agency	Charge	Disposition

Has he/she had Child Welfare Services (AKA: CPS) involved? Yes No; If yes, fill out below:

Date of involvement	Agency involved	Allegations	Disposition/Conclusion

Marital and Relationship History of STEPPARENT/DOMESTIC PARTNER:

Please list all marriages or relationships beginning with the current one. The dissolution of all past marriages or domestic partnerships must be verified with documentation of the filed final judgment.

Spouse/Partner	Date of Marriage/Domestic partnership	Place of Service	How Terminated	When	Where	Children's names and birthdates	Where do children reside

Adopting Parent Name: _____

Case Number: AD _____

Does he/she receive child support, or pay child support for children from prior marriages or relationships? Yes No; If yes, explain to whom and how much paid or from whom and how much received: _____

Is the Department of Child Support Services involved? Yes No

Employment History of STEPPARENT/DOMESTIC PARTNER:

Please list employers during the last ten years beginning with the current or most recent employment.

From (mo/yr)	To (mo/yr)	Employers Name, Address and Phone	Position Occupied	Earnings	Reason for Leaving

Please provide the following information for the BIOLOGICAL/LEGAL PARENT WHO HAS CUSTODY. If additional space is needed, please attach a separate sheet of paper or use the reverse of the last page and check here .

Name _____ Other Name/s _____

Address _____

Phone (Hm) _____ (Wk) _____ (Cell) _____

D.O.B. _____ Birthplace _____ Drivers License # _____

E-Mail/s _____ Preferred Method of Contact (circle): H Wk Cell Email

Social Security Number: _____ U.S. citizen: Yes No

Military service: Yes No; Discharge type: _____

How long at current residence _____ In Tulare County _____ In California _____

Social Organizations: _____

Has he/she been convicted of a criminal offense? Yes No; If yes, fill out below:

Date of arrest	Arresting Agency	Charge	Disposition

Has he/she had Child Welfare Services (AKA: CPS) involved? Yes No; If yes, fill out below:

Date of involvement	Agency involved	Allegations	Disposition/Conclusion

Adopting Parent Name: _____

Case Number: AD _____

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Marital and Relationship History of BIOLOGICAL/LEGAL PARENT WHO HAS CUSTODY: Please list all marriages or relationships beginning with the current one. The dissolution of all past marriages or domestic partnerships must be verified with documentation of the filed final judgment.

Spouse/Partner	Date of Marriage/Domestic partnership	Place of Service	How Terminated	When	Where	Children's names and birthdates	Where do children reside

Employment History of BIOLOGICAL/LEGAL PARENT WHO HAS CUSTODY: Please list employers during the last ten years beginning with the current or most recent employment.

From (mo/yr)	To (mo/yr)	Employers Name, Address and Phone	Position Occupied	Earnings	Reason for Leaving

Does he/she receive child support, or pay child support for children from prior marriages or relationships? Yes No; If yes, explain to whom and how much paid or from whom and how much received: _____

Is the Department of Child Support Services involved? Yes No

RESIDENCE AND FINANCIAL INFORMATION FOR STEPPARENT/DOMESTIC PARTNER AND CUSTODIAL PARENT

Single Family Condo Apartment Mobile Home Other _____

Rent Own Employer Provided Other _____

Residential Rural Mobile Home Park Apt. Complex Other _____

Adopting Parent Name: _____

Case Number: AD _____

Describe your residence: (number of rooms, bedrooms, bathrooms, pool)

Rent or Mortgage payments _____ Balance Owed _____

Household Composition

Please list the names and birthdates of **ALL** adults/children residing in the home and their relationship to the child/ren: (this information is used to submit an inquiry with Child Welfare Services). If additional space is needed, please attach a separate sheet of paper or use the reverse of the last page and check here .

Full Legal Name	Date of Birth	Relationship to Child/ren

Finances:

Assets

Bank Name/Asset Name	Type of Account

Debts (other than mortgages):

To Whom	Amount	Payments

Insurance:

Type (Life, Health)	Insured party	Insured by	Amount	Beneficiary

Adopting Parent Name: _____

Case Number: AD _____

Please fill out the following information for the BIOLOGICAL/LEGAL PARENT WHO DOES NOT HAVE CUSTODY. If you are unable to provide some of the information, indicate with "UNKNOWN".

