

**38<sup>th</sup> Circuit Court of Monroe, Family Division**

**Petitioner's Filing Instructions – Step-Parent Adoption [legal parent]**

**(Case type AY)**

The following instructions are designed to assist you in petitioning the court for adoption.

You must be a resident of Monroe County to file a Petition for Adoption in Monroe County. Proof of residency is required.

**REQUIRED FEES**

**FILING FEE - \$175** (*\$182.25 if paying with a credit card*)

**NEW BIRTH CERTIFICATE** – (*Fees vary according to state of birth. Michigan fee = \$50*)

**FORMS NEEDED**

1. Petition for STEP PARENT adoption (PCA 301b)
2. Confidential case inventory (MC 21)
3. Petitioner's Verified Accounting (PC 347)
4. Supplemental Petition and Affidavit to Terminate Parental Rights (PCA 302)
5. Certified copy of birth certificate of adoptee
6. Copy of birth certificate(s) of petitioner(s)
7. Copy of marriage license
8. True copy of the judgement of divorce of legal parent OR affidavit of parentage.
9. Request for central registry clearance from (DHHS)
10. Proof of service (Personal service – conducted by a process server. Must be done at least 7 days prior to the hearing.)
11. Medical examination
12. Adoptive History Report

After the Petition for Adoption and supporting documents have been submitted to the court, the following will occur:

- **Notice of hearing:** Termination of Parental Rights will be served on the Non-Custodial parent.
- **Home study:** The judge will order the Adoption Supervisor to conduct an adoptive home study to be scheduled with the petitioner at a mutually agreeable time.



38th JUDICIAL CIRCUIT - FAMILY DIVISION MONROE COUNTY	<b>PETITION FOR STEPPARENT ADOPTION</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, adoptee  
Full name of child

**The petitioners are:**

Name	Relationship to Adoptee	Address, City, State, Zip	Date and Place of Birth
Maiden:			
Maiden:			

1. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in \_\_\_\_\_ Court, Case Number \_\_\_\_\_, was assigned to Judge \_\_\_\_\_, and  remains  is no longer pending.

2. The adoptee is: \_\_\_\_\_  
Full name of child (type or print) Birth date and time  
 \_\_\_\_\_  
City, county, and state of birth  
 \_\_\_\_\_  
Current residential address (if known)

3. The adoptee will be my heir at law.  not be changed.  
 4. The adoptee's name will  be changed to \_\_\_\_\_  
First Middle Last

5. The adoptee's property is \_\_\_\_\_

6. The adoptee's parents are

Father's name (type or print)	Birth date	Mother's name and maiden name (type or print)	Birth date
Address		Address	
City, state, zip		City, state, zip	

7. The adoptee's court-appointed guardian and/or conservator is/are (attach copy[ies] of letters of authority)

\_\_\_\_\_  
Name(s) and address(es)

8. The other parent has failed to provide support or comply with a support order and failed to visit or contact the adoptee for a period of 2 years or more. (Attach form PCA 302, Supplemental Petition and Affidavit to Terminate Parental Rights of Noncustodial Parent.)

(See additional page)

Do not write below this line - For court use only

9. The adoptee is an Indian child as defined in MCR 3.002(12). The identity of the tribe is

\_\_\_\_\_  
Name of tribe, if known

**I REQUEST:**

10. Termination of all existing parental rights inconsistent with the order of adoption, entry of an order approving placement of the child with me, and entry of an order of adoption with the adoptee's name recorded as stated in item 4.

11. The adoption be expedited because \_\_\_\_\_

I declare that the statements above are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Signature of petitioner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of petitioner

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
Petitioner telephone no.

**IT IS ORDERED:**

12. \_\_\_\_\_ is directed to fully investigate and  
Court agent or employee  
report its findings in writing to this court, within 3 months of this order, in accordance with the provisions of MCL 710.46.

13. The full investigation is waived.

14. The petitioner(s) shall give notice of this petition to the persons prescribed in MCR 3.800(B) in accordance with MCR 3.802(A)(3) and MCR 3.807(B), if applicable (use form PCA 352).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge Bar no.

