

|                   |
|-------------------|
| STATE CASE NUMBER |
|-------------------|

## INDEPENDENT ADOPTION QUESTIONNAIRE

INFORMATION REQUIRED IN THE MATTER  
OF THE ADOPTION OF:

|                      |
|----------------------|
| CHILD'S NAME         |
| CHILD'S ADOPTED NAME |

|                          |
|--------------------------|
| FIRST PETITIONER'S NAME  |
| SECOND PETITIONER'S NAME |

Dear Petitioner(s):

Complete this **Independent Adoption Questionnaire (AD 9)** and **Adoption Questionnaire I (AD 4324)** (to be filled out individually) and **return them within one week.**

Thank You.

\_\_\_\_\_  
(NAME OF CDSS DISTRICT OFFICE OR DELEGATED COUNTY ADOPTION AGENCY)

**(Please fill out as completely as possible, writing "NA" or "Unknown" where appropriate)**

**I. FIRST PETITIONER'S INFORMATION**

|   |  |  |  |  |  |                               |  |                      |  |
|---|--|--|--|--|--|-------------------------------|--|----------------------|--|
| LAST NAME   |  | FIRST NAME   |  | MIDDLE NAME  |  | GENDER                        |  |                      |  |
| BIRTHDATE   |  | PLACE OF BIRTH   |  | ETHNICITY  |  | RACE                          |  | RELIGION             |  |
| SOCIAL SECURITY NUMBER  |  | DRIVER LICENSE NUMBER  |  | EDUCATION<br>(HIGHEST GRADE COMPLETED)   |  | OCCUPATION                    |  | MONTHLY SALARY<br>\$ |  |
| NAME AND ADDRESS OF EMPLOYER  |  | LENGTH OF EMPLOYMENT   |  | WORK HOURS   |  | WORK TELEPHONE NUMBER<br>( )  |  |                      |  |
|   |  | ARE YOU A UNITED STATES CITIZEN?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  | DATE OF ARRIVAL IN U.S.  |  | DATE OF ARRIVAL IN CALIFORNIA |  |                      |  |
| IF NATURALIZED<br>DATE:<br>PLACE:<br>NUMBER:                                  |  | ARE YOU A PERMANENT RESIDENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO    |  | ALIEN REGISTRATION NUMBER<br>A-  |  |                               |  |                      |  |
| MILITARY SERVICE:<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  | DATE OF SERVICE:   |  | DATE OF DISCHARGE:<br><input type="checkbox"/> HONORABLE <input type="checkbox"/> DISHONORABLE |  |                               |  |                      |  |

**A. CRIMINAL HISTORY**

- 1) Have you ever been arrested for an offense other than a traffic infraction?  YES  NO  
If YES, please explain the charges and any convictions:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 2) Are you currently on probation or parole?  YES  NO  
If YES, please explain the circumstance:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 3) Have you ever been investigated for allegations of child neglect or abuse?  YES  NO  
If YES, please explain the circumstances:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 4) Have you ever been reported for allegations of domestic violence?  YES  NO  
If YES, please explain the circumstances and outcome:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**B. FORMER MARRIAGE(S)**

| FULL NAME OF FORMER SPOUSE<br>(Give maiden name and current address) | WHERE<br>(License Issued in County/State) | MARRIAGE<br>(Date & Place) | DIVORCE<br>(Date & Place) | DEATH<br>(Date & Place) |
|--|---|----------------------------|---------------------------|-------------------------|
|  |   |                            |                           |                         |
|  |   |                            |                           |                         |

**C. CHILD(REN) BORN PRIOR TO CURRENT MARRIAGE**

| FULL NAME OF CHILD | DATE OF BIRTH | EDUCATION<br>(Name & Address of School & Grade) | HEALTH CONDITIONS | IF ADOPTED<br>(Place, Date, Agency) |
|--------------------|---------------|---|-------------------|-------------------------------------|
|                    |               |   |                   |                                     |
|                    |               |   |                   |                                     |
|                    |               |   |                   |                                     |

1) Have any of your children ever been arrested for an offense other than a traffic infraction?  YES  NO  
If YES, please explain the charges and any convictions:

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2) Are any of your children currently on probation or parole?  YES  NO  
If YES, please explain the circumstance:

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3) Have any of your adult children ever been investigated for allegations of child neglect or abuse?  YES  NO  
If YES, please explain the circumstances:

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4) Have any of your adult children ever been reported for allegations of domestic violence?  YES  NO  
If YES, please explain the circumstances and outcome:

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**D. FAMILY HISTORY**

| RELATIVES' NAMES | ADDRESS | EDUCATION<br>(Highest Grade Completed) | OCCUPATION | AGE | HEALTH CONDITIONS | DATE OF DEATH<br>(If Deceased) |
|------------------|---------|--|------------|-----|-------------------|--------------------------------|
| FATHER           |         |  |            |     |                   |                                |
| MOTHER           |         |  |            |     |                   |                                |
| SIBLING          |         |  |            |     |                   |                                |
| SIBLING          |         |  |            |     |                   |                                |
| SIBLING          |         |  |            |     |                   |                                |

**II. SECOND PETITIONER'S INFORMATION**

|   |  |  |  |  |  |                               |  |                      |  |
|---|--|--|--|--|--|-------------------------------|--|----------------------|--|
| LAST NAME   |  | FIRST NAME   |  | MIDDLE NAME  |  | GENDER                        |  |                      |  |
| BIRTHDATE   |  | PLACE OF BIRTH   |  | ETHNICITY  |  | RACE                          |  | RELIGION             |  |
| SOCIAL SECURITY NUMBER  |  | DRIVER LICENSE NUMBER  |  | EDUCATION<br>(HIGHEST GRADE COMPLETED)   |  | OCCUPATION                    |  | MONTHLY SALARY<br>\$ |  |
| NAME AND ADDRESS OF EMPLOYER  |  | LENGTH OF EMPLOYMENT   |  | WORK HOURS   |  | WORK TELEPHONE NUMBER<br>( )  |  |                      |  |
|   |  | ARE YOU A UNITED STATES CITIZEN?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  | DATE OF ARRIVAL IN U.S.  |  | DATE OF ARRIVAL IN CALIFORNIA |  |                      |  |
| IF NATURALIZED<br>DATE:<br>PLACE:<br>NUMBER:                                  |  | ARE YOU A PERMANENT RESIDENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO    |  | ALIEN REGISTRATION NUMBER<br>A-  |  |                               |  |                      |  |
| MILITARY SERVICE:<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  | DATE OF SERVICE:   |  | DATE OF DISCHARGE:<br><input type="checkbox"/> HONORABLE <input type="checkbox"/> DISHONORABLE |  |                               |  |                      |  |

**A. CRIMINAL HISTORY**

- 1) Have you ever been arrested for an offense other than a traffic infraction?  YES  NO  
If YES, please explain the charges and any convictions:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 2) Are you currently on probation or parole?  YES  NO  
If YES, please explain the circumstance:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 3) Have you ever been investigated for allegations of child neglect or abuse?  YES  NO  
If YES, please explain the circumstances:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 4) Have you ever been reported for allegations of domestic violence?  YES  NO  
If YES, please explain the circumstances and outcome:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**B. FORMER MARRIAGE(S)**

| <b>FULL NAME OF FORMER SPOUSE</b><br>(Give maiden name and current address) | <b>WHERE</b><br>(License Issued in County/State) | <b>MARRIAGE</b><br>(Date & Place) | <b>DIVORCE</b><br>(Date & Place) | <b>DEATH</b><br>(Date & Place) |
|---|--|-----------------------------------|----------------------------------|--------------------------------|
|   |  |                                   |                                  |                                |
|   |  |                                   |                                  |                                |

**C. CHILD(REN) BORN PRIOR TO CURRENT MARRIAGE**

| FULL NAME OF CHILD | DATE OF BIRTH | EDUCATION<br>(Name & Address of School & Grade) | HEALTH CONDITIONS | IF ADOPTED<br>(Place, Date, Agency) |
|--------------------|---------------|---|-------------------|-------------------------------------|
|                    |               |   |                   |                                     |
|                    |               |   |                   |                                     |
|                    |               |   |                   |                                     |