Name _____ Other Name/s _____

Address _____

Phone (Hm) _____ (Wk) _____ (Cell) _____

E-Mail/s _____ Preferred Method of Contact (circle): H Wk Cell Email

D.O.B. _____ Birthplace _____ Drivers License # _____

Social Security Number: _____ U.S. citizen: Yes No

Military service: Yes No Discharge type: _____

How long at current residence _____ In Tulare County _____ In California _____

Social Organizations: _____

If known, has he/she been convicted of a criminal offense? Yes No; If yes, fill out below:

Date of arrest	Arresting Agency	Charge	Disposition

If known, has he/she had Child Welfare Services (AKA: CPS) involved? Yes No; If yes, fill out below:

Date of involvement	Agency involved	Allegations	Disposition/Conclusion

Marital and Relationship History of BIOLOGICAL/LEGAL PARENT WHO DOES NOT HAVE CUSTODY: Please list all known marriages or relationships beginning with the current one.

Spouse/Partner	Date of Marriage/Domestic partnership	Place of Service	How Terminated	When	Where	Children's names and ages	Where do children reside

Employment History of BIOLOGICAL/LEGAL PARENT WHO DOES NOT HAVE CUSTODY: Please list employers you know of during the last ten years beginning with the current or most recent.

From (mo/yr)	To (mo/yr)	Employers Name, Address and Phone	Position Occupied	Earnings	Reason for Leaving

Adopting Parent Name: _____

Case Number: AD _____

Biological/Legal Parent Who Does Not Have Custody (Continued):

If known, does he/she receive child support, or pay child support for children from prior marriages or relationships? Yes No; If yes, explain to whom and how much paid or from whom and how much received: _____

Is the Department of Child Support Services involved? Yes No

REMARKS:

Please use the space below to include any remarks or comments you wish the investigator to have.

REFERENCES:

Please list six names and addresses of people who know the stepparent/domestic partner and child/ren whom are **NOT RELATED**. They will be sent questionnaires to fill out and return to this office. Please notify references that they will receive a questionnaire and ask them to complete and return it to our office promptly.

	NAME	ADDRESS	PHONE NUMBER
1.			
2.			
3.			
4.			
5.			
6.			

Adopting Parent Name: _____

Case Number: AD _____

I declare that the information I have provided above is true and accurate to the best of my knowledge.

Signed

Date

IMPORTANT INFORMATION

REMINDER: IF FAMILY COURT SERVICES DOES NOT RECEIVE THE REQUESTED INFORMATION WITHIN 2 MONTHS FROM THE DATE THE QUESTIONNAIRE IS MAILED TO YOU, THE CASE WILL BE PLACED IN THE INACTIVE FILES. IF THERE IS NO FURTHER ACTIVITY AFTER 30 DAYS, THE CASE WILL BE CLOSED WITH THE FAMILY COURT SERVICES OFFICE AND THE PETITIONER WILL NEED TO FILE A NEW PETITION WITH THE CLERK OF THE COURT (ROOM 201) LOCATED IN VISALIA OR AT THE CLERK'S WINDOW LOCATED AT THE SOUTH COUNTY JUSTICE CENTER IN PORTERVILLE IF HE/SHE DESIRES TO PURSUE THE ADOPTION.

Please remember that in Termination of Parental Rights and Stepparent/Domestic Partner Adoption Investigations ALL children ages seven and older will be interviewed per Family Code 7851 unless "the age, physical, emotional, or other condition of the child precluded the child from providing the investigator with a meaningful response or requests for additional information." This will be determined by the investigator at the time of the interview. Specific questions will be asked of the child about the birth parent and the stepparent/domestic partner adoption as required by the Family Code and parents should take this into consideration when pursuing adoption.

CHECK OFF LIST:

- A signed consent for the adoption by the non-custodial biological/legal parent must be filed.
- OR-**
- A petition to Terminate Parental Rights must be filed and heard in court before the Stepparent/Domestic Partner Adoption can be completed.
- Minor child/ren's birth certificate/s
- Marriage certificate of biological/legal parents if previously married
- Marriage certificate or Domestic Partner Registration of adopting parent to biological/legal parent (must be married or registered for at least one year prior to the petition for adoption per local policy)
- All final judgments of divorce (or death certificates) for any prior marriages of the adopting parent
- All final judgments of divorce (or death certificates) for any prior marriages of the parent who has custody
- Complete the "Acknowledgement" form (which is enclosed) for having your fingerprints taken and bring the Acknowledgement with you at the time of the appointment.
- Check the Stepparent/Domestic Partner Adoption Informational Questionnaire to make sure it is thoroughly completed and signed.