<b>STATE OF MICHIGAN</b> CIRCUIT COURT - FAMILY DIVISION COUNTY	<b>CONFIDENTIAL CASE INVENTORY</b> <b>(DOMESTIC RELATIONS</b> <b>AND JUVENILE CODE)</b>	<b>CASE NO.</b> <b>PETITION NO.</b> <b>JUDGE</b>
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Plaintiff's name	v	Defendant's name
In the matter of _____		

**Instructions:** List any known pending or resolved family division or tribal court cases involving the person(s) named in the complaint or petition or family members of the person(s) named in the complaint or petition. File the completed form with the complaint or petition, but do not attach or staple together. Complete and file additional sheets if necessary.

Examples of family division cases include personal protection orders, divorce, custody, paternity, child support, juvenile delinquency, and child protective proceedings. See MCL 600.1021 for a complete list.

**Note:** This form is confidential and not to be served on other parties in this case.

Court information (name, number, and county/state)		
<input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal:		
Case name	Case/File no.	
Assigned judge	Case status <input type="checkbox"/> Pending <input type="checkbox"/> Resolved	Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time

Court information (name, number, and county/state)		
<input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal:		
Case name	Case/File no.	
Assigned judge	Case status <input type="checkbox"/> Pending <input type="checkbox"/> Resolved	Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time

Court information (name, number, and county/state)		
<input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal:		
Case name	Case/File no.	
Assigned judge	Case status <input type="checkbox"/> Pending <input type="checkbox"/> Resolved	Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time

Court information (name, number, and county/state)		
<input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal:		
Case name	Case/File no.	
Assigned judge	Case status <input type="checkbox"/> Pending <input type="checkbox"/> Resolved	Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time

\_\_\_\_\_ Date \_\_\_\_\_ Signature



38th JUDICIAL CIRCUIT - FAMILY DIVISION MONROE COUNTY	<b>PETITIONER'S VERIFIED ACCOUNTING</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, Full name of child DOB: \_\_\_\_\_, adoptee

I filed a petition to adopt the adoptee. This accounting is a complete itemization of payments/disbursements of money or anything of value made or agreed to be made by me or on my behalf in connection with this adoption as of this date. Form PCA 347a will be submitted to report any additional payments/disbursements of money or anything of value made or agreed to be made by me or on my behalf in connection with this adoption.

EXPENSES	TOTAL
1. Court Filing Fee Petition for Adoption ..... \$ _____ Order of Adoption ..... \$ _____ Motion for Early Confirmation ..... \$ _____ Birth Certificate Fee ..... \$ _____ Other petitions, motions, orders ..... \$ _____	\$ 0.00
2. Agency/Michigan Department of Health and Human Services Charges (itemized on other side of this form)	\$
3. Attorney Fees (itemized on other side of this form) .....	\$
4. Travel Expenses (itemized on other side of this form) .....	\$
5. Medical, Hospital, Nursing, or Pharmaceutical Expenses (itemized on other side of this form) .....	\$
6. Counseling Services (itemized on other side of this form) .....	\$
7. Living Expenses (itemized on other side of this form) .....	\$
8. Information Gathering Expenses (itemized on other side of this form) .....	\$
9. Other (itemized on other side of this form) .....	\$
<b>I REQUEST</b> that the court approve these payments and disbursements.	<b>TOTAL</b> \$ 0.00

I declare that this accounting and the attachments have been examined by me and that the contents are true to the best of my information, knowledge, and belief.

Date	
Signature of petitioner	Signature of petitioner
Name (print or type)	Name (print or type)
Address	Address
City, state, zip	Telephone no.
	City, state, zip
	Telephone no.

**NOTE:** This accounting must be filed at least 7 days before formal placement for adoption.

Do not write below this line - For court use only





38th STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION MONROE COUNTY	SUPPLEMENTAL PETITION AND AFFIDAVIT TO TERMINATE PARENTAL RIGHTS (STEPPARENT ADOPTION)	FILE NO.
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In the matter of \_\_\_\_\_, Full name of child DOB: \_\_\_\_\_, adoptee  
 adoptee is an Indian child

**SUPPLEMENTAL PETITION**

I, \_\_\_\_\_, Name of petitioning parent, request that the parental rights of  
 \_\_\_\_\_, Name (type or print), the other parent of the child, be terminated  
 because of lack of support of and parenting time with the child.

