

**LIVINGSTON COUNTY CIRCUIT COURT – FAMILY DIVISION – ADOPTION UNIT  
STEPPARENT ADOPTION PACKET**

**ADOPTION HOME STUDY QUESTIONNAIRE**

*(Biological parent is joining the stepparent in the adoption and is therefore becoming an adoption petitioner)*

**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:  Yes  No

Is the Adoptee eligible for membership in a Native American Tribe or Band:  Yes  No

***If you answered yes to either of the above questions, please provide the following:***

Name of the Tribe or Band *(or suspected Tribe or Band)*: \_\_\_\_\_

By which parent is the adoptee a member or eligible for membership:  Mother  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: \_\_\_\_\_

Biological Parent Phone: \_\_\_\_\_ Biological Parent Email: \_\_\_\_\_

Adoptive Parent Phone: \_\_\_\_\_ Adoptive Parent Email: \_\_\_\_\_

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**LEGAL PARENT INFORMATION**

Name (First, Middle, Last): \_\_\_\_\_

Aliases/Maiden Name: \_\_\_\_\_

DOB / Age: \_\_\_\_\_ Place of Birth: (city, state, country) \_\_\_\_\_

Race/Nationality: \_\_\_\_\_ Gender:  Male  Female

Custody of Adoptee:  Sole Physical  Sole Legal  Joint Physical  Joint Legal

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: \_\_\_\_\_

Support Order in Place:  Yes  No Arrearages: \_\_\_\_\_

Current FOC Case # Re: Adoptee: \_\_\_\_\_ County with FOC Case: \_\_\_\_\_

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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 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
parent)

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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**OTHER BIRTH PARENT INFORMATION**

Name *(First, Middle, Last)*: \_\_\_\_\_

Aliases/Maiden Name: \_\_\_\_\_

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

If deceased, cause: \_\_\_\_\_ DOD: *(provide death certificate)* \_\_\_\_\_

Race/Nationality: \_\_\_\_\_ Gender:  Male  Female

Last Known Address: \_\_\_\_\_

Status:  Natural Mother  Putative Father  Legal Father

Paternity Established by:  Affidavit of Parentage Date signed: *(provide copy)* \_\_\_\_\_

Married to birth mother at time of birth, on birth certificate *(provide copy of marriage license)*

Order of Filiation Date of order: *(provide copy)* \_\_\_\_\_

Order of Adoption Date of order: *(provide copy)* \_\_\_\_\_

**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:	