

STATE OF CALIFORNIA MADERA SUPERIOR COURT Family Court Services 200 South G Street Madera, CA 93637

DECLARE MINOR FREE/STEPPARENT ADOPTION INVESTIGATION INTAKE / QUESTIONNAIRE

TYPE OF PETITIO	N: 🗌 S	STEPPAI	RENT	ADO	PTION (\$300) 🗌 [DECLARE	MINOR FREE (\$3	300)
☐ DUAL STEPPARENT ADOPTION/DECLARE MINOR FREE (\$450)									
**** NOTE: INVES	TIGATION	N FEE IS	DUE	FROI	M THE PETIT	TIONE	R ON TH	E DAY OF THE A	PPOINTMENT ***
SECTION 1: PETIT	IONER'S	INFORM	IATIO	N					
NAME (Last, First, I	Middle):		RELA	TIONS	HIPTO CHILD:		MA	IDEN NAME:	OTHER NAMES KNOWN BY:
DATE OF BIRTH:	PLACE OF	BIRTH:	ATTC	ATTORNEY NAME / TELEPHONE # / FAX #:					
TEL. #:			E-MA	E-MAIL ADDRESS:		HAS	THE NON-C	USTODIAL PARENT B	EEN SERVED?
						☐ Y	es 🗌	No	
STREET ADDRESS:			SOCI	AL SE	CURITY #:	DRIV	ER'S LICEN	SE#/STATE:	
CITY:	STATE:		ZIP C	ODE:		HOW	LONG AT T	HIS ADDRESS?	
						YEAF	RS:	MONTHS:	
SECTION 2: NATU	RAL FAT	HER'S II	NFOR	MATI	ON				
NAME (Last, First, I	Middle)		DO YOU CONSENT TO THE ADO						
				THE MINOR FREE PETITION? Yes No					
DATE OF BIRTH: PLACE OF BIRTH:			ATTO	TORNEY NAME / TELEPHONE # / FAX #:					
HOME TEL.#:				CELL	E-MAIL ADDRESS:				
STREET ADDRESS:				SOCIAL SECURITY#:		:	DRIVER'S LICENSE # / STATE:		
CITY:	STATE:			ZIP CODE:			HOW LONG AT THIS ADDRESS? YEARS: MONTHS:		
SECTION 3: NATURAL MOTHER'S IN			NEOF	384A T	ION.		YEARS:	MONTHS:	
		HER'S I	NFOF	KIVIA I		ICENT	TO THE AD	ODTION/DECLARE	OTHER NAMES KNOWN DV.
NAME (Last, First, Middle)				DO YOU CONSENT TO THE ADOPTION/DECLARE THE MINOR FREE PETITION? Yes No					
DATE OFBIRTH: PLACE OF BIRTH:			H:	ATTORNEY NAME / TELEPHONE # / FAX #:					
HOME TEL.#:				CELL TEL.#:	E-MAIL ADDRESS:				
STREET ADDRESS:				SOCIAL SECURITY#: DRIVER'S LICENSE # / STATE:		#/STATE:			
CITY: STATE:			ZIP CODE:		HOW LONG AT THIS ADDRESS? YEARS: MONTHS:				

SECTION 4: OBJECTING WITNESS INFORMATION MAIDEN NAME: NAME (Last, First, Middle) RELATIONSHIP TO CHILD: DATE OF BIRTH: PLACE OF BIRTH: ATTORNEY NAME / TELEPHONE # / FAX #: HOME TEL.#: CELL TEL.#: E-MAIL ADDRESS: STREET ADDRESS: SOCIAL SECURITY#: DRIVER'S LICENSE # / STATE: CITY: STATE: ZIP CODE: HOW LONG AT THIS ADDRESS? YEARS: MONTHS: **SECTION 5: CONCERNS AND PROPOSALS** 1. Reasons for or against the Adoption and/or Declare the Minor Free Petition: a. Petitioners: What are the top three most important reasons why you wish to adopt the child and/or have the child declared free from parental control of a biological parent? b. Natural Parents who **do not object** to the petition for adoption and/or declare minor free: What are the **top** three reasons why the petition to adopt and/or declare the minor free should be granted? c. Natural Parents who object to the petition: What are the top three reasons why the petition to adopt and/or declare the minor free should **not** be granted? d. Is there a current court order? ☐ Yes ☐ No e. Whether there is a current court order in place or not, please answer the following questions regarding how things are now: a. At this time, who makes decisions about the child/ren's health, education and welfare? ____ b. At this time, who does the child/ren live with? ____ c. At this time when do the children spend time with each parental figure? What has been your involvement regarding the care of the child/ren?