\_\_\_\_\_, Date \_\_\_\_\_, Signature of petitioning parent

**AFFIDAVIT**

- I have joined in a petition with \_\_\_\_\_, Name (type or print), whom I married  
 on \_\_\_\_\_, Date, requesting the adoption of the child named above and the termination of the  
 parental rights of the other parent named above.
- I have custody of the child according to a court order. A copy of all court orders regarding custody are attached.
- a. A support order has been entered and the other parent has failed to substantially comply with the order for a  
 period of two years or more before the petition for adoption was filed. Note: If a support order of \$0.00 was entered, check 3b.  
 b. A support order has not been entered and the other parent, having the ability to support the child, has failed or  
 neglected to provide regular and substantial support for two years or more before the petition for adoption was filed.
- The other parent has had the ability to visit, contact, and communicate with the child and has regularly and substantially  
 failed or neglected to do so for a period of two years or more before the petition for adoption was filed.
- The last-known address of the other parent is \_\_\_\_\_  
 \_\_\_\_\_

(SEE SECOND PAGE)

Do not write below this line - For court use only

- 6.  a. The other parent is living at the above address.
- b. The other parent is not living at the above address, and I have taken the following steps to locate him/her:

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\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Signature of petitioning parent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
City, state, zip Telephone no.

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan.  
Date

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date Notary public/Deputy clerk

Notary public, State of Michigan, County of \_\_\_\_\_

**DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST**  
 Michigan Department of Health and Human Services  
 (Revised 11-22a)

**COPY PHOTO ID HERE**

**OR**

**ATTACH A SEPARATE PAGE**

**SECTION 1 – INFORMATION ON PERSON BEING CLEARED**

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared	Date
Maiden Name, Aliases, also known as (A.K.A)	Social Security Number	Date of Birth
Address	City	State Zip Code
Phone Number	Email	
<input type="checkbox"/> I am completing this for myself. <input type="checkbox"/> I would like to pick up my results in _____ County (For Michigan Residents Only).		

**SECTION 2 – REQUESTER INFORMATION**

Check Appropriate Box

Employer

Volunteer Agency

Adoption/Foster Care Home Screening

Court/Law Enforcement/Department of Corrections/Prosecuting Attorney

Child Caring Institution

Other

Name of Agency or Organization Monroe County Family Court	Name of Requester Autumn Barnett
Address 106 E. First ST. Monroe, MI 48161	City State Zip Code
Email autumn_barnett@monroemi.org	Fax Phone Number (734)240-7355 (734)240-7172

Effective November 1, 2022, only confirmed cases of methamphetamine production, confirmed serious abuse or neglect, confirmed sexual abuse, or confirmed sexual exploitation will be classified as a central registry case in Michigan. Individuals may have child welfare history that previously resulted in central

registry placement, but that would no longer meet the criteria. In addition, select criminal convictions involving children will result in placement on central registry.

This clearance does not identify individuals with child abuse/neglect history who did not meet the new central registry requirements as noted above or history in other states, territories, or tribal trust land.

With your signature, you are authorizing agencies to receive notice of all placements on central registry as allowable by Child Protection Law (MCL 722.627-722.627j).

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

**MEDICAL STATEMENT FOR FOSTER HOME LICENSING/ADOPTION**  
 (For Applicant and all Household members)  
 Michigan Department of Human Services

Family Name	Date
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**Patient Information** (to be completed by patient or responsible adult)

Name	Relationship to Applicant	Date of Birth
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Address (Street, City, State, Zip)

Are you currently taking any medication? If yes, please list medications and reason for use.

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Have you ever been treated for any of the following? (Check all that apply)

- |   |   |   |                                   |
|---|---|---|-----------------------------------|
| <input type="checkbox"/> Heart Disease                | <input type="checkbox"/> Kidney Disease                   | <input type="checkbox"/> Cancer               | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Emphysema                    | <input type="checkbox"/> Epilepsy                         | <input type="checkbox"/> Tuberculosis         |                                   |
| <input type="checkbox"/> Alcohol Abuse                | <input type="checkbox"/> Substance Abuse                  | <input type="checkbox"/> Mental Health Issues |                                   |
| <input type="checkbox"/> Current Communicable Disease | <input type="checkbox"/> Other serious or chronic illness |   |                                   |

If any are checked, please explain:

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**If you have checked any of the above, please have page 2 of this form completed by your licensed physician, physician's assistant or nurse practitioner.**

**If you have not checked any of the above, please have your licensed physician, physician's assistant or nurse practitioner read and sign the following statement:**

**MEDICAL PRACTITIONER'S STATEMENT**

In your opinion, are there any physical or mental factors that would jeopardize the physical or mental welfare of any child placed in this family for foster care or adoption?  Yes  No

Practitioner's Signature	Date	Practitioner's printed name
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Address	Telephone Number (    )
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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize my health care professional to release to the Michigan Department of Human Services or its agents information regarding my physical condition, mental health, and/or substance abuse services. I understand that completion of this form is required for the agency to proceed with the adoption/foster home licensing process.