1) Have any of your children ever been arrested for an offense other than a traffic infraction?  YES  NO  
If YES, please explain the charges and any convictions:

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2) Are any of your children currently on probation or parole?  YES  NO  
If YES, please explain the circumstance:

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3) Have any of your adult children ever been investigated for allegations of child neglect or abuse?  YES  NO  
If YES, please explain the circumstances:

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4) Have any of your adult children ever been reported for allegations of domestic violence?  YES  NO  
If YES, please explain the circumstances and outcome:

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**D. FAMILY HISTORY**

| RELATIVES' NAMES | ADDRESS | EDUCATION<br>(Highest Grade Completed) | OCCUPATION | AGE | HEALTH CONDITIONS | DATE OF DEATH<br>(If Deceased) |
|------------------|---------|--|------------|-----|-------------------|--------------------------------|
| FATHER           |         |  |            |     |                   |                                |
| MOTHER           |         |  |            |     |                   |                                |
| SIBLING          |         |  |            |     |                   |                                |
| SIBLING          |         |  |            |     |                   |                                |
| SIBLING          |         |  |            |     |                   |                                |

**III. HOUSEHOLD INFORMATION**

|  |                                     |   |
|--|-------------------------------------|---|
| MAILING ADDRESS  | CITY, STATE, ZIP                    | HOW LONG AT PRESENT ADDRESS   |
| I. CELLULAR PHONE NUMBER<br>(    )   | II. CELLULAR PHONE NUMBER<br>(    ) | HOME TELEPHONE NUMBER<br>(    )   |
| <b>If you are a married couple:</b><br>DATE OF MARRIAGE:<br><br>PLACE OF MARRIAGE:<br>(CITY, COUNTY AND STATE) |                                     | <b>If you are an unmarried couple:</b><br>LENGTH OF DOMESTIC PARTNERSHIP/RELATIONSHIP:<br><br>HAVE YOU FILED A REGISTRATION OF DOMESTIC PARTNERSHIP WITH THE SECRETARY OF STATE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, DATE OF FILING: |

DESCRIBE YOUR HOME (INCLUDE NUMBER OF BEDROOMS & BATHROOMS):

DIRECTIONS TO YOUR HOME:

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HAVE YOU EVER HAD ANY PREVIOUS ADOPTIVE PLACEMENT(S)?       YES     NO    IF YES, PLEASE DESCRIBE:

HAVE YOU EVER APPLIED WITH ANOTHER AGENCY?       YES     NO

IF YES, WHEN AND NAME OF AGENCY:

**A. CHILD(REN) OF PETITIONER(S)**

| FULL NAME OF CHILD | DATE OF BIRTH | EDUCATION<br>(Name & Address of School & Grade) | HEALTH CONDITIONS | IF ADOPTED<br>(Place, Date, Agency) |
|--------------------|---------------|---|-------------------|-------------------------------------|
|                    |               |   |                   |                                     |
|                    |               |   |                   |                                     |
|                    |               |   |                   |                                     |

1) Have any of your children ever been arrested for an offense other than a traffic infraction?       YES     NO  
 If YES, please explain the charges and any convictions:

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2) Are any of your children currently on probation or parole?       YES     NO  
 If YES, please explain the circumstance:

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3) Have any of your adult children ever been investigated for allegations of child neglect or abuse?       YES     NO  
 If YES, please explain the circumstances:

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4) Have any of your adult children ever been reported for allegations of domestic violence?       YES     NO  
 If YES, please explain the circumstances and outcome:

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**B. OTHER MEMBERS OF THE HOUSEHOLD**

| FULL NAME | GENDER | DATE OF BIRTH | RELATIONSHIP TO FAMILY | OCCUPATION |
|-----------|--------|---------------|------------------------|------------|
|           |        |               |                        |            |
|           |        |               |                        |            |
|           |        |               |                        |            |

1) Have any of these members of the household ever been arrested for an offense other than a traffic infraction?  YES  NO  
 If YES, please explain the charges and any convictions:

\_\_\_\_\_

\_\_\_\_\_

2) Are any of these members of the household currently on probation or parole?  YES  NO  
 If YES, please explain the circumstance:

