

Requirements For Your Petition for Step Parent Adoption

Deciding to adopt a step child is a big step in the life of a family. Taking this step brings with it certain requirements in order for your petition to be granted and the adoption occur. This document outlines some of those requirements. Please be aware that the judge may require other things of you before the petition is granted. For example, you may need to comply with the Indian Child Welfare Act if there is a possibility that the children have Native American Ancestry. The Superior Court of California, County of Kern wants to insure that all laws and procedures are followed to insure that your case is not subject to appellate review or the possibility of it being overturned in such a review.

Investigation

You and the minor children involved in the petition shall meet with an investigator from the Family Court Services' staff to answer questions related to your desire to adopt. All petitions must be investigated and a report filed with the court. Family Law Code 9001 outlines this requirement.

Questionnaire and Other Documents

Your case will not be assigned until you have completed the attached questionnaire. Additionally, you must provide:

- Copies of any family law orders showing the parent retaining custody has legal custody of the minors
- A copy of **all** decrees of dissolution for the petitioner and the parent retaining custody
- A death certificate for the other parent, if applicable
- The Adopt 200/Adoption Request form
- Four letters of reference depicting the moral character, attitude and behavior of the stepparent toward the minors and the length of time the witness has known the petitioner. These references must be from non-relatives.

Consents or Termination of the Other Parent's Rights

Before a step parent adoption can occur, the other parent must consent to the adoption or have had the legal rights to the children terminated. If you think the other parent will consent to the adoption, Family Court Services will mail the appropriate documentation to the other parent with instructions for completing the consent form.

If the other parent does not consent, you will be required to file a petition to terminate the other parent's legal rights with this court. Termination of parental rights is a serious legal process with its own set of requirements including a separate investigation and associated fees plus court hearings.

There is a waiting period following the granting of the termination before an adoption can be heard so be aware that this can become a lengthy process.

If the other parent is deceased, neither a consent nor termination is required.

Informing Minors

The minors need to understand the nature of the petition as they will be questioned by the investigator and required to appear in court for the hearing on the adoption. If a minor is 12 years of age or older, their consent is required and they will be asked to sign a consent form at the time of the interview with Family Court Services. *It is your responsibility to explain the purpose of the petition to the children.*

Fees for Investigation

According to Family Code 9002, the petitioner is responsible for fees for the investigation and other costs up to \$700.

Court employees are unable to provide you with specific legal advice.

CHILD:

Full Legal Name _____

Age _____ Birth date _____ Place of Birth _____

Name of School or Daycare _____ School Phone # _____

Grade Level _____ School Achievement & Adjustment (include special needs) _____

Health (include medical problems, current medications, & name of M.D.) _____

Treating Counselor, Psychologist, or Psychiatrist (include name, phone number, and reason for treatment) _____

Sports, Social Organizations, & Favorite Activities _____

Child's Feelings and Thoughts Concerning the Proceeding _____

The child's language of preference _____

PARENT/CAREGIVER RETAINING CUSTODY:

Name _____ (List maiden or other names) _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____ Race _____

Home Telephone # _____ Cell Phone # _____ Social Security # _____

Driver's License (State & #) _____ U.S. Citizen _____ Resident Alien _____

Language of preference _____

Served in Military ___ Yes ___ No Branch _____ From _____ To _____

Discharge Status _____ High School (name/location) _____

Highest Grade Completed / Year Graduated _____ / _____ Graduate: ___ Yes ___ No ___ G.E.D.

College (name/location) _____ Degree(s) _____

Employer _____ Telephone # _____

Job Title _____ Salary _____ Date Began _____

Sports & Social Organizations _____ Health _____

Therapist/M. D. (name, phone #, medications, reason for treatment) _____

Arrest Record (date & charges) _____

Current Marriage: Spouse's Name _____ Date Began _____

Place _____ Children In Common (list name, birth date & place of birth) _____

Previous Marriage: Date _____ Spouse's Name _____

Place _____ Date Dissolved _____ Place _____

Children In Common (list names, birthdates & place of birth) _____

List additional marriages on reverse side with all required information as above. Also, list any children resulting from a non marital relationship (include name, birth date, place of birth, and current custody/visitation order).