\_\_\_\_\_  
 Patient or Responsible Adult Signature and Date

**PHYSICAL EXAMINATION**  
Michigan Department of Human Services

Name _____	Date of Birth _____
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**TO BE COMPLETED BY LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER**

Date of physical examination _____	Do you provide medical services to this individual: <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> First time
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Please respond to the following to the best of your knowledge:

1. Does this individual suffer from an illness including a communicable disease that would be detrimental to the care of a foster child/adoptive child placed in his/her home?      Yes      No
2. Are there any chronic or serious disorders for which this individual has been or is receiving treatment?      Yes      No
3. Is this individual currently taking medication?      Yes      No
4. If yes, could this medication adversely effect his/her ability to care for or be around children?      Yes      No
5. Has this individual been tested for TB?      Yes      No     If yes, Date: \_\_\_\_\_  
 Test Type:      Skin Test      X-Ray     Results:      Positive      Negative
6. Is this individual experiencing any physical, behavioral or emotional problems that would be detrimental to a foster child/adoptive child placed in the home?      Yes      No
7. Have you ever referred this individual to other medical services, mental health services or treatment of alcohol/substance abuse?      Yes      No

If the answer to any of the above questions is **YES**, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Height _____	Weight _____	Heart _____	Blood Pressure _____
Lungs _____	Vision _____	Hearing _____	General Appearance _____

<b>LABORATORY TESTS:</b>	<b>Tuberculin Test and/or X-Ray</b>	<b>Date</b> _____	<b>Results</b> _____
	Hemoglobin	Date _____	Results _____
	Urinalysis	Date _____	Results _____

**PHYSICIAN'S REMARKS ON HISTORY** \_\_\_\_\_  
 \_\_\_\_\_

**PRACTITIONER'S STATEMENT**

In your opinion, are there any physical or mental factors that would jeopardize the physical or mental welfare of any child placed in this family for foster care and/or adoption?      Yes      No

Would you like to be contacted by the foster home licensing/adoption worker regarding your recommendation?      Yes      No

Practitioner's Signature _____	Date _____	Practitioner's Printed Name _____	License Number _____
Address _____		Telephone Number _____	

# Monroe County Circuit Court

## Family Division, Adoption Department Adoptive History Report

This form is to be completed and signed legibly in black ink or typed, with complete names (FIRST, MIDDLE and LAST) as listed on the Birth Certificates. If certain area do not apply, write or type N/A.

### Adoptive Parent(s) Information:

	<b>Petitioning Parent or Custodial Parent:</b>	<b>Petitioning Parent or Stepparent:</b>
Name: <i>(first, middle, last)</i>	_____	_____
Maiden Name:	_____	_____
Relationship to Adoptee:	_____	_____
Birth Date/Place:	_____	_____
Social Security Number:	_____	_____
Driver's License Number:	_____	_____
Address, City, State, Zip:	_____	_____
Telephone Number:	_____	_____
Citizenship:	_____	_____
Military History:	_____	_____
Education Level:	_____	_____
Employer:	_____	_____
Occupation:	_____	_____
Income: <i>(monthly)</i>	_____	_____
Length of Employment:	_____	_____
Household Expenses: <i>(monthly)</i>	_____	_____
Chronic/Terminal Illness:	_____	_____
Marriage License Number:	_____	_____
Previous Marriage(s):		
-1 <sup>st</sup> Marriage: <i>(date, place)</i>	_____	_____
Divorced: <i>(date, place)</i>	_____	_____
Support Order/Amount:	_____	_____
-2 <sup>nd</sup> Marriage: <i>(date, place)</i>	_____	_____
Divorced: <i>(date, place)</i>	_____	_____
Support Order/Amount:	_____	_____

**Adoptive Parent(s) Information Continued:**

The custodial parent has:  Joint  Sole Physical Custody and:  Joint  Sole Legal Custody

Has either petitioning parent had any contact with Children's Protective Services?  No  Yes

Name of CPS Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Have petitioning parent(s) been convicted of a criminal proceeding, imprisoned, or placed on probation or parole (including DUI)?  No  Yes if Yes, give details including date, place, nature of offense, and disposition:

