

Superior Court of California  
San Luis Obispo County

**STEPARENT OR DOMESTIC PARTNER ADOPTION QUESTIONNAIRE**

CASE NAME: \_\_\_\_\_

Case Number: \_\_\_\_\_

**Instructions to Petitioner:**

In order to begin the investigation required by the Court, you must complete this questionnaire and provide copies of the required documents as indicated to:

**FAMILY COURT SERVICES**

Mailing address:  
901 Park Street  
Paso Robles, CA 93446

The questionnaire is important in introducing you and your situation to the investigator handling your case. Attach all additional documents as applicable to this questionnaire.

**I. PETITIONER**

Your current name:		Driver's License Number:	
Maiden name and/or other names used:			
Name and Telephone number of your attorney: ( )			
Your current address (street, city, state, zip):			
How long at this address?		Years	Months
Home Telephone: ( )		Business Telephone: ( )	

**II. IDENTIFYING DATA OF PETITIONER**

Social Security Number:		Age:		Date of Birth:		Place of Birth:	
Race:	Eye Color:		Hair Color:		Wgt:		Hgt:
Extent of Schooling, H.S./College, etc:							
Insurance (Life, Health, Car, etc.) specify:							

### III. MARITAL HISTORY OF PETITIONER

(List all marriages)

Time	Name of Spouse (use maiden names) include present marriage	Date of Marriage	Date Separated	Date And How Terminated	Number of Children
<i>First</i>		/ /	/ /		
<i>Second</i>		/ /	/ /		
<i>Third</i>		/ /	/ /		

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

**\*\*If applicable, attach a certified copy of the final divorce judgment of each previous marriage\*\***

**\*\*If applicable, attach a certified copy of any orders changing your name\*\***

### IV. CHILD

(List the child INVOLVED with this Court action)

Name	Date of Birth	Living with	Address	Name of other parent
	/ /			

Has the child ever been involved in any other court case? Yes  No

If so, what county \_\_\_\_\_, case number \_\_\_\_\_.

**\*\*Attach certified copy of the birth certificate\*\***

**\*\*If applicable, attach a certified copy of the Order of Adoption, if the minor has been previously adopted\*\***

**\*\*If applicable, attach a certified copy of the most recent court order awarding custody of the child to be adopted or an Order Terminating Parental Rights or Order Declaring Minor Free from Parental Custody and Control\*\***

**\*\*If applicable, attach a certified copy of any orders changing the child's name\*\***

### V. CHILDREN

(List all your other children NOT INVOLVED in the Court action)

Name	Date of Birth	Living with	Address	Name of other parent
	/ /			
	/ /			
	/ /			
	/ /			

Since the separation of the parents of the minor(s), whom have the child(ren) been living with? Also list dates.

## VI. HEALTH OF CHILDREN

(List each child in this case who has recently been under the care of a Doctor, or Psychiatrist, including family physician)

Child	Doctor	Address	Date	Reason
			/ /	
			/ /	
			/ /	

Do any of the children presently have physical or mental problems? Yes  No  If "Yes," please explain:

Place of residence for self and children:

Will the children be placed in the supervision of others? Yes  No  If "Yes," please complete below:

Name of caretaker:	Relation to children	Address	Phone Number	What period of time

State the reasons why you feel the other parent should not have custody/visitation (if this is so) and please be specific. Give examples and dates if applicable (attach additional sheet, if needed).

## IV. EMPLOYMENT

(Beginning with your present employment, list employment for the last 5 years.)

Name of Employer	Address of Employer	Type of Job	Date Begun	Date Left	Reason for Leaving
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	

Current working hours and days:

MONTHLY INCOME:	Gross	Net
From employment		
Own business	\$	\$
Public assistance (AFDC or Social Security Assistance)	\$	\$
Child Support	\$	\$
Other sources	\$	\$
<b>TOTAL</b>	\$	\$

Does the petitioner pay child support? Yes  No   
 If yes, is the amount in arrears? Yes  No  If yes, amount in arrears \$ \_\_\_\_\_

**VIII. MEDICAL HISTORY OF PETITIONER**

Name and Address of Doctor	Name of Hospital	When Treated	Nature of Illness

**IX. CRIMINAL RECORD OF PETITIONER**

Has petitioner ever been arrested? Yes  No  If yes, please give dates and details:


Is the petitioner on Probation or Parole? Yes  No   
 If "Yes," please give name of Probation Officer or Parole Agent: \_\_\_\_\_  
 Phone number: \_\_\_\_\_

Does the petitioner have any criminal actions pending? Yes  No  If yes, please explain:

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**X. NATURAL FATHER**

Name of natural father:		Date of last support:	
Address:		Date of last contact with child:	
Date of Birth:	Place of Birth:	Race:	
Occupation:		Employer:	
Has he consented to Adoption: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Date of child's last contact with any other relative of the natural father's?			

**\*\*If applicable, attach a certified copy of the death certificate, or proof of parental rights being terminated\*\***

**MARITAL HISTORY OF NATURAL FATHER**

Time	Name of Spouse (use maiden names) include present marriage	Date of Marriage	Date Separated	Date And How Terminated	Number of Children
<i>First</i>		/ /	/ /		
<i>Second</i>		/ /	/ /		
<i>Third</i>		/ /	/ /		

Is the child the result of a donorship? Yes  No  If yes, attach proof of donorship.

**X. NATURAL MOTHER**

Name of natural mother:		Date of last support:	
Address:		Date of last contact with child:	
Date of Birth:	Place of Birth:	Date of Birth:	
Occupation:		Employer:	
Has she consented to Adoption: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Date of child's last contact with any other relative of the natural mother's?			

**\*\*If applicable, attach a certified copy of the death certificate, or proof of parental rights being terminated\*\***

**MARITAL HISTORY OF NATURAL MOTHER**

Time	Name of Spouse (use maiden names). include present marriage	Date of Marriage	Date Separated	Date And How Terminated	Number of Children
<i>First</i>		/ /	/ /		
<i>Second</i>		/ /	/ /		
<i>Third</i>		/ /	/ /		

