

**LIVINGSTON COUNTY CIRCUIT COURT – FAMILY DIVISION – ADOPTION UNIT
LEGAL GUARDIAN (NOT RELATED)**

ADOPTION HOME STUDY QUESTIONNAIRE

ADOPTEE INFORMATION

Name: _____ DOB: _____ Time of Birth: _____
Race: _____ Gender: Male Female
Hospital of Birth: _____ Place of Birth: *(city, state, country)* _____
Gestational Age: _____ Birth Weight: _____ Length: _____
Type of Delivery: Natural C-Section Complications: Yes No List: _____
Biological Mother's Name: _____ DOB: _____
Biological Father's Name: _____ DOB: _____
Adoptee's School or Day Care / Grade: _____
Special Education Status: Yes No Diagnosis: _____
Description of Adoptee's Physical Health:
(include any diagnoses)

Description of Adoptee's Mental Health:
(include any diagnoses)

Adoptee's Feelings to Adoption:

When Adoptee came into Petitioner's care:

How Adoptee came into Petitioner's care:

Is the Adoptee a Member of a Native American Indian Tribe or Band: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Adoptee eligible for membership in a Native American Tribe or Band: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you answered yes to either of the above questions, please provide the following:</i>	
Name of the Tribe or Band <i>(or suspected Tribe or Band)</i> : _____	
By which parent is the adoptee a member or eligible for membership: <input type="checkbox"/> Mother <input type="checkbox"/> Father	
Place of birth for above parent: _____	
Name of above parent's Father: _____	DOB: _____
If deceased, cause: _____	DOD: _____
Name of above parent's Mother: _____	DOB: _____
If deceased, cause: _____	DOD: _____

PETITIONERS' CONTACT INFORMATION

Address: _____
Petitioner Parent Phone: _____ Petitioner Email: _____
Petitioner Parent Phone: _____ Petitioner Email: _____

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ADOPTIVE PARENT INFORMATION

Name <i>(First, Middle, Last)</i> : _____	
Aliases/Maiden Name: _____	
DOB / Age: _____	Place of Birth: <i>(city, state, country)</i> _____
Race/Nationality: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mother's Name: _____	Father's Name: _____
High School: _____	Graduation Year: _____
College: _____	Graduation Year: _____
Degree or Other Post-High School Education/Training: _____	
Military History: <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch: _____
Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired	Highest Rank: _____
Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Laid-Off <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled	
Occupation/Job Title: _____	
Employer: _____	
Length of Employment: _____	Income: <i>(Yearly)</i> _____
Description of Physical Health / any diagnoses: _____	
Description of Mental Health / any diagnoses: _____	
History of Substance Abuse/Addiction: <input type="checkbox"/> Yes <input type="checkbox"/> No	Substance Type: _____
Prior Marriage(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	Children from Marriage(s): <input type="checkbox"/> Yes <input type="checkbox"/> No
Ex-Spouse's Name: _____	Date/Location of Divorce: _____
Length of Marriage: _____	Support Order/Amount: _____
Ex-Spouse's Name: _____	Date/Location of Divorce: _____
Length of Marriage: _____	Support Order/Amount: _____
Children: 1. _____ 2. _____ 3. _____	
<i>(Name, DOB, name of other parent)</i> 4. _____ 5. _____ 6. _____	
Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No	Probation/Parole/Prison: <input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal Charges: _____	Release Date: _____
Child Protective Services History: <input type="checkbox"/> Yes <input type="checkbox"/> No	Outcome: _____
Court Neglect/Abuse Proceedings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Outcome: _____

Please provide a brief summary of what your reason is for the adoption at this time:

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ADOPTIVE PARENT INFORMATION

Name *(First, Middle, Last)*: _____

Aliases/Maiden Name: _____

DOB / Age: _____ Place of Birth: *(city, state, country)* _____

Race/Nationality: _____ Gender: Male Female

Mother's Name: _____ Father's Name: _____

High School: _____ Graduation Year: _____

College: _____ Graduation Year: _____

Degree or Other Post-High School Education/Training: _____

Military History: Yes No Branch: _____

Status: Active Retired Highest Rank: _____

Employed: Full-Time Part-Time Laid-Off Unemployed Disabled

Occupation/Job Title: _____

Employer: _____

Length of Employment: _____ Income: *(Yearly)* _____

Description of Physical Health / any diagnoses: _____

Description of Mental Health / any diagnoses: _____

History of Substance Abuse/Addiction: Yes No Substance Type: _____

Prior Marriage(s): Yes No Children from Marriage(s): Yes No

Ex-Spouse's Name: _____ Date/Location of Divorce: _____

Length of Marriage: _____ Support Order/Amount: _____

Ex-Spouse's Name: _____ Date/Location of Divorce: _____

Length of Marriage: _____ Support Order/Amount: _____

Children: 1. _____ 2. _____ 3. _____
(Name, DOB, name of other parent) 4. _____ 5. _____ 6. _____

Criminal History: Yes No Probation/Parole/Prison: Yes No

Criminal Charges: _____ Release Date: _____

Child Protective Services History: Yes No Outcome: _____

Court Neglect/Abuse Proceedings: Yes No Outcome: _____

Please provide a brief summary of what your reason is for the adoption at this time:

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PETITIONERS' INFORMATION / HOME INFORMATION

Date of Marriage: _____ Location: *(City, State, Country)* _____

Length of Time in Home: _____ Home Type: House Apartment Condo

Home Financing: Own Renting Home Size/Property: _____

Yearly Household Income: _____ Monthly Expense Total: _____

of People in Home: _____ Other Adults in Home: Yes No Part-time

Name(s)/DOB/Relation to Adoptee: _____
(If there is anyone over the age of 18 residing in the home besides the parents, please request and fill out a LEIN background check and CPS Clearance Request).

1. _____
 2. _____
 3. _____

Adults in Home Criminal History: Yes No Outcome: _____

Adults in Home CPS History: Yes No Outcome: _____

Animals in the Home: Yes No Type/Number: _____

Weapons in Home: Yes No Type/How they are stored: _____

Gated Community: Yes No Gate Code: _____

Special Instructions about Home: _____

GUARDIANSHIP INFORMATION

Guardianship Type: Full Limited Date Guardianship Granted: _____

Case Number: _____ County of Guardianship: _____

Have you been granted the authority to Consent to the Adoption? Yes No

If answer is No, you will need to petition the Court through the Guardianship file in order to modify the Letters of Guardianship to get the authority to Consent to the Adoption

REFERENCES (1 related to Petitioners, 2 not related to Petitioners)

Name:		Relationship to Petitioners	
Address:		Phone or Email:	
Name:		Relationship to Petitioners	
Address:		Phone or Email:	
Name:		Relationship to Petitioners	
Address:		Phone or Email:	