PARENT WHOSE RIGHTS ARE BEING TERMINATED:

Name _____ (List maiden or other names) _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____ Race _____

Home Telephone # _____ Cell Phone # _____ Social Security # _____

Driver's License (State & #) _____ Served in Military _____ Yes _____ No _____

Branch _____ From _____ To _____ Discharge Status _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

The parent's language of preference _____

Employer & Job Title _____ Telephone # _____

If location of parent is unknown, list name, address, and phone # of any known relatives or friends below.

Arrest Record (date & charges) _____

Date this parent last had contact with the child(ren) _____

Date parent last paid child support _____ Amount of Back Child Support Owed \$ _____

(If District Attorney collects child support, attach a current DA printout showing payment history and current balance owed.)

Date this parent last sent a letter, postcard, or gave a gift to this children _____

Current Marriage: Spouse's Name _____ Children (list name & birthdate) _____

Previous Marriage: Spouse's Name _____ Children (list names & birthdates) _____

List additional marriages on reverse side with all required information as above. Also, list any children resulting from non marital relationships (include name, birth date, place of birth, and current custody/visitation order)

PETITIONER'S / STEP PARENT'S HISTORY: (if different than parent retaining custody)

Name _____ (List maiden or other names) _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____ Race _____

Language of preference _____

Home Telephone # _____ Cell Phone# _____ Social Security # _____

Driver's License (State & #) _____ U.S. Citizen _____ Resident Alien _____

Served in Military ___ Yes ___ No Branch _____ From _____ To _____

Discharge Status _____ High School (name/location) _____

Highest Grade Completed / Year Graduated _____ / _____ Graduate: ___ Yes ___ No ___ G.E.D.

College (name/location) _____ Degree(s) _____

Employer _____ Telephone # _____

Job Title _____ Salary _____ Date Began _____

Sports & Social Organizations _____ Health _____

Therapist/M. D. (name, phone #, medications, reason for treatment) _____

Arrest Record (date & charges) _____

Current Marriage: Spouse's Name _____ Date Began _____

Place _____ Children In Common (list name, birth date & place of birth) _____

Previous Marriage: Date _____ Spouse's Name _____

Place _____ Date Dissolved _____ Place _____

Children In Common (list names, birthdates & place of birth) _____

List additional marriages on reverse side with all required information as above. Also, list any children resulting from a non marital relationship (include name, birth date, place of birth, and current custody/visitation order)

HOME INFORMATION:

Residence Location _____

Buying ___ Renting ___ Own ___ Month & Year Moved In _____

Rent/Payment Amount _____ Number of Bedrooms _____

Names and Birthdates of Other Residents In The Home _____

List Residence Location For The Last Five Years (if different than present):

1. From: _____ To: _____ Address (city & state) _____

2. From: _____ To: _____ Address (city & state) _____

3. From: _____ To: _____ Address (city & state) _____

4. From: _____ To: _____ Address (city & state) _____

ADDITIONAL INFORMATION:

Has either parent or guardian ever been contacted by Children's Protective Services?

Yes ___ No ___ If yes, please explain:

Date _____ Explanation _____

INFORMATION RELEASE

I, _____, specifically authorize any public agency, private person, employer or past employer, medical doctor, psychologist, treating therapist, hospital, public or private school districts (including teachers) possessing information about me or my minor children, included psychiatric information, confidential or otherwise, to release same (including copies) to the Superior Court through its duly appointed Court Evaluator/Investigator, such information to be used as the Court may deem fit and proper.

A copy of this release shall be as valid as the original.

This release shall remain in effect for one year from this date unless otherwise revoked.

