

**OAKLAND COUNTY CIRCUIT COURT - FAMILY DIVISION, ADOPTION SERVICES  
ADOPTION QUESTIONNAIRE – STEPPARENTS**

Name of Child(ren)

\_\_\_\_\_  
First Middle Last Date of Birth

\_\_\_\_\_  
First Middle Last Date of Birth

Name After Adoption

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
First Middle Last

**Name of Proposed Adoptive Mother or 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 \_\_\_\_\_

**\*PLEASE COMPLETE EVEN IF YOU ARE BIRTH PARENT\***

**Name of Custodial Birth Parent**

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

**Birth Father's Name** \_\_\_\_\_ **Date of birth** \_\_\_\_\_  
First Middle Last

Present / last known address \_\_\_\_\_  
No. Street City State Zip Code

Driver's License No. \_\_\_\_\_

**Birth Mother's Name** \_\_\_\_\_ **Date of birth** \_\_\_\_\_  
First Middle Last

Present / last known address \_\_\_\_\_  
No. Street City State Zip Code

Driver's License No.. \_\_\_\_\_

Date stepparent and child(ren) began living together \_\_\_\_\_

Brief reason for stepparent to adopt \_\_\_\_\_

**REFERENCES:** Please list individuals you have known for several years who know you well enough as a family 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.

\_\_\_\_\_  
Signature of Custodial Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposed Adoptive Parent