



16th Judicial Circuit Court for the County of Macomb

Adoption Department

Reference Letter

This form is to be completed legibly, print or type. If certain areas do not apply, print or type N/A.
[Use Tab after each line to go to the next line]

Adoptee(s) birth name(s): _____

Your name: _____ Age: _____

Relationship to adoptive parent(s) _____

1. How long have you known the adoptive parent(s)? _____

2. How would you describe adoptive parent(s) relationship with the child(ren)? _____

3. How would you describe adoptive parent(s) parenting style? _____

4. Do you believe the adoptive parent(s) are able to fulfill the child's(ren's) intellectual, spiritual and moral development?: Yes No

5. Can the adoptive parent(s) provide a safe and nurturing environment for the child(ren) to grow and develop?: Yes No

6. Do the adoptive parent(s) live in and maintain a clean and adequate home environment? Yes No

7. Are the adoptive parent(s) active in the community, how? _____

8. What are some recreational activities the adoptive family is known to be involved in? _____



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9. Are you aware of any health conditions of adoptive parent(s)? No Yes (If yes, explain):

If yes to question #9, is the person with the health condition(s) able to meet the needs of the adoptee?

(Explain): _____

10. Are you aware of any prior substance use issues of adoptive parent(s)? No Yes (If yes, explain):

If yes to question #10, does the parent's prior substance use impede his/her ability to adopt? (Explain):

11. Would you recommend the adoptive parent(s) for adoption of the child(ren)?

Signature _____ Date: _____

Revised: 8/16/18 RR