SECTION	ON 6: CO	NTACT WIT	H THE COUR	TS AND OTH	ER STATE AGENCIE	S	
A.	CRIMINA	AL COURT -	· List all <u>YOUR</u>	arrests in the	last 10 years:		
Da	ate of Arre	est:	Charge(s):		Law Enforcement A	Agency:	Outcome:
1.	Have YC	U ever bee	n court ordered	I to attend:			
	☐ Batte	rer's Interve	ntion Program′	? 🗌 Drug	Treatment?	Anger Management	?
2.	Are you	currently on	Probation or P	arole? 🗌 Yes	s ☐ No IF YES, ∣	please state the na	me, location and
	telephon	e number of	your probatior	n/parole office	r:		
3.	Does an	yone else cı	ırrently living ir	your home h	ave criminal arrests o	r convictions? 🗌 Y	es 🗌 No
	IF YES,	please state	the name of the	ne person, dat	es of the arrests, char	ges and outcomes	for all:
							
4.	Have the	OTHER pa	rental figures e	ever been arre	sted? 🗌 Yes 📗 N	0	
	IF YES,	please state	the dates of the	ie arrests, cha	rges and outcomes fo	or all:	
							· · · · · · · · · · · · · · · · · · ·
5.							rictions? Yes No
	IF YES, please state the dates of the arrests, charges and dispositions for all:						
			E SERVICES				
1.		<u></u>	Services ever 5, please answ		erral on you, the othe a guestions:	r parental figures o	r your children?
Name o	of Child:	Date Inves		Concerns/Alle		Outcome of I	nvestigation:
SECTION	ON 7: INF	ORMATION	I ABOUT YOU	R CURRENT	BOYFRIEND, GIRLF	RIEND, OR SPOU	SE:
FULL NA				DATE OF BIRTI	-	•	L SECURITY#:
OTHER I	NAMES USI	ED:		DRIVER'S LIC.#	/STATE:	DATE RELATIONSHII	P BEGAN:
HOME P	H#:			CELL PH#:		OCCUPATION:	
PRESENT EMPLOYER:			EMPLOYER'S F	PH#:	DAYS/HOURS WORK	:	

SECTION 8	SECTION 8: EDUCATION AND EMPLOYMENT							
A. Education Level: Please list the highest grade or level of schooling you completed:								
GED 🗌								
	1. Are you currently employed? ☐ Yes ☐ No							
	IF YES, what is your occupation, employer's name, telephone number and employer's address?							
	2.	How long have you	ı boon with you	ır current employer	2 Voors:	Months:		
	۷.	Tiow long have you	i been wiin you	ii current employer	rears	WOTHIS	_	
	3. Current workdays and hours (please list what time you start work and what time you end work each day):			- ,				
SUNDAY	•	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
	4.	•		ry over the past 5 y				
Dates of emplo	ymer	nt: Name of employer	:	Telephone #:	Occupation:	Reason for leaving:		
B. Wi	no ta	kes care of the chi	ld(ren) while yo	ou are unavailable?	Please provide th	eir names and tel	ephone #'s:	
		NTAL HEALTH H						
	•	u ever been in cou	•	apy?		I counselors who you	gone to:	
Date:	_O, p.	Doctor/Therapis	,	<u> </u>	ailing address:		ephone #:	
2. Hav	e vol	ı ever been hospitali:	zed for psvchiatri	c treatment?	s 🗆 No			
	•	•		d and the dates of tre	_			
Date		Hospital name		Complete mailing a	address	Telepho	ne #:	
3. Hav	e yo	u ever taken psych	niatric medicatio	on? 🗌 Yes 🔲 No	o (for example, fo	r depression, anx	iety, etc.)	
IF Y	IF YES, please list the names of all medications and the name, telephone number and the complete mailing						olete mailing	
address of the physician who prescribed the medication:								
4. Has	the	other parent or pe	titioner ever be	en in counseling/th	erapy or hospitaliz	ed for psychiatric	treatment?	
	Yes	☐ No IF YES, pl	ease list the the	erapist, agency or h	nospital that provid	led the services a	nd the dates of	
trea	tmei	nt:						

•		sychiatric medication? L		e complete mailing			
address of the physicia	an who prescribed the m	edication:					
SECTION 10: ALCOHOL AND	SUBSTANCE ABUSE	HISTORY					
		ık?					
2. How often do you drink?							
3. Has your drinking ever been an issue between you and your family or friends? ☐ Yes ☐ No							
•	-	ver received treatment for					
IF YES, ple	ease check all applicable	e treatment:					
☐ Counseling/Therap	py 🗌 Detox 🗀	Rehab Inpatient 🔲 F	Rehab Outpatient	☐ AA/NA			
5. If a box wa	ıs checked, please list in	chronological order, the t	herapist/agency/l	hospital utilized:			
Date: Therapist/l	Hospital: Comp	olete mailing address:		Telephone#:			
6. Drug use h	nistory:						
Name of drug:	How often:	Age of fi	rst use:	Date of last use:			
7. Prescriptio	n drug use history:	·		•			
Name of drug / # milligrams:	How often taken:	Prescribing doctor:	Doctor'	Doctor's phone number:			
•	•	☐ Yes ☐ No Expiration					
-	•	lose a job? Yes N					
•		ween you and your family					
-	_	testing? Yes No					
12. Were the results of	the drug test(s) positive	e? For what drugs?					
	THE NAMEO AND DIDT	UDATEO OF ALL ADULT	O L IV/IN/O IN THE	T LIONE.			
SECTION 11: PLEASE LIST T	HE NAMES AND BIRTI	HDATES OF ALL ADULT	S LIVING IN THI	E HOME:			

