



In the Superior Court of the State of California
In and for the County of Sacramento

FOR COURT USE ONLY

INVESTIGATION QUESTIONNAIRE

CASE NAME:

CASE NUMBER:

Instructions to Petitioner:

In order to facilitate a stepparent (or domestic partner) adoption or termination of parental rights, you must complete this questionnaire and provide copies of the required documents as indicated to:

SACRAMENTO COUNTY SUPERIOR COURT
3341 Power Inn Road, Family Law
Sacramento, CA 95826

The questionnaire is important in introducing you and your situation to the investigator handling your case. Attach all additional documents as applicable to this questionnaire. The court will not file an incomplete packet or schedule a hearing date until all of the necessary forms are completed and submitted to the court.

I. PETITIONER

Your current name:

Driver's License No.:

Maiden name and/or any other names used:

Name & telephone number of your attorney: ()

Your current address (Street, City, State and ZIP):

How long at this address? Years Months

Home Telephone: ()

Business Telephone: ()

If no home or business telephone, give a contact number where the investigator can reach you: ()

II. IDENTIFYING DATA OF PETITIONER

Social Security Number:

Age:

Date of Birth:

Place of Birth:

Race:

Eye Color:

Hair Color:

Wgt:

Hgt:

Extent of schooling, H.S./College, etc.:

Insurance (Life, Health, Car, etc.) specify:

III. MARITAL HISTORY OF PETITIONER

(List all marriages)

Time	Name of spouse (use maiden names) include present marriage	Date of Marriage	Date Separated	Date & How Terminated	Number of Children
<i>First</i>		/ /	/ /		
<i>Second</i>		/ /	/ /		
<i>Third</i>		/ /	/ /		

****Attach a certified copy of the current marriage license or Certificate of Registered Domestic Partnership****

****If applicable, attach a certified copy of the final divorce judgment of each previous marriage****

****If applicable, attach a certified copy of any orders changing your name****

IV. CHILD

(List the child INVOLVED with this Court action)

Name	Date of Birth	Living with	Address	Name of other parent	Indian Ancestry?
	/ /				<input type="checkbox"/> yes <input type="checkbox"/> no

Has the child ever been involved in any other court case? Yes No

If so, what county _____, case number _____.

****Attach certified copy of the birth certificate****

****If applicable, attach a certified copy of the Order of Adoption, if the minor has been previously adopted****

****If applicable, attach a certified copy of the most recent court order awarding custody of the child to be adopted or an Order Terminating**
Parental Rights or Order Declaring Minor Free from Parental Custody and Control**

****If applicable, attach a certified copy of any orders changing the child's name****

V. CHILDREN

(List all your other children NOT INVOLVED in the Court action)

Name	Date of Birth	Living with	Address	Name of other parent
	/ /			
	/ /			
	/ /			
	/ /			

Since the separation of the parents of the minor(s), whom have the child(ren) been living with? Also list dates:

VI. HEALTH OF CHILDREN

(List each child in this case who has recently been under the care of a Doctor, or Psychiatrist, including family physician)

Child	Doctor	Address	Date	Reason
			/ /	
			/ /	
			/ /	
			/ /	

Do any of the children presently have physical or mental problems? Yes No If "Yes", please explain:

Plan of custody/visitation:

Place of residence for self and children:

Will children be placed under supervision of others? Yes No If "Yes", please complete below:

<i>Name of caretaker:</i>	<i>Relationship to children</i>	<i>Address</i>	<i>Phone Number</i>	<i>What period of time</i>
			()	
			()	

State the reasons why you feel the other parent should not have custody/visitation and be specific.
Give examples and dates (attach additional sheet, if needed).

VII. EMPLOYMENT
(Beginning with your present employment, list employment for the last 5 years)

Name of Employer	Address of Employer	Type of Job	Date Begun	Date Left	Reason for Leaving
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	

Current working hours and days:

MONTHLY INCOME	Gross	Net
From employment	\$	\$
Own business	\$	\$
Public Assistance (AFDC or Social Security Assistance)	\$	\$
Child support	\$	\$
Other sources	\$	\$
TOTAL	\$	\$

Does the petitioner pay child support? Yes No
If yes, is the amount in the arrears? Yes No If yes, amount in arrears \$ _____

VIII. MEDICAL HISTORY OF PETITIONER

(If either parent or guardian have any physical disability or have received psychiatric treatment or counseling, please complete the section below)

Name of Doctor & Address	Name of Hospital & Address	When Treated	Nature of Illness
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

IX. CRIMINAL RECORD OF PETITIONER

Does petitioner have a criminal record? Yes No If "Yes", please give details:

Is petitioner on Probation or Parole? Yes No

If "Yes", please give name of Probation Officer or Parole Agent: _____

Area office: ()

Phone number: ()

Does the petitioner have any criminal actions pending: Yes No If "Yes", please explain:

X. NATURAL FATHER

Name of natural father:		Date of last support:
Address:		Date of last contact with child:
Date of Birth:	Place of Birth:	Race:
Occupation:		Employer:
Has he consented to Adoption: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of last contact with any other relative: / /		
** If applicable, attach a certified copy of the death certificate, proof of parental rights being terminated, or orders changing father's name **		

MARITAL HISTORY OF NATURAL FATHER

(List all marriages)

Time	Name of spouse (use maiden names) include present marriage	Date of Marriage	Date Separated	Date & How Terminated	Number of Children
<i>First</i>		/ /	/ /		
<i>Second</i>		/ /	/ /		
<i>Third</i>		/ /	/ /		

Is the child a result of a donorship? Yes <input type="checkbox"/> No <input type="checkbox"/> Is yes, attach proof of donorship.

XI. NATURAL MOTHER

Name of natural mother:		Date of last support:
Address:		Date of last contact with child:
Date of Birth:	Place of Birth:	Race:
Occupation:	Employer:	
Has she consented to Adoption: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of last contact with any other relative: / /		
** If applicable, attach a certified copy of the death certificate, proof of parental rights being terminated, or orders changing mother's name **		

MARITAL HISTORY OF NATURAL MOTHER

(List all marriages)

Time	Name of spouse (use maiden names) include present marriage	Date of Marriage	Date Separated	Date & How Terminated	Number of Children
<i>First</i>		/ /	/ /		
<i>Second</i>		/ /	/ /		
<i>Third</i>		/ /	/ /		

Before submitting your documents to the court, confirm that you have attached all required documents to this packet