

STATE OF MICHIGAN PROBATE COURT MONTCALM COUNTY	SOCIAL HISTORY FOR 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 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: \_\_\_\_\_

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

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

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: \_\_\_\_\_

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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: \_\_\_\_\_

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**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the matter of: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
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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
Suffix

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.