

ADOPTIVE HISTORY REPORT

MACOMB COUNTY ADOPTION DEPARTMENT

This form is to be completed and signed legibly in black ink or typed, with complete names (FIRST, MIDDLE and LAST) as listed on the respective birth certificates. If a certain area does not apply, write or type N/A.

ADOPTIVE PARENT(S) INFORMATION:

	Petitioning Parent or Custodial Parent:	Petitioning Parent or Stepparent:
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Name (<i>First, Middle, Last</i>):	_____	_____
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Maiden Name:	_____	_____
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Relationship to Adoptee:	_____	_____
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Length of Petitioners' relationship:	_____	_____
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Drivers License Number:	_____	_____
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Address, City, State, Zip:	_____	_____
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Telephone Number:	_____	_____
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Email:	_____	_____
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Race/Nationality:	_____	_____
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Military History:	_____	_____
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Education Level:	_____	_____
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Employer:	_____	_____
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Occupation:	_____	_____
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Hobbies/Interests:	_____	_____
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Income (<i>Monthly</i>):	_____	_____
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Length of Employment:	_____	_____
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Household Expenses (<i>Monthly</i>):	_____	_____
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Chronic/Terminal Illness:	_____	_____
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If Married – License #:	_____	_____
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Previous Marriage(s): (<i>Date, Place</i>)	1) _____	1) _____
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Divorced (<i>Date, Place</i>):	1) _____	1) _____
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Support Order/Amount:	_____	_____
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Marriage (<i>Date, Place</i>):	2) _____	2) _____
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Divorced (<i>Date, Place</i>):	2) _____	2) _____
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Support Order/Amount:	_____	_____
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ADOPTIVE PARENT(S) INFORMATION CONTINUED:

Custodial Parent has: Joint or Sole – Physical Custody (and) Joint or Sole – Legal Custody

Have petitioning parent(s) been convicted of a criminal proceeding, imprisoned, and placed on probation and/or parole (including DUI)? No Yes If yes, describe in detail, the date, place, nature of offense and outcome: (If more space is needed, please attach an addendum) _____

Has any petitioning parent had any contact with Children’s Protective Services? No Yes

Name of CPS Worker _____ Phone _____

If yes, describe in detail, the CPS contact including the parties involved, the nature of the petitioner’s involvement, specifics of the circumstances, and outcome: (If more space is needed, please attach an addendum) _____

Has any member of the household ever been listed on the Central Registry? No Yes If yes, describe in detail, the Central Registry contact including the context of the person(s) named on the registry, the specifics of the circumstances that led to being placed on the Central Registry and if the person’s name was taken off (expunged): (If more space is needed, please attach an addendum) _____

Do you own rent your home? Is there ample room for household members? Please describe:

Are there any water hazards near the premises? No Yes. If yes, please describe how the petitioner(s) safeguard child(ren) around them (Water hazards include pools, ponds, etc): _____

Are there any weapons in the home? No Yes. If yes, please describe the type and how they are stored:

Does any Petitioner have a diagnosed medical or mental health condition by a licensed professional that may impact the ability to care for a child? No Yes; If yes, describe your treatment plan including medications prescribed and your ability to meet the needs of the child(ren)?

Please describe your families strengths;

HOUSEHOLD MEMBERS INFORMATION: (Including adult children not residing in the home, such as attending college, armed forces, etc.):

Household Member

Household Member

Name (*First, Middle, Last*) _____

Relationship to Adoptee: _____

Birth Date: _____

Drivers License Number: _____

Name (*First, Middle, Last*) _____

Relationship to Adoptee: _____

Birth Date: _____

Drivers License Number: _____

Name (*First, Middle, Last*) _____

Relationship to Adoptee: _____

Birth Date: _____

Drivers License Number: _____

BIRTH PARENTS INFORMATION:

BIRTH MOTHER: *(first, middle, last)* _____ DOB: _____

Address: _____

Nationality/Race: _____ Native American Indian Heritage Yes No

If so, the name of the Tribe or band? _____

Name and relationship of relative w/Indian Heritage? _____

Place of birth: _____ Religion: _____

Eye Color: _____ Hair Color: _____ Complexion: _____

Education: _____ Occupation: _____

Allergies: _____ If deceased, date and cause of death: _____

Medical History/Diagnosis: _____

Armed Forces/Branch: _____ Interests: _____

BIRTH FATHER: *(first, middle, last)* _____ DOB: _____

Address: _____

Nationality/Race: _____ Native American Indian Heritage Yes No

If so, name of the Tribe or band? _____

Name and relationship of relative w/Indian Heritage? _____

Place of birth: _____ Religion: _____

Eye Color: _____ Hair Color: _____ Complexion: _____

Education: _____ Occupation: _____

Allergies: _____ If deceased, date and cause of death: _____

Medical History/Diagnosis: _____

Armed Forces/Branch: _____ Interests: _____

Are birth parents aware of the Central Adoption Registry whereby a birth parent may submit a written Consent or Denial as to the Release of Identifying Information about oneself to an Adult Adoptee that may at a later date seek out such information about his/her birth parents:

Birth Mother Yes No

Birth Father Yes No

ADOPTEE INFORMATION:

Birth Name: *(first, middle, last)* _____

Address: _____

DOB: _____ Time of Birth: _____ am./pm. Sex: Female Male

Hospital of Birth: _____

Place of Birth: *(county, city, state, country)* _____

Gestational Age: _____ Birth Weight: _____ Length: _____

Neonatal Drug Exposure _____ Prenatal Care: No Yes

Medication Used in Delivery: _____ Type of Delivery Natural Cesarean

Complications, if any: _____

_____ Length of Stay in Hospital: _____

Was the birth mother married to someone else (not the biological father) at the time of conception? No Yes

If yes, name & contact information of spouse: _____

Adoptee's overall medical health: _____

Adoptee's performance in school, educational testing results & special education needs, hobbies/special interests:

SIBLINGS OF ADOPTEE: (No need to name siblings previously listed under household members)

Name: *(first, middle, last)* _____ DOB: _____

Gender: _____ Step: Y _____ N _____ Hobbies/Special Interests: _____

Name: *(first, middle, last)* _____ DOB: _____

Gender: _____ Step: Y _____ N _____ Hobbies/Special Interests: _____

Name: *(first, middle, last)* _____ DOB: _____

Gender: _____ Step: Y _____ N _____ Hobbies/Special Interests: _____

Name: *(first, middle, last)* _____ DOB: _____

Gender: _____ Step: Y _____ N _____ Hobbies/Special Interests: _____

Name: *(first, middle, last)* _____ DOB: _____

Gender: _____ Step: Y _____ N _____ Hobbies/Special Interests: _____

ADOPTEE'S HEALTH & GENETIC MATERNAL HISTORY:

Maternal Grandmother

Maternal Grandfather

Name (<i>First, Middle, Last</i>)	_____	_____
Date of Birth	_____	_____
Place of Birth	_____	_____
Race/Nationality	_____	_____
Nat. American Indian lineage	_____	_____
If so, Name of Tribe or Band	_____	_____
Hair Color	_____	_____
Eye Color	_____	_____
General Health	_____	_____
Allergies	_____	_____
If deceased, date and cause:	_____	_____
Hobbies/Interests	_____	_____
Education	_____	_____
Religion	_____	_____
Armed Forces/Branch	_____	_____

ADOPTEE'S HEALTH & GENETIC PATERNAL HISTORY:

Paternal Grandmother

Paternal Grandfather

Name (<i>First, Middle, Last</i>)	_____	_____
Date of Birth	_____	_____
Place of Birth	_____	_____
Race/Nationality	_____	_____
Nat. American Indian lineage	_____	_____
If so, Name of Tribe or Band	_____	_____
Hair Color	_____	_____
Eye Color	_____	_____
General Health	_____	_____
Allergies	_____	_____
If deceased, date and cause:	_____	_____
Hobbies/Interests	_____	_____
Education	_____	_____
Religion	_____	_____
Armed Forces/Branch	_____	_____

REPRESENTED BY AN ATTORNEY:

Name of attorney: _____ Bar No: _____

Address: _____

Phone: _____ E-mail: _____ Fax: _____

THIS ADOPTION QUESTIONNAIRE HAS BEEN EXAMINED BY ME AND THE CONTENTS ARE TRUE TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.

Petitioner/Adoptive Parent Signature: _____ Date: _____

Petitioner/Adoptive Parent Signature: _____ Date: _____

Attorney signature, when applicable: _____ Date: _____