

**LIVINGSTON COUNTY CIRCUIT COURT – FAMILY DIVISION – ADOPTION UNIT
RELATIVE ADOPTION PACKET *RELATED WITHIN 5TH DEGREE**

RELATIVE ADOPTION HOME STUDY QUESTIONNAIRE

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

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

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TO BE COMPLETED BY ADOPTIVE PARENT

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

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

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REFERENCES

Please list three references that are not related to you.

Name:		Address:	
How you know them:		Phone Number:	
Name:		Address:	
How you know them:		Phone Number:	
Name:		Address:	
How you know them:		Phone Number:	

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.)

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