

Oakland County Circuit Court – Family Division, Adoption Services

Adoption Questionnaire - Relatives

Name of child(ren)

First	Middle	Last	Date of Birth
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First	Middle	Last	Date of Birth
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Name after adoption

First	Middle	Last
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First	Middle	Last
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**Name of Proposed Adoptive Father**

First	Middle	Last
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Date of birth \_\_\_\_\_

Present address

No.	Street	City	State	Zip Code
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How long have you lived at present address? \_\_\_\_\_ **Home Phone** \_\_\_\_\_

Email \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

Employer's Name \_\_\_\_\_ Occupation \_\_\_\_\_

If self-employed, name and type of business \_\_\_\_\_

If unemployed, source of income \_\_\_\_\_

**Name of Proposed Adoptive Mother**

First	Middle	Last
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Date of Birth \_\_\_\_\_

Present Address

No.	Street	City	State	Zip Code
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How long have you lived at present address? \_\_\_\_\_ **Home Phone** \_\_\_\_\_

Email \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

Employer's Name \_\_\_\_\_ Occupation \_\_\_\_\_

If self-employed, name and type of business \_\_\_\_\_

If unemployed, source of income \_\_\_\_\_

How are you related to the child(ren)? \_\_\_\_\_

What is the reason for adoption?

Do you have a guardianship? ☐ Yes ☐ No If yes, where? (attach letters of guardianship, if not Oakland)  
Case Number? \_\_\_\_\_

**Birth Father's Name**

**Date of Birth**

First

Middle

Last

Present / Last Known Address

No.

Street

City

State

Zip

Driver's License No.

**Birth Mother's Name**

**Date of Birth**

First

Middle

Last

Present / Last Known Address

No.

Street

City

State

Zip

Driver's License No.

Has the father's paternity been established through Court proceedings? ☐ Circuit Court ☐ Probate Court ☐ No

Are children's parents married? ☐ Yes ☐ No ☐ Divorced

Have the parents of this child or proposed adoptive parents had any contact with Children's Protective Services?

☐ Yes ☐ No If yes, name of Children's Protective Services caseworker \_\_\_\_\_

Phone \_\_\_\_\_

Have proposed adoptive parents ever been convicted in a criminal proceeding, imprisoned, placed on probation or parole, (including DUI)? ☐ Yes ☐ No

If yes, give details including date, place, nature of offense and disposition \_\_\_\_\_

I have examined this adoption questionnaire and its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposed Adoptive Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposed Adoptive Father

**REFERENCES** Please list individuals you have known for several years who know you well enough, whom we can contact to write a letter to the Court on your behalf: PLEASE NO RELATIVES

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address

No.

Street

City

State

Zip Code

Email \_\_\_\_\_

2. Name \_\_\_\_\_

Address

No.

Street

City

State

Zip Code

Email \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address

No.

Street

City

State

Zip Code

Email \_\_\_\_\_