

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SOLANO**

**Stepparent Adoption
Confidential Court Investigator's Information & Referral Form**

Please answer the following questions thoroughly. Attach additional pages to this form if necessary. Return the completed form to the Court Investigators Office as soon as possible.

Case Number: _____ Date Petition Filed: _____

1. PETITIONER *(This is the person asking to adopt a stepchild)*

Name: _____ DOB: _____

Home Address: _____

Telephone: (____) (____) _____
(home) (work)
(____) (____) _____
(cellular) (other)

Social Security Number: _____

Driver's License Number: _____

Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Date of Present Marriage/Registration of Domestic Partnership: _____

List all prior marriages and registered domestic partnerships:

Name of Previous Spouse or Partner:	Date of Marriage or Registration of Domestic Partnership:	Marriage/Partnership Ended Because:	Date Marriage or Partnership Ended:
		<input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Death <input type="checkbox"/> Notice of Termination of RDP	
		<input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Death <input type="checkbox"/> Notice of Termination of RDP	
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		<input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Death <input type="checkbox"/> Notice of Termination of RDP	

Turn over and continue on other side...



Have you obtained the consent of both of the child's parents for this adoption? Yes No

If you answered "no", please explain:

Have you ever been referred, cited, or arrested for child neglect or abuse? Yes No

If you answered "yes", please explain:

Have you ever been arrested for any reason within the last 10 years? Yes No

If you answered "yes", please explain:

2. PARENT RETAINING CUSTODY *(This is the petitioner's spouse or registered domestic partner)*

Name: _____ DOB: _____

Social Security Number: _____

Driver's License Number: _____

List all prior marriages and registered domestic partnerships:

Name of Previous Spouse or Partner:	Date of Marriage or Registration of Domestic Partnership:	Marriage/Partnership Ended Because:	Date Marriage or Partnership Ended:
		<input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Death <input type="checkbox"/> Notice of Termination of RDP	
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