\_\_\_\_\_

\_\_\_\_\_

3) Have any of these members of the household ever been investigated for allegations of child neglect or abuse?  YES  NO  
 If YES, please explain the circumstances:

\_\_\_\_\_

\_\_\_\_\_

4) Have any of these members of the household ever been reported for allegations of domestic violence?  YES  NO  
 If YES, please explain the circumstances and outcome:

\_\_\_\_\_

\_\_\_\_\_

**IV. BIRTHPARENT INFORMATION**

| BIRTHMOTHER                |           | BIRTHFATHER                |           |
|----------------------------|-----------|----------------------------|-----------|
| NAME (LAST, FIRST, MIDDLE) |           | NAME (LAST, FIRST, MIDDLE) |           |
| MAIDEN NAME OR ALIASES     |           | ALIASES                    |           |
| ETHNICITY, RACE            | BIRTHDATE | ETHNICITY, RACE            | BIRTHDATE |
| ADDRESS                    |           | ADDRESS                    |           |
| TELEPHONE NUMBER<br>(    ) |           | TELEPHONE NUMBER<br>(    ) |           |

**A. PLACEMENT DETAILS**

DESCRIBE FULLY HOW YOU FIRST LEARNED OF THE CHILD, IF AND WHEN YOU MET THE BIRTHPARENTS, AND HOW YOU SECURED THIS CHILD FOR ADOPTION. INCLUDE SPECIFIC INFORMATION PERTAINING TO THE TRANSFER OF CUSTODY AND THE NAME OF ANY INTERMEDIARY INVOLVED.

\_\_\_\_\_

\_\_\_\_\_

**B. EXPENSES RELATED TO ADOPTION**

| HOSPITAL | ADOPTION SERVICE PROVIDER | PHYSICIAN | ATTORNEY | BIRTHPARENT | OTHER |
|----------|---------------------------|-----------|----------|-------------|-------|
|          |                           |           |          |             |       |
|          |                           |           |          |             |       |

**C. CONCERNING CHILD(REN) TO BE ADOPTED**

| CHILD #1   |                |                |                     | CHILD #2   |                |                |                     |
|--|----------------|----------------|---------------------|--|----------------|----------------|---------------------|
| NAME OF CHILD  |                |                |                     | NAME OF CHILD  |                |                |                     |
| BIRTHDATE  | PLACE OF BIRTH | GENDER         | DATE PLACED IN HOME | BIRTHDATE  | PLACE OF BIRTH | GENDER         | DATE PLACED IN HOME |
| NAME OF HOSPITAL   |                |                |                     | NAME OF HOSPITAL   |                |                |                     |
| ADDRESS OF HOSPITAL  |                |                |                     | ADDRESS OF HOSPITAL  |                |                |                     |
| ATTENDING PHYSICIAN  |                |                |                     | ATTENDING PHYSICIAN  |                |                |                     |
| HEIGHT   | WEIGHT         | EYE COLOR      | HAIR COLOR          | HEIGHT   | WEIGHT         | EYE COLOR      | HAIR COLOR          |
| HAS THE CHILD EVER BEEN KNOWN BY ANOTHER NAME?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |                |                |                     | HAS THE CHILD EVER BEEN KNOWN BY ANOTHER NAME?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |                |                |                     |
| CURRENT AGE  |                | CURRENT WEIGHT |                     | CURRENT AGE  |                | CURRENT WEIGHT |                     |
| DO YOU BELIEVE THE CHILD WAS EXPOSED TO ALCOHOL OR DRUGS IN UTERO?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |                |                |                     | DO YOU BELIEVE THE CHILD WAS EXPOSED TO ALCOHOL OR DRUGS IN UTERO?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |                |                |                     |
| DO YOU BELIEVE OR SUSPECT THE CHILD WAS SUBJECTED TO PHYSICAL, SEXUAL OR EMOTIONAL ABUSE OR NEGLECT PRIOR TO PLACEMENT IN YOUR HOME?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                |                |                     | DO YOU BELIEVE OR SUSPECT THE CHILD WAS SUBJECTED TO PHYSICAL, SEXUAL OR EMOTIONAL ABUSE OR NEGLECT PRIOR TO PLACEMENT IN YOUR HOME?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                |                |                     |
| IF YES, PLEASE PROVIDE DETAILS:  |                |                |                     | IF YES, PLEASE PROVIDE DETAILS:  |                |                |                     |

