



STATE OF CALIFORNIA
 MADERA SUPERIOR COURT
 Family Court Services
 200 South G Street
 Madera, CA 93637
 PH #: (559) 416-5560
 FAX #:(559)673-8216

**DECLARE MINOR FREE/STEPARENT ADOPTION
 INVESTIGATION INTAKE / QUESTIONNAIRE**

CASE#: _____ FCS#: _____ COURT DATE: _____

TYPE OF PETITION: STEPPARENT ADOPTION (\$300) DECLARE MINOR FREE (\$300)
 DUAL STEPPARENT ADOPTION/DECLARE MINOR FREE (\$450)

**** NOTE: INVESTIGATION FEE IS DUE FROM THE PETITIONER ON THE DAY OF THE APPOINTMENT ****

SECTION 1: PETITIONER'S INFORMATION				
NAME (Last, First, Middle):		RELATIONSHIP TO CHILD:	MAIDEN NAME:	OTHER NAMES KNOWN BY:
DATE OF BIRTH:	PLACE OF BIRTH:	ATTORNEY NAME / TELEPHONE # / FAX #:		
TEL. #:	E-MAIL ADDRESS:	HAS THE NON-CUSTODIAL PARENT BEEN SERVED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
STREET ADDRESS:		SOCIAL SECURITY #:	DRIVER'S LICENSE # / STATE:	
CITY:	STATE:	ZIP CODE:	HOW LONG AT THIS ADDRESS? YEARS: _____ MONTHS: _____	
SECTION 2: NATURAL FATHER'S INFORMATION				
NAME (Last, First, Middle)		DO YOU CONSENT TO THE ADOPTION/DECLARE THE MINOR FREE PETITION? <input type="checkbox"/> Yes <input type="checkbox"/> No		OTHER NAMES KNOWN BY:
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 3: NATURAL MOTHER'S INFORMATION:				
NAME (Last, First, Middle)		DO YOU CONSENT TO THE ADOPTION/DECLARE THE MINOR FREE PETITION? <input type="checkbox"/> Yes <input type="checkbox"/> No		OTHER NAMES KNOWN BY:
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 6: CONTACT WITH THE COURTS AND OTHER STATE AGENCIES

A. CRIMINAL COURT - List all YOUR arrests in the last 10 years:

Date of Arrest:	Charge(s):	Law Enforcement Agency:	Outcome:

1. Have **YOU** ever been court ordered to attend:
 Batterer's Intervention Program? Drug Treatment? Anger Management? Counseling?
2. Are you currently on Probation or Parole? Yes No IF YES, please state the name, location and telephone number of your probation/parole officer: _____
3. Does anyone else currently living in your home have criminal arrests or convictions? Yes No
IF YES, please state the name of the person, dates of the arrests, charges and outcomes for all: _____

4. Have the **OTHER** parental figures ever been arrested? Yes No
IF YES, please state the dates of the arrests, charges and outcomes for all: _____

5. Does anyone else currently living in the other parent's home have criminal arrests or convictions? Yes No
IF YES, please state the dates of the arrests, charges and dispositions for all: _____

B. CHILD PROTECTIVE SERVICES

1. Has Child Protective Services ever received a referral on you, the other parental figures or your children?
 Yes No IF YES, please answer the following questions:

Name of Child:	Date Investigated:	Concerns/Allegations:	Outcome of Investigation:

SECTION 7: INFORMATION ABOUT YOUR CURRENT BOYFRIEND, GIRLFRIEND, OR SPOUSE:

FULL NAME:	DATE OF BIRTH:	SOCIAL SECURITY#:
OTHER NAMES USED:	DRIVER'S LIC.#/STATE:	DATE RELATIONSHIP BEGAN:
HOME PH#:	CELL PH#:	OCCUPATION:
PRESENT EMPLOYER:	EMPLOYER'S PH#:	DAYS/HOURS WORK:

SECTION 8: EDUCATION AND EMPLOYMENT

A. Education Level: Please list the highest grade or level of schooling you completed:

GED High school graduate College courses taken College graduate Post graduate work

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 been with your current employer? Years: _____ Months: _____

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. Please list your employment history over the past 5 years:

Dates of employment:	Name of employer:	Telephone #:	Occupation:	Reason for leaving:

B. Who takes care of the child(ren) while you are unavailable? Please provide their names and telephone #'s:

SECTION 9: MENTAL HEALTH HISTORY

1. Have you ever been in counseling or therapy? Yes No

IF YES, please list in chronological order (by year) the therapists, counselors, clergy and/or marital counselors who you gone to:

Date:	Doctor/Therapist name:	Complete mailing address:	Telephone #:

