

**Washtenaw County Trial Court  
ADOPTION UNIT  
Home Study Questionnaire**

Petitioners:	
Address:	City:
State:	Zip:
Home Telephone:	Work or Daytime Telephone:

ADOPTEE INFORMATION:				
Name:			DOB:	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security Number:		
Is the Adoptee a member or eligible for membership in a Native American Indian Tribe or Band? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, name of Tribe or Band:				
By Which Parent:				
Place of Birth:	City:	State:	County:	Race:
Name of School:		Grade:		
Favorite Subjects:				
Performance:				
Does Adoptee get along well with other children? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Hobbies/Favorite Activities:				
Describe any health issues of the Adoptee (Attach medical report):				
Describe any mental or emotional issues of the Adoptee:				
Does Adoptee have continued contact with both birth parents' families (grandparents, aunts, uncles, cousins, etc)? <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:				
Adoptee's feelings toward their adoption:				

<b>FIRST ADOPTING PARENT INFORMATION (Completed even if you are the birth parent):</b>				
Name:			DOB:	Age:
Also Known As:				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security Number:		
Place of Birth:	City:	State:	County:	Race:
Relationship to Adoptee: (Mother, Stepparent, Grandparent, Guardian, etc.)				
Parent's Name:		Parent's Name:		
Parent's Age:		Parent's Age:		
Parent's Occupation:		Parent's Occupation:		
Number of Siblings: Names and Ages of Siblings:				
Parent and Sibling feelings toward the adoption:				
Name and Location of High School:				
Highest Grade Completed:		Date Completed:		
Additional Education (List Where, When, and Course of Study):				
Occupation:		Annual Income:		
Current Employer:		Length of Time in Position:		
If less than two years, please list previous employer:				
Health Insurance:		Military Service:		
Describe any health issues (attach medical report):				
Describe any treatment you've received for emotional issues or substance abuse:				
Religious Affiliation/Involvement:				
<b>Previous Marriage(s):</b>				

Date of Marriage:	Name of Spouse:	Date of Divorce/Death of Spouse:
<b>Children of Previous Marriage(s) or Relationship(s):</b>		
Name of Child:	Date of Birth:	Other Parent of Child:
<b>Why do you want this adoption?:</b>		

<b>SECOND ADOPTING PARENT INFORMATION (Completed even if you are the birth parent):</b>					
Name:				DOB:	Age:
Also Known As:					
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Social Security Number:		
Place of Birth:	City:	State:	County:	Race:	
Relationship to Adoptee:					
(Mother, Stepparent, Grandparent, Guardian, etc.)					
Parent's Name:			Parent's Name:		
Parent's Age:			Parent's Age:		
Parent's Occupation:			Parent's Occupation:		
Number of Siblings:					
Names and Ages of Siblings:					
Parent and Sibling feelings toward the adoption:					
Name and Location of High School:					
Highest Grade Completed:			Date Completed:		
Additional Education (List Where, When, and Course of Study):					
Occupation:			Annual Income:		

Current Employer:		Length of Time in Position:	
If less than two years, please list previous employer:			
Health Insurance:		Military Service:	
Describe any health issues (attach medical report):			
Describe any treatment you've received for emotional issues or substance abuse:			
Religious Affiliation/Involvement:			
<b>Previous Marriage(s):</b>			
Date of Marriage:	Name of Spouse:	Date of Divorce/Death of Spouse:	
<b>Children of Previous Marriage(s) or Relationship(s):</b>			
Name of Child:	Date of Birth:	Other Parent of Child:	
<b>Why do you want this adoption?:</b>			

**COUPLE INFORMATION, IF MARRIED**

Date of Present Marriage (attach Marriage Certificate):			
Children of Current Marriage			
Name of Child:	Date of Birth:	Name of Child:	Date of Birth:
Name of Child:	Date of Birth:	Name of Child:	Date of Birth:
When and where did you meet?			
Did you live together before you married?		<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, how long?

Do you live in a:		<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Trailer	<input type="checkbox"/> On a Farm
Number of Bedrooms:		Do you:		<input type="checkbox"/> Own	<input type="checkbox"/> Rent
Do you consider your marriage an equal partnership? <input type="checkbox"/> No <input type="checkbox"/> Yes			For example, do you make decisions together? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you share chores? <input type="checkbox"/> No <input type="checkbox"/> Yes			Do you share discipline? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you share income? <input type="checkbox"/> No <input type="checkbox"/> Yes			Does one of you have the "final word"? <input type="checkbox"/> No <input type="checkbox"/> Yes		
How do you have fun as a couple:					
How do you have fun as a family:					
First Adoptive Parent: What do you like best about your spouse?					
Second Adoptive Parent: What do you like best about your spouse?					
Are you planning to have more children: <input type="checkbox"/> No <input type="checkbox"/> Yes				If Yes, how many?	

**FINANCIAL INFORMATION:**

<b>Annual Income:</b>	Gross	Net
First Petitioning Parent:		
Second Petitioning Parent:		
Other Sources:		
Total Income:		

<b>Total House Assets:</b>	Value	Total Household Liabilities	Amount
Home:		Mortgage:	
Savings:		Loans:	
Stocks/Bonds:		Other:	
Checking Account:			
Other:			
Total Assets		Total Debt:	

<b>Monthly Expenses</b>	Amount	Monthly Expenses	Amount
Rent or Mortgage		Food	
Loan Payments		Transportation	
Insurance		Medical/Dental	
Savings		Entertainment	
Utilities		Telephone	
Other		Other	
Total Monthly Expenses			

<b>Total Household Income:</b>
<b>Total Household Expenses:</b>
<b>Describe your financial condition at this time:</b>
<b>Describe your money management philosophy:</b>

**HOME VISIT AND FINALIZATION INFORMATION:**

To schedule the home visit appointment, please call \_\_\_\_\_ at \_\_\_\_\_.  
The best time to reach me during the day is \_\_\_\_\_.

Directions to our home:

Would you like to attend a hearing to finalize this adoption or would you like it finalized by mail?

Hearing       Mail

For Guardian and Relative Adoption Cases: How and when did the adoptee come into your care?

Washtenaw County Trial Court  
Adoption Unit  
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