BRIEFLY DESCRIBE THE ADJUSTMENT OF YOUR CHILD(REN) TO YOUR HOME:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE CURRENT AND FUTURE PLANNED CHILD CARE ARRANGEMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE, IF ANY, RELIGIOUS TRAINING PLANS OF THE CHILD(REN):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. SCHOOL INFORMATION (COMPLETE THIS SECTION IF CHILD(REN) ATTENDS SCHOOL)**

|                     |                |                     |                |
|---------------------|----------------|---------------------|----------------|
| NAME OF SCHOOL      |                | NAME OF SCHOOL      |                |
| SCHOOL ADDRESS      |                | SCHOOL ADDRESS      |                |
| SCHOOL PHONE<br>( ) | GRADE LEVEL    | SCHOOL PHONE<br>( ) | GRADE LEVEL    |
| REGISTERED NAME     | TEACHER'S NAME | REGISTERED NAME     | TEACHER'S NAME |



**V. FINANCIAL INFORMATION**

**MONTHLY INCOME**

**GROSS WAGES**

First Petitioner ..... \$ \_\_\_\_\_  
 Second Petitioner ..... \$ \_\_\_\_\_

**NET WAGES**

First Petitioner ..... \$ \_\_\_\_\_  
 Second Petitioner ..... \$ \_\_\_\_\_

**OTHER INCOME** (interest, property, dividends, etc.) ..... \$ \_\_\_\_\_

**TOTAL GROSS INCOME** \$ \_\_\_\_\_

**MONTHLY EXPENSES**

Housing (include taxes, insurance, & utilities) ..... \$ \_\_\_\_\_  
 Insurance ..... \$ \_\_\_\_\_  
 Food/Clothing ..... \$ \_\_\_\_\_  
 Legal Obligations (child support, alimony, etc.) ..... \$ \_\_\_\_\_  
 Extraordinary Expenses ..... \$ \_\_\_\_\_

**MONTHLY CONSUMER DEBT PAYMENTS**

| ITEM         | TERMINATION DATE | BALANCE DUE | MONTHLY PAYMENT |
|--------------|------------------|-------------|-----------------|
|              |                  | \$          | \$              |
|              |                  | \$          | \$              |
|              |                  | \$          | \$              |
|              |                  | \$          | \$              |
| <b>TOTAL</b> |                  | \$          | \$              |

**If you own your home, please indicate the following:**

Purchase Price ..... \$ \_\_\_\_\_ Balance Due ..... \$ \_\_\_\_\_

**FINANCIAL ASSETS**

Savings ..... \$ \_\_\_\_\_ Investments ..... \$ \_\_\_\_\_  
 Stocks, Bonds ..... \$ \_\_\_\_\_ Real Property ..... \$ \_\_\_\_\_  
 Other Resources ..... \$ \_\_\_\_\_

If you are self-employed or an employer cannot verify your income for some other reason, please attach a copy of your last year's federal income tax return.

I/We filed both state and federal income tax returns last year.

YES  NO If NO, state reason: \_\_\_\_\_

I/We have had the occasion to file for bankruptcy.

YES  NO If YES, state reason: \_\_\_\_\_

PLEASE USE THIS SPACE TO NOTE ANY ADDITIONAL FINANCIAL INFORMATION THAT YOU BELIEVE THE DEPARTMENT SHOULD BE AWARE OF:

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**VI. INSURANCE**

Does your family have health and hospitalization insurance that covers all family members?     YES     NO

