

**LIVINGSTON COUNTY CIRCUIT COURT – FAMILY DIVISION – ADOPTION UNIT  
LEGAL GUARDIAN ADOPTION PACKET**

**LEGAL GUARDIAN ADOPTION HOME STUDY QUESTIONNAIRE**

<b>Adoptive Parent's Name:</b>					
<b>Adoptive Parent's Name:</b>					
<b>Home Phone:</b>		<b>Parent Cell:</b>		<b>Parent Cell:</b>	
<b>ADOPTIVE CHILD INFORMATION</b>					
<b>Name:</b>		<b>Date of Birth:</b>		<b>Age:</b>	
<b>Race:</b>		<b>Gender:</b>	Male ___ Female ___		
<b>Is the Adoptive Child a Member of a Native American Indian Tribe or Band?</b>		Yes ___ No ___		<b>If yes, please provide more information below.</b>	
<b>Is the Adoptive Child eligible for membership of a Native American Indian Tribe or Band?</b>		Yes ___ No ___			
<b>Name of Native American Indian Tribe of Band:</b>					
<b>By Which Parent:</b>		<b>Parent's Place of Birth:</b>			
<b>Parent's Father's Name:</b>		<b>Parent's Father's Date of Birth:</b>			
<b>Parent's Mother's Name:</b>		<b>Parent's Mother's Date of Birth:</b>			
<b>Date of Petitioners' Marriage:</b>		<b>Location of Marriage: (City, County, State)</b>			
<b>Length of time at Current Residence:</b>					
<b>When did the Adoptee come into your care?</b>					
<b>How did the Adoptee come into your care?</b>					
<b>Reason for Adoption:</b>					
<b>Adoptive Child's Reaction to Adoption: (Excited, Scared, Confused, Anxious, Resistant, Etc. Describe their feelings)</b>					

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<b>ADOPTIVE CHILD INFORMATION</b>			
<b>Adoptive Child’s School or Day Care:</b>			
<b>Adoptive Child’s Physical Health: (Describe any Health Concerns)</b>			
<b>Adoptive Child’s Mental Health: (Describe any Mental or Emotional Health Concerns)</b>			
<b>Biological Children of Marriage</b>		<b>Date of Birth and Address (if different)</b>	
<b>Name:</b>			
<b>Name:</b>			
<b>Name:</b>			
<b>Names of any other children living in the home:</b>			
<b>Names of any other adults living in the home:</b>			
<b>Are children, or will children be in Child Care?</b>	Yes ___ No ___	<b>If yes: where, with whom, how often:</b>	
<b>Family Home:</b>	House ___ Apartment ___ Other _____	<b>Buying ___ Own ___ Renting ___</b>	
<b>Household Income:</b>		<b>Approximate Monthly Expenses:</b>	
<b>Health Concerns of Petitioners:</b>			
<b>Health Concerns of Other Children:</b>			
<b>History of Substance Abuse or Addiction by anyone living in the home:</b>	Yes ___	<b>By Whom:</b>	
	No ___	<b>Type of Abuse or Addiction:</b>	
<b>History of Mental Illness by anyone living in the home:</b>	Yes ___	<b>By Whom:</b>	
	No ___	<b>Diagnosis:</b>	

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**TO BE COMPLETED BY ADOPTIVE PARENT**

<b>Adoptive Parent's Full Name: (Include all aliases and maiden name if applicable)</b>			
<b>Date of Birth:</b>		<b>Place of Birth: (City, County, State)</b>	
<b>Relationship to Adoptee:</b>			
<b>Adoptive Parent's Parents' Names:</b>		<b>Mother:</b>	
		<b>Father:</b>	
<b>High School:</b>		<b>Graduation Date:</b>	
<b>Post-High School Education or Training:</b>			
<b>If College, Degree:</b>		<b>Graduation Date:</b>	
<b>Occupation:</b>			
<b>Employer:</b>		<b>Number of Years with Employer:</b>	
<b>Previous Marriage(s):</b>	Yes ___ No ___	<b>If yes, please provide additional information below.</b>	
<b>Spouse's Name:</b>		<b>Date and City of Divorce:</b>	
<b>Spouse's Name:</b>		<b>Date and City of Divorce:</b>	
<b>Biological Children of Previous Marriage(s)</b>		<b>Date of Birth and Address (if different)</b>	
<b>Name:</b>			
<b>Name:</b>			
<b>Name:</b>			

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**TO BE COMPLETED BY ADOPTIVE PARENT**

<b>Adoptive Parent's Full Name: (Include all aliases and maiden name if applicable)</b>			
<b>Date of Birth:</b>		<b>Place of Birth: (City, County, State)</b>	
<b>Relationship to Adoptee:</b>			
<b>Adoptive Parent's Parents' Names:</b>		<b>Mother:</b>	
		<b>Father:</b>	
<b>High School:</b>		<b>Graduation Date:</b>	
<b>Post-High School Education or Training:</b>			
<b>If College, Degree:</b>		<b>Graduation Date:</b>	
<b>Occupation:</b>			
<b>Employer:</b>		<b>Number of Years with Employer:</b>	
<b>Previous Marriage(s):</b>	Yes ___ No ___	<b>If yes, please provide additional information below.</b>	
<b>Spouse's Name:</b>		<b>Date and City of Divorce:</b>	
<b>Spouse's Name:</b>		<b>Date and City of Divorce:</b>	
<b>Biological Children of Previous Marriage(s)</b>		<b>Date of Birth and Address (if different)</b>	
<b>Name:</b>			
<b>Name:</b>			
<b>Name:</b>			

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**REFERENCES**

**Please list three references that are not related to you.**

<b>Name:</b>		<b>Address:</b>	
<b>How you know them:</b>		<b>Phone Number:</b>	
<b>Name:</b>		<b>Address:</b>	
<b>How you know them:</b>		<b>Phone Number:</b>	
<b>Name:</b>		<b>Address:</b>	
<b>How you know them:</b>		<b>Phone Number:</b>	

**Please describe your home for the purposes of the home study:**

**(For example: Do you have any animals? Do you live in a gated community for which the adoption caseworker will need to gain access? Etc.)**

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**Thank you for taking the time to completely fill out this questionnaire.**