

Oakland County Circuit Court – Family Division, Adoption Services

Adoption Questionnaire - Relatives

Name of child(ren)

First Middle Last Date of Birth

Name after adoption

First Middle Last Date of Birth

First Middle Last

First Middle Last

Name of Proposed Adoptive Father

First Middle Last

Date of birth _____

Present address

No. Street City State Zip Code

How long have you lived at present address? _____

Home Phone _____

Cell Phone _____

Work Phone _____

Employer's Name _____ Occupation _____

If self-employed, name and type of business _____

If unemployed, source of income _____

Name of Proposed Adoptive Mother

First Middle Last

Date of Birth _____

Present Address

No. Street City State Zip Code

How long have you lived at present address? _____

Home Phone _____

Cell Phone _____

Work Phone _____

Employer's Name _____ Occupation _____

If self-employed, name and type of business _____

If unemployed, source of income _____

How are you related to the child(ren)? _____

What is the reason for adoption? _____

Do you have a guardianship? Yes No If yes, where? _____
Case Number? _____

Birth Father's Name _____ **Date of Birth** _____
First Middle Last

Present / Last Known Address _____
No. Street City State Zip

Driver's License No. _____

Birth Mother's Name _____ **Date of Birth** _____
First Middle Last

Present / Last Known Address _____
No. Street City State Zip

Driver's License No. _____

Has the father's paternity been established through Court proceedings? Circuit Court Probate Court No

Are children's parents married? Yes No Divorced

REFERENCES Please list individuals you have known for several years who know you well enough to write a letter to the Court on your behalf: **NO RELATIVES**

1. Name _____ Phone _____

Address _____
No. Street City State Zip Code

2. Name _____ Phone _____

Address _____
No. Street City State Zip Code

3. Name _____ Phone _____

Address _____
No. Street City State Zip Code

Have the parents of this child or proposed adoptive parents had any contact with Children's Protective Services?
 Yes No If yes, name of Children's Protective Services caseworker _____

Phone _____

Have proposed adoptive parents ever been convicted in a criminal proceeding, imprisoned, placed on probation or parole, (including DUI)? Yes No

If yes, give details including date, place, nature of offense and disposition _____

THIS ADOPTION QUESTIONNAIRE HAS BEEN EXAMINED BY ME AND THE CONTENTS ARE TRUE TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.

Date

Signature of Proposed Adoptive Mother

Date

Signature of Proposed Adoptive Father