SECTION 12: CHILD(REN)'S INFORMATION:	
NAME OF CHILD #1:	NAME OF CHILD #2:
Who they live with:	Who they live with:
Child's DOB: Age: Grade Level:	Child's DOB: Age: Grade Level:
School/Daycare Name:	School/Daycare Name:
School/Daycare Address:	School/Daycare Address:
School/Daycare Telephone#:	School/Daycare Telephone#:
Teacher/Daycare Provider Name:	Teacher/Daycare Provider Name:
Principal Name:	Principal Name:
Pediatrician Name:	Pediatrician Name:
Pediatrician's Address:	Pediatrician's Address:
Pediatrician's Telephone#:	Pediatrician's Telephone#:
Does this child presently have physical or emotional problems?	Does this child presently have physical or emotional problems?
☐ Yes ☐ No	☐ Yes ☐ No
IF YES, what is the issue?	IF YES, what is the issue?
Is this child presently in individual counseling or children of divorce group? ☐ Yes ☐ No	Is this child presently in individual counseling or children of divorce group? ☐ Yes ☐ No
Therapist's Address/phone#:	Therapist's Address/phone#:
NAME OF CHILD #3:	NAME OF CHILD #4:
Who they live with:	Who they live with:
Child's DOB: Age: Grade Level:	Child's DOB:Age: Grade Level:
School/Daycare Name:	School/Daycare Name:
School/Daycare Address:	School/Daycare Address:
School/Daycare Telephone #	School/Daycare Telephone #
Teacher/Daycare Provider Name:	Teacher/Daycare Provider Name:
Principal Name:	Principal Name:
Pediatrician Name:	Pediatrician Name:
Pediatrician's Address:	Pediatrician's Address:
Pediatrician's Telephone #:	Pediatrician's Telephone #:
Does this child presently have physical or emotional problems?	Does this child presently have physical or emotional problems?
☐ Yes ☐ No	☐ Yes ☐ No
IF YES, what is the issue?	IF YES, what is the issue?
Is this child presently in individual counseling or children	Is this child presently in individual counseling or children
Is this child presently in individual counseling or children of divorce group? ☐ Yes ☐ No	Is this child presently in individual counseling or children of divorce group? ☐ Yes ☐ No

SECTION 13: YOUR RELATIONSHIP WITH EACH CHILD 1. Please describe each child (check off all of those that apply): a. Activity level: high energy low energy able to focus b. Attention: easily distracted c. Level of intensity when upset: reacts dramatically becomes quiet d. Gets hungry or tired: ☐ at predictable times ☐ at unpredictable times e. Response to stimulation: startles easily to sounds remains calm i. Appetite: picky eater will eat anything ii. Adaptability: approaches new situations easily takes a long time to become comfortable iii.When faced with obstacles (for example: putting together a puzzle): Child is patient Child gives up easily iiii.Mood in general: ☐ the child is positive and happy ☐ the child focuses on the negative 2. What does each child do well? 3. What kinds of problems does each child have (Social, emotional, intellectual)? 4. What have you done to try to help each child with these problems? 5. Describe special interests and/or activities that you and each child share: 6. What kind of discipline works with each child? SECTION 14: YOUR FAMILY BACKGROUND AND OTHER INFORMATION 1. What are/were your parents'/stepparents' names and occupations? 2. What are your siblings' names? What place are you in the birth order? 3. Who lived with you growing up? What role did they play in your life?

4.	What was the quality of your parents' relationship with each other growing up? What is it like now?
5.	Did your parents divorce? If so, who did you live with? What effect did the divorce have on you?
6.	Were there any issues in the home growing up such as substance abuse or mental health issues?
7.	What is your current relationship with each of your siblings? (for example, Close? Strained? None? Needs improvement?)
8.	What issues, if any, did you experience during your early adulthood in school, with peers, with substance abuse of mental health?
9.	What was the parenting role of your mother and your father growing up?

NAME OF CHILD #1:

NAME OF CHILD #2:

NAME OF CHILD #3:	

NAME OF CHILD #4: