

STATE CASE NUMBER:

INDEPENDENT ADOPTION QUESTIONNAIRE

INFORMATION REQUIRED IN THE MATTER OF THE ADOPTION OF:

CHILD'S NAME:
CHILD'S ADOPTED NAME:

FIRST PETITIONER'S NAME:
SECOND PETITIONER'S NAME:

Dear Petitioner(s):

Complete this **Independent Adoption Questionnaire (AD 9)** and **Adoption Questionnaire I (AD 4324)** (to be filled out individually) and **return them within one week.**

Thank You.

(NAME OF CDSS DISTRICT OFFICE OR DELEGATED COUNTY ADOPTION AGENCY)

(Please fill out as completely as possible, writing "NA" or "Unknown" where appropriate)

I. FIRST PETITIONER'S INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME		GENDER			
BIRTHDATE		PLACE OF BIRTH		ETHNICITY		RACE		RELIGION	
SOCIAL SECURITY NUMBER		DRIVER LICENSE NUMBER		EDUCATION (HIGHEST GRADE COMPLETED)		OCCUPATION		MONTHLY SALARY \$	
NAME AND ADDRESS OF EMPLOYER			LENGTH OF EMPLOYMENT		WORK HOURS			WORK TELEPHONE NUMBER	
			ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF ARRIVAL IN U.S.			DATE OF ARRIVAL IN CALIFORNIA	
IF NATURALIZED DATE: PLACE: NUMBER:			ARE YOU A PERMANENT RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		ALIEN REGISTRATION NUMBER				
MILITARY SERVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO			DATE OF SERVICE:		DATE OF DISCHARGE: <input type="checkbox"/> HONORABLE <input type="checkbox"/> DISHONORABLE				

A. CRIMINAL HISTORY

1) Have you ever been arrested for an offense other than a traffic infraction? YES NO
 If YES, please explain the charges and any convictions:

2) Are you currently on probation or parole? YES NO
 If YES, please explain the circumstance:

3) Have you ever been investigated for allegations of child neglect or abuse? YES NO
 If YES, please explain the circumstances:

4) Have you ever been reported for allegations of domestic violence? YES NO
 If YES, please explain the circumstances and outcome:

B. FORMER MARRIAGE(S)/REGISTERED DOMESTIC PARTNERSHIP(S) (RDP)

FULL NAME OF FORMER SPOUSE(S)/RDP(S) (Give maiden name and current address)	WHERE (License/Registration Issued in County/State)	MARRIAGE/RDP (Date & Place)	DIVORCE/RDP TERMINATION (Date & Place)	DEATH (Date & Place)

C. CHILD(REN) BORN PRIOR TO CURRENT MARRIAGE/REGISTERED DOMESTIC PARTNERSHIP

FULL NAME OF CHILD	DATE OF BIRTH	EDUCATION (Name & Address of School & Grade)	HEALTH CONDITIONS	IF ADOPTED (Place, Date, Agency)

1) Have any of your children ever been arrested for an offense other than a traffic infraction? YES NO
If YES, please explain the charges and any convictions:

2) Are any of your children currently on probation or parole? YES NO
If YES, please explain the circumstance:

3) Have any of your adult children ever been investigated for allegations of child neglect or abuse? YES NO
If YES, please explain the circumstances:

4) Have any of your adult children ever been reported for allegations of domestic violence? YES NO
If YES, please explain the circumstances and outcome:

D. FAMILY HISTORY

RELATIVES' NAMES	ADDRESS	EDUCATION (Highest Grade Completed)	OCCUPATION	AGE	HEALTH CONDITIONS	DATE OF DEATH (If Deceased)
FATHER						
MOTHER						
SIBLING						
SIBLING						
SIBLING						

II. SECOND PETITIONER'S INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME		GENDER			
BIRTHDATE		PLACE OF BIRTH		ETHNICITY		RACE		RELIGION	
SOCIAL SECURITY NUMBER		DRIVER LICENSE NUMBER		EDUCATION (HIGHEST GRADE COMPLETED)		OCCUPATION		MONTHLY SALARY \$	
NAME AND ADDRESS OF EMPLOYER		LENGTH OF EMPLOYMENT		WORK HOURS		WORK TELEPHONE NUMBER			
		ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF ARRIVAL IN U.S.		DATE OF ARRIVAL IN CALIFORNIA			
IF NATURALIZED DATE: PLACE: NUMBER:		ARE YOU A PERMANENT RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		ALIEN REGISTRATION NUMBER					
MILITARY SERVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF SERVICE:		DATE OF DISCHARGE: <input type="checkbox"/> HONORABLE <input type="checkbox"/> DISHONORABLE					

A. CRIMINAL HISTORY

1) Have you ever been arrested for an offense other than a traffic infraction? YES NO
If YES, please explain the charges and any convictions:

2) Are you currently on probation or parole? YES NO
If YES, please explain the circumstance:

3) Have you ever been investigated for allegations of child neglect or abuse? YES NO
If YES, please explain the circumstances:

4) Have you ever been reported for allegations of domestic violence? YES NO
If YES, please explain the circumstances and outcome:

B. FORMER MARRIAGE(S)/REGISTERED DOMESTIC PARTNERSHIP(S) (RDP)

FULL NAME OF FORMER SPOUSE/REGISTERED DOMESTIC PARTNER (Give maiden name and current address)	WHERE (License/Registration Issued in County/State)	MARRIAGE/RDP (Date & Place)	DIVORCE/RDP TERMINATION (Date & Place)	DEATH (Date & Place)

C. CHILD(REN) BORN PRIOR TO CURRENT MARRIAGE/REGISTERED DOMESTIC PARTNERSHIP

FULL NAME OF CHILD	DATE OF BIRTH	EDUCATION (Name & Address of School & Grade)	HEALTH CONDITIONS	IF ADOPTED (Place, Date, Agency)

1) Have any of your children ever been arrested for an offense other than a traffic infraction? YES NO
If YES, please explain the charges and any convictions:

2) Are any of your children currently on probation or parole? YES NO
If YES, please explain the circumstance:

3) Have any of your adult children ever been investigated for allegations of child neglect or abuse? YES NO
If YES, please explain the circumstances:

4) Have any of your adult children ever been reported for allegations of domestic violence? YES NO
If YES, please explain the circumstances and outcome:

D. FAMILY HISTORY

RELATIVES' NAMES	ADDRESS	EDUCATION (Highest Grade Completed)	OCCUPATION	AGE	HEALTH CONDITIONS	DATE OF DEATH (If Deceased)
FATHER						
MOTHER						
SIBLING						
SIBLING						
SIBLING						

III. HOUSEHOLD INFORMATION

MAILING ADDRESS	CITY, STATE, ZIP	HOW LONG AT PRESENT ADDRESS
I. CELLULAR PHONE NUMBER	II. CELLULAR PHONE NUMBER	HOME TELEPHONE NUMBER
If you are a married or registered domestic couple: DATE OF MARRIAGE/REGISTRATION: PLACE OF MARRIAGE/REGISTRATION: (CITY, COUNTY AND STATE)		If you are an unmarried couple: LENGTH OF DOMESTIC PARTNERSHIP/RELATIONSHIP: HAVE YOU FILED A REGISTRATION OF DOMESTIC PARTNERSHIP WITH THE SECRETARY OF STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE OF FILING:

DESCRIBE YOUR HOME (INCLUDE NUMBER OF BEDROOMS & BATHROOMS):

DIRECTIONS TO YOUR HOME:

HAVE YOU EVER HAD ANY PREVIOUS ADOPTIVE PLACEMENT(S)? YES NO IF YES, PLEASE DESCRIBE:

HAVE YOU EVER APPLIED WITH ANOTHER AGENCY? YES NO

IF YES, WHEN AND NAME OF AGENCY:

A. CHILD(REN) OF PETITIONER(S)

FULL NAME OF CHILD	DATE OF BIRTH	EDUCATION (Name & Address of School & Grade)	HEALTH CONDITIONS	IF ADOPTED (Place, Date, Agency)

1) Have any of your children ever been arrested for an offense other than a traffic infraction? YES NO
If YES, please explain the charges and any convictions:

2) Are any of your children currently on probation or parole? YES NO
If YES, please explain the circumstance:

3) Have any of your adult children ever been investigated for allegations of child neglect or abuse? YES NO
If YES, please explain the circumstances:

4) Have any of your adult children ever been reported for allegations of domestic violence? YES NO
If YES, please explain the circumstances and outcome:

B. OTHER MEMBERS OF THE HOUSEHOLD

FULL NAME	GENDER	DATE OF BIRTH	RELATIONSHIP TO FAMILY	OCCUPATION

1) Have any of these members of the household ever been arrested for an offense other than a traffic infraction? YES NO
 If YES, please explain the charges and any convictions:

2) Are any of these members of the household currently on probation or parole? YES NO
 If YES, please explain the circumstance:

3) Have any of these members of the household ever been investigated for allegations of child neglect or abuse? YES NO
 If YES, please explain the circumstances:

4) Have any of these members of the household ever been reported for allegations of domestic violence? YES NO
 If YES, please explain the circumstances and outcome:

IV. BIRTHPARENT/LEGAL PARENT INFORMATION

BIRTHMOTHER/LEGAL PARENT		BIRTHFATHER/LEGAL PARENT	
NAME (LAST, FIRST, MIDDLE)		NAME (LAST, FIRST, MIDDLE)	
MAIDEN NAME OR ALIASES		ALIASES	
ETHNICITY, RACE	BIRTHDATE	ETHNICITY, RACE	BIRTHDATE
ADDRESS		ADDRESS	
TELEPHONE NUMBER		TELEPHONE NUMBER	

A. PLACEMENT DETAILS

DESCRIBE FULLY HOW YOU FIRST LEARNED OF THE CHILD, IF AND WHEN YOU MET THE BIRTHPARENTS/LEGAL PARENT, AND HOW YOU SECURED THIS CHILD FOR ADOPTION. INCLUDE SPECIFIC INFORMATION PERTAINING TO THE TRANSFER OF CUSTODY AND THE NAME OF ANY INTERMEDIARY INVOLVED.

B. EXPENSES RELATED TO ADOPTION

HOSPITAL	ADOPTION SERVICE PROVIDER	PHYSICIAN	ATTORNEY	BIRTHPARENT/ LEGAL PARENT	OTHER

C. CONCERNING CHILD(REN) TO BE ADOPTED

CHILD #1				CHILD #2			
NAME OF CHILD				NAME OF CHILD			
BIRTHDATE	PLACE OF BIRTH	GENDER	DATE PLACED IN HOME	BIRTHDATE	PLACE OF BIRTH	GENDER	DATE PLACED IN HOME
NAME OF HOSPITAL				NAME OF HOSPITAL			
ADDRESS OF HOSPITAL				ADDRESS OF HOSPITAL			
ATTENDING PHYSICIAN				ATTENDING PHYSICIAN			
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
HAS THE CHILD EVER BEEN KNOWN BY ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO				HAS THE CHILD EVER BEEN KNOWN BY ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CURRENT AGE		CURRENT WEIGHT		CURRENT AGE		CURRENT WEIGHT	
DO YOU BELIEVE THE CHILD WAS EXPOSED TO ALCOHOL OR DRUGS IN UTERO? <input type="checkbox"/> YES <input type="checkbox"/> NO				DO YOU BELIEVE THE CHILD WAS EXPOSED TO ALCOHOL OR DRUGS IN UTERO? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU BELIEVE OR SUSPECT THE CHILD WAS SUBJECTED TO PHYSICAL, SEXUAL OR EMOTIONAL ABUSE OR NEGLECT PRIOR TO PLACEMENT IN YOUR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO				DO YOU BELIEVE OR SUSPECT THE CHILD WAS SUBJECTED TO PHYSICAL, SEXUAL OR EMOTIONAL ABUSE OR NEGLECT PRIOR TO PLACEMENT IN YOUR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE PROVIDE DETAILS:				IF YES, PLEASE PROVIDE DETAILS:			

BRIEFLY DESCRIBE THE ADJUSTMENT OF YOUR CHILD(REN) TO YOUR HOME:

DESCRIBE CURRENT AND FUTURE PLANNED CHILD CARE ARRANGEMENTS:

DESCRIBE, IF ANY, RELIGIOUS TRAINING PLANS OF THE CHILD(REN):

D. SCHOOL INFORMATION (COMPLETE THIS SECTION IF CHILD(REN) ATTENDS SCHOOL)

NAME OF SCHOOL		NAME OF SCHOOL	
SCHOOL ADDRESS		SCHOOL ADDRESS	
SCHOOL PHONE	GRADE LEVEL	SCHOOL PHONE	GRADE LEVEL
REGISTERED NAME	TEACHER'S NAME	REGISTERED NAME	TEACHER'S NAME

V. FINANCIAL INFORMATION

MONTHLY INCOME

GROSS WAGES

First Petitioner \$ _____
 Second Petitioner \$ _____

NET WAGES

First Petitioner \$ _____
 Second Petitioner \$ _____

OTHER INCOME (interest, property, dividends, etc.) \$ _____

TOTAL GROSS INCOME \$ _____

MONTHLY EXPENSES

Housing (include taxes, insurance, & utilities) \$ _____
 Insurance \$ _____
 Food/Clothing \$ _____
 Legal Obligations (child support, alimony, etc.) \$ _____
 Extraordinary Expenses \$ _____

MONTHLY CONSUMER DEBT PAYMENTS

ITEM	TERMINATION DATE	BALANCE DUE	MONTHLY PAYMENT
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL		\$	\$

If you own your home, please indicate the following:

Purchase Price \$ _____ Balance Due \$ _____

FINANCIAL ASSETS

Savings \$ _____ Investments \$ _____
 Stocks, Bonds \$ _____ Real Property \$ _____
 Other Resources \$ _____

If you are self-employed or an employer cannot verify your income for some other reason, please attach a copy of your last year's federal income tax return.

I/We filed both state and federal income tax returns last year.

YES NO If NO, state reason: _____

I/We have had the occasion to file for bankruptcy.

YES NO If YES, state reason: _____

PLEASE USE THIS SPACE TO NOTE ANY ADDITIONAL FINANCIAL INFORMATION THAT YOU BELIEVE THE DEPARTMENT SHOULD BE AWARE OF:

VI. INSURANCE

Does your family have health and hospitalization insurance that covers all family members? YES NO

If YES, indicate the name of insurance carrier and address: _____

Name and address of family physician: _____

Name and address of pediatrician: _____

What provisions for medical care will be provided for the child(ren)? _____

Check the types of insurance coverage your family has and briefly describe each coverage.

Life Insurance: _____

Disability Insurance: _____

Automobile Insurance: _____

Renters/Home Owners Insurance: _____

Other Policies: _____

NOTE: California law (Section 1373(c) of the Health and Safety Code, and Sections 10119, 10112, and 11512.1 of the Insurance Code) requires that effective January 1, 1988, all health care service plans provide accident and sickness coverage to each minor child placed for adoption from and after the moment the child is placed in the physical custody of the covered subscriber or enrollee of adoption.

VII. ENVIRONMENTAL SAFETY

The following is a list of safety issues and practices. Please check each issue and/or practice that applies to your home. If a situation does not apply to your home, please mark N/A.

- All medications are locked up or stored in a manner to prevent access by children.
- In our automobile(s), safety belts and approved infant and child seats and restraints are use in accordance with state law.
- Operational smoke detectors are used in bedroom areas and in areas that pose a fire risk.
- A charged general purpose fire extinguisher is on hand for emergency use.
- Cleaning supplies, pesticides and other toxic substances are not kept in food storage areas and are inaccessible to young children.
- All hot surfaces, such as wood stoves or fireplace inserts, have been made inaccessible to children with screening or other protective barriers.
- We have an adequate septic and sewage disposal system.
- Electrical outlets and sockets are covered or equipped with protective devices to prevent electrical shock.
- Electrical wiring is enclosed
- Bunkbeds are not used for children under five.
- The temperature of the hot water heater is maintained between 105 - 120 degrees fahrenheit.
- Our family has and all family members are familiar with a fire evacuation plan.
- Our pets are free of disease and pose no physical or health risk to children.
- A first aid kit is in our home.
- A first aid kit is in our car(s).
- Adults in the home have taken a class in cardio-pulmonary resuscitation.
- All guns and ammunition are locked up and guns are unloaded with the firing pins removed.
- The swimming pool/hot tub/spa has either a five-foot fence constructed so that it does not obscure the pool/hot tub/spa from view around it with a self-latching gate or an approved pool/hot tub/spa cover.
- All stairways have a protective barrier or other device to prevent infants or small children from injuries on stairways.
- Our well has been certified free of impurities by the health department or a licensed water inspection company.

VIII. REFERENCES

Please give names and addresses of four references who are not related. It is suggested that at least one be a business associate other than an employer, and at least two be friends (preferably with children) who have knowledge of your home environment and lifestyle. Your attorney or physician may not be given as a reference.

FULL NAME	OCCUPATION	STREET ADDRESS	CITY, STATE, ZIP	PHONE NUMBER

I/WE AFFIRM THAT THE INFORMATION PROVIDED IN THIS QUESTIONNAIRE IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND UNDERSTAND THAT IT WILL BE SUBJECT TO VERIFICATION BY THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES OR A DELEGATED COUNTY ADOPTION AGENCY. I/WE UNDERSTAND THAT THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES OR DELEGATED COUNTY ADOPTION AGENCY HAS THE AUTHORITY AND RESPONSIBILITY TO PROVIDE INFORMATION TO THE CONSENTING BIRTHPARENTS IN THIS ADOPTION REGARDING MY/OUR SUITABILITY TO PARENT A CHILD AND THE ADJUSTMENT OF THE CHILD IN MY/OUR HOME. I/WE FURTHER AUTHORIZE THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES OR DELEGATED COUNTY ADOPTION AGENCY TO OBTAIN ANY INFORMATION FROM ANY PUBLIC AND/OR PRIVATE AGENCY, IF NECESSARY FOR THIS ADOPTION PROCEEDING.

SIGNATURE OF FIRST PETITIONER	DATE
SIGNATURE OF SECOND PETITIONER	DATE