_____ Date	_____ Petitioner's Signature
_____ Petitioner's Name (Please Print)	

INFORMATION RELEASE

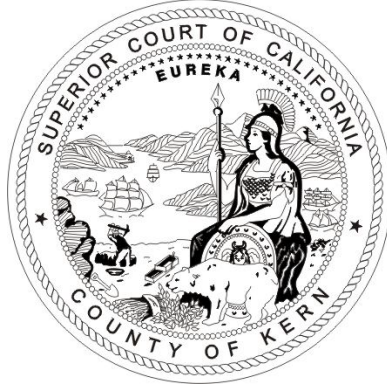
I, _____, specifically authorize any public agency, private person, employer or past employer, medical doctor, psychologist, treating therapist, hospital, public or private school districts (including teachers) possessing information about me or my minor children, including psychiatric information, confidential or otherwise, to release same (including copies) to the Superior Court through its duly appointed Court Evaluator/Investigator, such information to be used as the Court may deem fit and proper.

A copy of this release shall be as valid as the original.

This release shall remain in effect for one year from this date unless otherwise revoked.

_____ Date	_____ Parent Retaining Custody Signature
_____ Parent Retaining Custody Name (Please Print)	

**SUPERIOR COURT OF
CALIFORNIA
COUNTY OF KERN**



**FAMILY COURT SERVICES
PATRICIA ARREDONDO, LCSW
MANAGER**

1215 Truxtun Avenue, Room 301
Telephone: (661) 610-6700
Facsimile: (661) 688-7414

I understand that I am being asked to provide my Social Security number so that the investigator can conduct a criminal background check, which will assist the investigator in making recommendations to the court and the court to make decisions in my case. The results of this criminal search will be included in the report made to the court and only Family Court Services' staff will have access to this information. The investigator will redact your Social Security number from the Family Court Services' file at the conclusion of the investigation to insure it is not misused. While the court cannot require that you provide Family Court Services with your Social Security number, it is a great help in obtaining accurate information about your criminal background.

Please indicate your choice, and date and complete this form.

I agree to provide my Social Security number _____

I will not provide my Social Security number _____

Date: _____

Signature: _____

Printed Name: _____

(To be completed by all adults living in the home with the minor(s))

KERN COUNTY SUPERIOR COURTS APPLICATION FOR FINANCIAL EVALUATION

Case No. _____

Please Print

Applicant (Last)		First	Middle	Birth date		sex	Soc. Sec. No	
Other names used in last 10 yrs, (including maiden name)			#Dependents	Drivers License			State	Marital Status M SG D SP
Street Address				City	State	Zip code	Home Phone	
Previous Street Address				City	State	Zip code		
Occupation(Applicant)		Employer Name		Address				
City	State	Zip	Work phone			Net pay /Mo /Bi-Wkly /Wkly \$ (circle one)		
Previous Employment		City			State		Zip code	
Husband or Wife Name (First)		(Middle)	Birthdate		Soc. Sec. No.		Drivers License #	
Employment & Position (Hus. Or Wife)				Address			Net pay /Mo /Bi-Wkly /Wkly \$ (circle one)	
Other Income Source			Monthly Child Support (circle one) \$			Paid Received		
Reference: Relative _____ Friend _____				Living outside your home (check one)				
Name		Address		City		State	Telephone	

MONTHLY EXPENSES

Credit References (Bills)	Address	Balance	Monthly Payment
Rent/ Mortgage Payment		\$	\$
Utilities (Gas, Water, Electric, Telephone, etc)		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

I DO HEREBY SWEAR, UNDER PENALTY OF PERJURY, THAT THE INFORMATION I HAVE PROVIDED FOR "APPLICATION FOR FINANCIAL EVALUATION" IS TRUE AND CORRECT.

EXECUTED ON (DATE): _____ APPLICANT SIGNATURE: _____

REVENUE RECOVERY OFFICER: _____