

STATE OF MICHIGAN
PROBATE COURT
MONTCALM COUNTY

SOCIAL HISTORY FOR STEP-PARENT ADOPTIONS

FILE NO.

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 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.

Information RE: Petitioners (Bio-Parent and Step-Parent)

Petitioner's Names: _____

Address: _____

City, state zip: _____

Telephone: _____ Alternate Phone: _____

Date of Marriage: _____

I. List all other children and other 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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Name	d/o/b	Relation	Name	d/o/b	Relation
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2. Housing: Do you rent or own your home? _____ If own, date of purchase: _____

How much are the monthly payments: _____

Describe the neighborhood where you live: _____

3. Debts: Please list significant debts (other than housing payments):

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4. References: Please list the names and addresses of non-relative personal references that will be completing reference letters for you.

Name Address: _____

City, state zip _____

Telephone: _____ Alternate Phone: _____

Name Address: _____

City, state zip _____

Telephone: _____ Alternate Phone: _____

Name Address: _____

City, state zip _____

Telephone: _____ Alternate Phone: _____

Name Address: _____

City, state zip _____

Telephone: _____ Alternate Phone: _____

Petitioner Father **Biological Father** **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

Education: Grade Completed: _____ Year Graduated: _____

Name/Location of School: _____

Employment: Employer: _____

Employer Address: _____

Current Position: _____ Length of Employment: _____

Annual Income: _____

5. Do you have life insurance? No Yes with Company: _____

STATE OF MICHIGAN PROBATE COURT MONTCALM COUNTY	SOCIAL HISTORY FOR STEP-PARENT ADOPTIONS Page 3	FILE NO.
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In the matter of: _____ Date of Birth: _____
 (Name of Child to be adopted)

6. Please describe any physical or mental health problems that you have had in the past or currently have:

7. Describe the methods of discipline used in your home and who assumes the major responsibility for disciplining the child(ren): _____

8. Describe the factors you consider to be important to the success of your marriage:

9. Were you married previously? No Yes If yes, please give the date(s) of the marriage(s) and the date(s) of the divorce(s); the names and dates of birth of any children born of those marriage(s); any support arrangements involving those children: _____

10. Describe your wife's relationship with the child(ren): _____

11. Describe why you want to adopt the child(ren): _____

12. 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: _____

STATE OF MICHIGAN PROBATE COURT MONTCALM COUNTY	SOCIAL HISTORY FOR STEP-PARENT ADOPTIONS Page 4	FILE NO.
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In the matter of: _____ Date of Birth: _____
 (Name of Child to be adopted)

Petitioner Mother Biological Mother 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**

Education: Grade Completed: _____ Year Graduated: _____

Name/Location of School: _____

Employment: Employer: _____

Employer Address: _____

Current Position: _____ Length of Employment: _____

Annual Income: _____

13. Do you have life insurance? No Yes with Company: _____

14. Please describe any physical or mental health problems that you have had in the past or currently have:

15. Describe the methods of discipline used in your home and who assumes the major responsibility for disciplining the child(ren):

16. Describe the factors you consider to be important to the success of your marriage:

17. Were you married previously? No Yes If yes, please give the date(s) of the marriage(s) and the date(s) of the divorce(s); the names and dates of birth of any children born of those marriage(s); any support arrangements involving those children:

STATE OF MICHIGAN PROBATE COURT MONTCALM COUNTY	SOCIAL HISTORY FOR STEP-PARENT ADOPTIONS Page 5	FILE NO.
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In the matter of: _____ Date of Birth: _____
 (Name of Child to be adopted)

18. Describe your husband's relationship with the child(ren): _____

19. Describe why you want to adopt the child(ren): _____

20. 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: _____

Information RE: Child(ren) to Be Adopted

21. Describe any health problems of the child(ren): _____

22. Describe any emotional problems of the child(ren): _____

23. Describe the feelings of the child(ren) regarding this adoption: _____

Information RE: Parent whose rights are to be terminated

Biological Parent: Mother Father Putative

Full Legal Name: _____

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

Social Security Number: _____

Please attach a copy of your drivers license or state id

Bio-Parent is willing to give consent to this adoption: Yes No

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24. Describe the relationship of the child(ren) with the parent (include visitations, time when they lived together, telephone contact, etc.):

25. Ethnic and racial heritage: _____

26. Hair color _____ Eye Color: _____ Height: _____ Weight: _____

27. Education: Schools attended, locations, highest grade completed, etc. _____

28. Is this parent presently married? No Yes If yes, date of marriage: _____

Place of Marriage: _____ Married to: _____

If any other previous marriages, please give complete information, including names and dates: _____

29. Has this parent been divorced? No Yes If yes, please give complete information with dates and places:

30. Home: Describe the type of house, number of rooms, etc., whether home is rented or owned.

31. Occupation: Brief history of past and present employment:

32. Income and insurance: _____

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33. Other people in home (including children); names, ages and relationship:

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

34. Health: Brief history in your own words: _____

35. Religion: _____

36. Hobbies and recreational activities: _____

37. Summary: Please give a summary of the bio-parent's life from infancy to the present including places lived, occupations, etc.