2. Have you ever been hospitalized for psychiatric treatment? Yes No

IF YES, please list hospitals or clinics attended and the dates of treatment:

Date	Hospital name	Complete mailing address	Telephone #:

3. Have you ever taken psychiatric medication? Yes No (for example, for depression, anxiety, etc.)

IF YES, please list the names of all medications and the name, telephone number and the complete mailing address of the physician who prescribed the medication: _____

4. Has the other parent or petitioner ever been in counseling/therapy or hospitalized for psychiatric treatment?

Yes No IF YES, please list the therapist, agency or hospital that provided the services and the dates of treatment: _____

5. Has the other parent or petitioner ever taken psychiatric medication? Yes No

IF YES, please list the names of all medications and the name, telephone number and the complete mailing address of the physician who prescribed the medication: _____

SECTION 10: ALCOHOL AND SUBSTANCE ABUSE HISTORY

1. What kind(s) of alcohol do you drink? _____

2. How often do you drink? _____

3. Has your drinking ever been an issue between you and your family or friends? Yes No

4. Are you currently in or have you ever received treatment for alcohol abuse? Yes No

IF YES, please check all applicable treatment:

Counseling/Therapy Detox Rehab Inpatient Rehab Outpatient AA/NA

5. If a box was checked, please list in chronological order, the therapist/agency/hospital utilized:

Date:	Therapist/Hospital:	Complete mailing address:	Telephone#:

6. Drug use history:

Name of drug:	How often:	Age of first use:	Date of last use:

7. Prescription drug use history:

Name of drug / # milligrams:	How often taken:	Prescribing doctor:	Doctor's phone number:

8. Do you have a medical marijuana card? Yes No Expiration Date: _____

9. Have drugs or alcohol ever caused you to lose a job? Yes No

10. Has your drug use ever been an issue between you and your family or friends? Yes No

11. Have you ever been court ordered for drug testing? Yes No IF YES, when:: _____

12. Were the results of the drug test(s) positive? For what drugs? _____

SECTION 11: PLEASE LIST THE NAMES AND BIRTHDATES OF ALL ADULTS LIVING IN THE HOME:

SECTION 12: CHILD(REN)'S INFORMATION:

NAME OF CHILD #1: _____

Who they live with: _____

Child's DOB: _____ Age: _____ Grade Level: _____

School/Daycare Name: _____

School/Daycare Address: _____

School/Daycare Telephone#: _____

Teacher/Daycare Provider Name: _____

Principal Name: _____

Pediatrician Name: _____

Pediatrician's Address: _____

Pediatrician's Telephone#: _____

Does this child presently have physical or emotional problems?

Yes No

IF YES, what is the issue? _____

Is this child presently in individual counseling or children of divorce group? Yes No

Therapist's Address/phone#: _____

NAME OF CHILD #3: _____

Who they live with: _____

Child's DOB: _____ Age: _____ Grade Level: _____

School/Daycare Name: _____

School/Daycare Address: _____

School/Daycare Telephone # _____

Teacher/Daycare Provider Name: _____

Principal Name: _____

Pediatrician Name: _____

Pediatrician's Address: _____

Pediatrician's Telephone #: _____

Does this child presently have physical or emotional problems?

Yes No

IF YES, what is the issue? _____

Is this child presently in individual counseling or children of divorce group? Yes No

Therapist's Address/phone#: _____

NAME OF CHILD #2: _____

Who they live with: _____

Child's DOB: _____ Age: _____ Grade Level: _____

School/Daycare Name: _____

School/Daycare Address: _____

School/Daycare Telephone#: _____

Teacher/Daycare Provider Name: _____

Principal Name: _____

Pediatrician Name: _____

Pediatrician's Address: _____

Pediatrician's Telephone#: _____

Does this child presently have physical or emotional problems?

Yes No

IF YES, what is the issue? _____

Is this child presently in individual counseling or children of divorce group? Yes No

Therapist's Address/phone#: _____

NAME OF CHILD #4: _____

Who they live with: _____

Child's DOB: _____ Age: _____ Grade Level: _____

School/Daycare Name: _____

School/Daycare Address: _____

School/Daycare Telephone # _____

Teacher/Daycare Provider Name: _____

Principal Name: _____

Pediatrician Name: _____

Pediatrician's Address: _____

Pediatrician's Telephone #: _____

Does this child presently have physical or emotional problems?

Yes No

IF YES, what is the issue? _____

Is this child presently in individual counseling or children of divorce group? Yes No

Therapist's Address/phone#: _____

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
 - b. Attention: able to focus 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? _____