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

**Household Members Information (including adult children not residing in the home [attending college, armed forces]):**

**Household Member**

**Household Member**

**Name:** *(first, middle, last)* \_\_\_\_\_

Relationship to Adoptee: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

**Name:** *(first, middle, last)* \_\_\_\_\_

Relationship to Adoptee: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

**Name:** *(first, middle, last)* \_\_\_\_\_

Relationship to Adoptee: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Why do you want to adopt this child(ren)? \_\_\_\_\_

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



**Adoptee Information:**

Birth Name: *(first, middle, last)* \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Time of Birth: \_\_\_\_\_  a.m.  p.m. Sex:  Female  Male

Hospital of Birth: \_\_\_\_\_

Place of Birth: *(county, city, state, country)* \_\_\_\_\_

Gestational Age: \_\_\_\_\_ weeks Birth Weight: \_\_\_\_\_ pounds \_\_\_\_\_ ounces Length: \_\_\_\_\_ inches

Neonatal Drug Exposure: \_\_\_\_\_ Prenatal Care:  Yes  No

Medication Used in Delivery: \_\_\_\_\_ Type of Delivery:  Natural  Cesarean

Complications, if any: \_\_\_\_\_

\_\_\_\_\_ Length of Stay in Hospital: \_\_\_\_\_

Was the birth mother married to someone else (not the biological father) at the time of conception?  Yes  No

Adoptees performance in school, educational testing results & special education needs, hobbies/special interests:

\_\_\_\_\_

**Birth Mother:** *(first, middle, last)* \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Nationality/Race: \_\_\_\_\_ Native American Heritage:  Yes  No

If Yes, what Tribe or Band: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Complexion: \_\_\_\_\_

Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Allergies: \_\_\_\_\_ If deceased, date and cause of death: \_\_\_\_\_

Medical History/Diagnosis: \_\_\_\_\_

Armed Forces/Branch \_\_\_\_\_ Interests: \_\_\_\_\_

**Birth Father:** *(first, middle, last)* \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Nationality/Race: \_\_\_\_\_ Native American Heritage:  Yes  No

If Yes, what Tribe or Band: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Complexion: \_\_\_\_\_

Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Allergies: \_\_\_\_\_ If deceased, date and cause of death: \_\_\_\_\_

Medical History/Diagnosis: \_\_\_\_\_

Armed Forces/Branch \_\_\_\_\_ Interests: \_\_\_\_\_

Are birth parents aware of the Central Adoption Registry whereby a birth parent may submit a written Consent or Denial as to the Release of Identifying Information about oneself to an Adult Adoptee that may at a later date seek out such information about his/her birth parents:

Birth Mother  Yes  No

Birth Father  Yes  No

**Siblings of Adoptee:**

Name: *(first, middle, last)* \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Step:  Yes  No Hobbies/Special Interests: \_\_\_\_\_

Name: *(first, middle, last)* \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Step:  Yes  No Hobbies/Special Interests: \_\_\_\_\_

Name: *(first, middle, last)* \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Step:  Yes  No Hobbies/Special Interests: \_\_\_\_\_

**Health & Genetic Maternal History (as it relates to the adoptee):**

**Maternal Grandmother**

**Maternal Grandfather**

Name: *(first, middle, last)* \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Race/Nationality: \_\_\_\_\_

Indian Heritage, Tribe: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

General Health: \_\_\_\_\_

Allergies: \_\_\_\_\_

If deceased, date and cause: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Education: \_\_\_\_\_

Religion: \_\_\_\_\_

Armed Forces/Branch: \_\_\_\_\_

**Health & Genetic Paternal History (as it relates to the adoptee):**

**Paternal Grandmother**

**Paternal Grandfather**

Name: <i>(first, middle, last)</i>	_____	_____
Date of Birth:	_____	_____
Place of Birth:	_____	_____
Race/Nationality:	_____	_____
Indian Heritage, Tribe:	_____	_____
Hair Color:	_____	_____
Eye Color:	_____	_____
General Health:	_____	_____
Allergies:	_____	_____
If deceased, date and cause:	_____	_____
Hobbies/Interests:	_____	_____
Education:	_____	_____
Religion:	_____	_____
Armed Forces/Branch:	_____	_____

**If represented by an attorney:**

Name of attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Signature of Petitioning Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Petitioning Parent: \_\_\_\_\_ Date: \_\_\_\_\_