If YES, indicate the name of insurance carrier and address: \_\_\_\_\_

\_\_\_\_\_

Name and address of family physician: \_\_\_\_\_

\_\_\_\_\_

Name and address of pediatrician: \_\_\_\_\_

\_\_\_\_\_

What provisions for medical care will be provided for the child(ren)? \_\_\_\_\_

\_\_\_\_\_

**Check the types of insurance coverage your family has and briefly describe each coverage.**

Life Insurance: \_\_\_\_\_

\_\_\_\_\_

Disability Insurance: \_\_\_\_\_

\_\_\_\_\_

Automobile Insurance: \_\_\_\_\_

\_\_\_\_\_

Renters/Home Owners Insurance: \_\_\_\_\_

\_\_\_\_\_

Other Policies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** California law (Section 1373(c) of the Health and Safety Code, and Sections 10119, 10112, and 11512.1 of the Insurance Code) requires that effective January 1, 1988, all health care service plans provide accident and sickness coverage to each minor child placed for adoption from and after the moment the child is placed in the physical custody of the covered subscriber or enrollee of adoption.

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## VII. ENVIRONMENTAL SAFETY

The following is a list of safety issues and practices. Please check each issue and/or practice that applies to your home. If a situation does not apply to your home, please mark N/A.

- All medications are locked up or stored in a manner to prevent access by children.
- In our automobile(s), safety belts and approved infant and child seats and restraints are use in accordance with state law.
- Operational smoke detectors are used in bedroom areas and in areas that pose a fire risk.
- A charged general purpose fire extinguisher is on hand for emergency use.
- Cleaning supplies, pesticides and other toxic substances are not kept in food storage areas and are inaccessible to young children.
- All hot surfaces, such as wood stoves or fireplace inserts, have been made inaccessible to children with screening or other protective barriers.
- We have an adequate septic and sewage disposal system.
- Electrical outlets and sockets are covered or equipped with protective devices to prevent electrical shock.
- Electrical wiring is enclosed
- Bunkbeds are not used for children under five.
- The temperature of the hot water heater is maintained between 105 - 120 degrees fahrenheit.
- Our family has and all family members are familiar with a fire evacuation plan.
- Our pets are free of disease and pose no physical or health risk to children.
- A first aid kit is in our home.
- A first aid kit is in our car(s).
- Adults in the home have taken a class in cardio-pulmonary resuscitation.
- All guns and ammunition are locked up and guns are unloaded with the firing pins removed.
- The swimming pool/hot tub/spa has either a five-foot fence constructed so that it does not obscure the pool/hot tub/spa from view around it with a self-latching gate or an approved pool/hot tub/spa cover.
- All stairways have a protective barrier or other device to prevent infants or small children from injuries on stairways.
- Our well has been certified free of impurities by the health department or a licensed water inspection company.

**VIII. REFERENCES**

Please give names and addresses of four references who are not related. It is suggested that at least one be a business associate other than an employer, and at least two be friends (preferably with children) who have knowledge of your home environment and lifestyle. Your attorney or physician may not be given as a reference.

| FULL NAME | OCCUPATION | STREET ADDRESS | CITY, STATE, ZIP | PHONE NUMBER |
|-----------|------------|----------------|------------------|--------------|
|           |            |                |                  | (    )       |
|           |            |                |                  | (    )       |
|           |            |                |                  | (    )       |
|           |            |                |                  | (    )       |

I/WE AFFIRM THAT THE INFORMATION PROVIDED IN THIS QUESTIONNAIRE IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND UNDERSTAND THAT IT WILL BE SUBJECT TO VERIFICATION BY THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES OR A DELEGATED COUNTY ADOPTION AGENCY. I/WE UNDERSTAND THAT THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES OR DELEGATED COUNTY ADOPTION AGENCY HAS THE AUTHORITY AND RESPONSIBILITY TO PROVIDE INFORMATION TO THE CONSENTING BIRTHPARENTS IN THIS ADOPTION REGARDING MY/OUR SUITABILITY TO PARENT A CHILD AND THE ADJUSTMENT OF THE CHILD IN MY/OUR HOME. I/WE FURTHER AUTHORIZE THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES OR DELEGATED COUNTY ADOPTION AGENCY TO OBTAIN ANY INFORMATION FROM ANY PUBLIC AND/OR PRIVATE AGENCY, IF NECESSARY FOR THIS ADOPTION PROCEEDING.

|                                |      |
|--------------------------------|------|
| SIGNATURE OF FIRST PETITIONER  | DATE |
| SIGNATURE OF SECOND PETITIONER | DATE |