

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

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 *(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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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: _____

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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: _____ 1. _____
(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). 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: _____

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:	