

STATE OF MICHIGAN PROBATE COURT MONTCALM COUNTY	SOCIAL HISTORY FOR ADULT STEP-PARENT ADOPTIONS	FILE NO.
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In the matter of: _____ Date of Birth: _____
(Name of Child to be adopted)

It is the policy of this Court to complete a criminal/driving history check and/or a Children's Protective Services Central Registry check on all petitioners and adult adoptees in adoption cases. The information completed below will be used for that purpose but will not be made a part of the legal file and will be used for Court purposes only.

History of Adult Adoptee

Full Legal Name: _____
First _____ Middle _____ Last _____ Suffix _____

Name(s) Previously Used (Maiden Names): _____

Social Security Number: _____ **Please attach a copy of your drivers license or state id**

1. Education: Schools attended, locations, highest grade completed, dates: _____

2. Marriage: Please give the date(s) of any current or past marriage(s) and the date(s) of the divorce(s); the names and dates of birth of any children born of those marriage(s): _____

3. Employment: Give a brief history of past and present employment and dates: _____

4. Income: Give total income for all wage earners in the home:

Your income: \$ _____ Source: _____

Other income: \$ _____ Source: _____

5. Insurance: List health and life insurance on all members of the family:

Health: _____

Life: _____

6. List all other children and adults living in the home:

Name	d/o/b	Relation	Name	d/o/b	Relation
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Name	d/o/b	Relation	Name	d/o/b	Relation
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7. Brief health history in your own words: _____

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8. Describe your relationship with the petitioners: _____

9. Describe why you want to be adopted by the petitioners _____

10. Have you ever had any contact with the following: If yes, please describe the circumstances involved in that contact.

Police: _____

Protective Services: _____

Therapy or Counseling: _____

11. Hobbies, recreational activities, religion: _____

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12. List arrest/convictions: _____

13. Please give summary of your life from infancy to the present time, including places lived, occupations, etc.:

Date:

Signature of Adult Adoptee

History of Biological Mother

Full Legal Name: _____

First	Middle	Last	Suffix
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Name(s) Previously Used (Maiden Names): _____

Social Security Number: _____

Please attach a copy of your drivers license or state id

1. Education: Schools attended, locations, highest grade completed, dates: _____

2. Marriage: Please give the date(s) of any current or past marriage(s) and the date(s) of the divorce(s); the names and dates of birth of any children born of those marriage(s): _____

3. Employment: Give a brief history of past and present employment and dates: _____

4. Income: Give total income for all wage earners in the home:

Your income: \$ _____ Source: _____

Other income: \$ _____ Source: _____

5. Insurance: List health and life insurance on all members of the family:

Health: _____

Life: _____

6. List all other children and adults living in the home:

Name	d/o/b	Relation
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Name	d/o/b	Relation
------	-------	----------

Name	d/o/b	Relation
------	-------	----------

Name	d/o/b	Relation
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7. Brief health history in your own words: _____

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8. Describe your relationship with the adoptee: _____

9. Have you ever had any contact with the following: If yes, please describe the circumstances involved in that contact.

Police: _____

Protective Services: _____

Therapy or Counseling: _____

10. Hobbies, recreational activities, religion: _____

11. List arrest/convictions: _____

12. Please give summary of your life from infancy to the present time, including places lived, occupations, etc.:

Date:

Signature of Biological Mother

History of Biological Father

Full Legal Name: _____

First	Middle	Last	Suffix
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Name(s) Previously Used (Maiden Names): _____

Social Security Number: _____

Please attach a copy of your drivers license or state id

1. Education: Schools attended, locations, highest grade completed, dates: _____

2. Marriage: Please give the date(s) of any current or past marriage(s) and the date(s) of the divorce(s); the names and dates of birth of any children born of those marriage(s): _____

3. Employment: Give a brief history of past and present employment and dates: _____

4. Income: Give total income for all wage earners in the home:

Your income: \$ _____ Source: _____

Other income: \$ _____ Source: _____

5. Insurance: List health and life insurance on all members of the family:

Health: _____

Life: _____

6. List all other children and adults living in the home:

Name	d/o/b	Relation
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Name	d/o/b	Relation
------	-------	----------

Name	d/o/b	Relation
------	-------	----------

Name	d/o/b	Relation
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7. Brief health history in your own words: _____

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8. Describe your relationship with the adoptee: _____

9. Have you ever had any contact with the following: If yes, please describe the circumstances involved in that contact.

Police: _____

Protective Services: _____

Therapy or Counseling: _____

10. Hobbies, recreational activities, religion: _____

11. List arrest/convictions: _____

12. Please give summary of your life from infancy to the present time, including places lived, occupations, etc.:

Date: _____

Signature of Biological Father

History of Adopting Step-Parent

Full Legal Name: _____
First _____ Middle _____ Last _____ Suffix _____

Name(s) Previously Used (Maiden Names): _____

Social Security Number: _____ **Please attach a copy of your drivers license or state id**

1. Education: Schools attended, locations, highest grade completed, dates: _____

2. Marriage: Please give the date(s) of any current or past marriage(s) and the date(s) of the divorce(s); the names and dates of birth of any children born of those marriage(s): _____

3. Employment: Give a brief history of past and present employment and dates: _____

4. Income: Give total income for all wage earners in the home:

Your income: \$ _____ Source: _____

Other income: \$ _____ Source: _____

5. Insurance: List health and life insurance on all members of the family:

Health: _____

Life: _____

6. List all other children and adults living in the home:

Name	d/o/b	Relation	Name	d/o/b	Relation
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Name	d/o/b	Relation	Name	d/o/b	Relation
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7. Brief health history in your own words: _____

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8. Describe your relationship with the adoptee, including motive in adopting: _____

10. Have you ever had any contact with the following: If yes, please describe the circumstances involved in that contact.

Police: _____

Protective Services: _____

Therapy or Counseling: _____

11. Hobbies, recreational activities, religion: _____

12. List arrest/convictions: _____

13. Please give summary of your life from infancy to the present time, including places lived, occupations, etc.:

Date: _____

Signature of Adopting Step-Parent