

**OAKLAND COUNTY CIRCUIT COURT - FAMILY DIVISION, ADOPTION SERVICES  
ADOPTION QUESTIONNAIRE – STEPPARENTS**

Name of Child(ren)

First	Middle	Last	Date of Birth
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Name After Adoption

First	Middle	Last	Date of Birth
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First	Middle	Last
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First	Middle	Last
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**Name of Proposed Adoptive Mother or 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 \_\_\_\_\_

**\*PLEASE COMPLETE EVEN IF YOU ARE BIRTH PARENT\***

**Name of Custodial Birth Parent**

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 \_\_\_\_\_

**Non-Custodial  
Birth Parent Name**

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

Present / last known address

\_\_\_\_\_  
No. Street City State Zip Code

Driver's License No. \_\_\_\_\_

Date stepparent and child(ren) began living together \_\_\_\_\_

Brief reason for stepparent to adopt \_\_\_\_\_

**REFERENCES:** Please list individuals you have known for several years who know you well enough as a family to write a letter to the Court on your behalf: **NO RELATIVES**

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

Address \_\_\_\_\_  
No. Street City State Zip Code

Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip Code

Email \_\_\_\_\_

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

Address \_\_\_\_\_  
No. Street City State Zip Code

Email \_\_\_\_\_

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 THE CONTENTS ARE TRUE.

\_\_\_\_\_  
Signature of Custodial Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposed Adoptive Parent