SUPERIOR COURT OF CALIFORNIA
COUNTY OF KERN

FAMILY COURT SERVICES
PATRICIA ARREDONDO, LCSW
MANAGER
1215 Truxtun Avenue, Room 301
Telephone: (661) 610-6700
Facsimile: (661) 688-7412
Email: FCS@kern.courts.ca.gov

Requirements For Your Petition for Step Parent Adoption

Deciding to adopt a stepchild is a big step in the life of a family. Taking this step brings with it certain requirements in order for your petition to be granted and the adoption occur. This document outlines some of those requirements. Please be aware that the judge may require other things of you before the petition is granted. For example, you may need to comply with the Indian Child Welfare Act if there is a possibility that the children have Native American Ancestry. The Superior Court of California, County of Kern wants to ensure that all laws and procedures are followed to ensure that your case is not subject to appellate review or the possibility of it being overturned in such a review.

Investigation

Before initiating an investigation, the petition must be submitted to the Family Law Department and assigned a court case number. You and the minor children involved in the petition shall meet with an investigator from the Family Court Services' staff to answer questions related to your desire to adopt. All petitions must be investigated and a report filed with the court. Family Law Code 9001 outlines this requirement.

Questionnaire and Other Documents

Your case will not be assigned until you have completed the attached questionnaire. Additionally, you must provide:

- Copies of any family law orders showing the parent retaining custody has legal custody of the minors
- A copy of **all** decrees of dissolution for the petitioner and the parent retaining custody
- A death certificate for the other parent, if applicable
- Four letters of reference depicting the moral character, attitude and behavior of the stepparent toward the minors and the length of time the witness has known the petitioner. These references must be from non-relatives.

Family Court Services does not keep copies of supporting documents during the course of the investigation. It is the responsibility of the petitioner to request any original documents from the assigned investigator.

Consents or Termination of the Other Parent's Rights

Before a stepparent adoption can occur, the other parent must consent to the adoption or have had

the legal rights to the children terminated. If you think the other parent will consent to the adoption, Family Court Services will mail the appropriate documentation to the other parent with instructions for completing the consent form.
If the other parent does not consent, you will be required to file a petition to terminate the other parent's legal rights with this court. Termination of parental rights is a serious legal process with its own set of requirements including a separate investigation and associated fees plus court hearings. There is a waiting period following the granting of the termination before an adoption can be heard so be aware that this can become a lengthy process.
If the other parent is deceased, neither a consent nor termination is required.

Informing Minors

The minors need to understand the nature of the petition as they will be questioned by the investigator and required to appear in court for the hearing on the adoption. If a minor is 12 years of age or older, their consent is required and they will be asked to sign a consent form at the time of the interview with Family Court Services. *It is your responsibility to explain the purpose of the petition to the children* .

Court employees are unable to provide you with specific legal advice.

Recordings

No recording or recording devices of any kind are allowed during the interview. We do not consent to being recorded and non-consensual recordings are a violation of Penal Code § 632. If we discover that we are being recorded directly or indirectly, the violation will be referred to the Sheriff's Department for investigation.

CHILD: **CASE NUMBER:** _____

Full Legal Name_____

Age _____Birth date _____ Place of Birth_____

Name of School or Daycare _____ School Phone #_____

Grade Level _____ School Achievement & Adjustment (include special needs) _____

_____

Health (include medical problems, current medications, & name of M.D.) _____

_____

Treating Counselor, Psychologist, and/or Psychiatrist (include name, phone number, and reason for treatment)

_____

_____

_____

Sports, Social Organizations, & Favorite Activities: _____

_____

_____

Child's Feelings and Thoughts Concerning the Proceeding _____

_____

_____

_____

The child's language of preference _____

PETITIONER'S / STEP PARENT'S HISTORY:

Name _____ (List maiden or other names)_____

Address _____ City _____ State _____ Zip_____

Date of Birth _____ Place of Birth _____ Race_____

Home Telephone # _____Cell Phone #_____Email Address _____

Driver's License (State & #) _____ U.S. Citizen ____ Resident Alien_____

Social Security #: _____ Language of preference _____

Served in Military ___Yes ___No Branch _____ From _____ To_____

Discharge Status _____ High School (name/location) _____

Highest Grade Completed / Year Graduated _____/_____ Graduate: ____Yes ____ No ____ G.E.D.

College (name/location) _____ Degree(s)_____

Employer _____ Telephone #_____

Job Title _____ Salary _____ Date Began _____

Sports & Social Organizations _____ Health _____

Therapist/M. D. (name, phone #, medications, reason for treatment) _____

Arrest Record (date & charges) _____

Current Marriage: Spouse's Name _____ Date Began _____

Place _____ Children In Common (list name, birth date & place of birth)_____

_____

Previous Marriage: Date _____ Spouse's Name _____

Place _____ Date Dissolved _____ Place_____

Children In Common (list names, birthdates & place of birth) _____

_____

List additional marriages on reverse side with all required information as above. Also, list any children resulting from a non marital relationship (include name, birth date, place of birth, and current custody/visitation order)

NON-CUSTODIAL PARENT:

Name _____ (List maiden or other names) _____

Address _____ City _____ State _____ Zip_____

Date of Birth _____ Place of Birth _____ Race_____

Home Telephone # _____Cell Phone #_____ Social Security #_____

Driver's License (State & #) _____ Served in Military _____Yes _____No

Branch _____ From _____ To _____ Discharge Status_____

Height _____ Weight _____ Hair Color _____ Eye Color_____

The parent's language of preference _____

Is the parent deceased? Yes ____ No _____ Is the parent consenting to the stepparent adoption? Yes ☐ No ☐

Is there a Termination of Parental Rights judgement? Yes ____ No ____

Employer & Job Title _____ Telephone #_____

If location of parent is unknown, list name, address, and phone # of any known relatives or friends below.

_____

_____

Arrest Record (date & charges)_____

Date this parent last had contact with the child(ren)_____

Date parent last paid child support _____ Amount of Back Child Support Owed $_____

(If District Attorney collects child support, attach a current DA printout showing payment history and current balance owed.)

Date this parent last sent a letter, postcard, or gave a gift to this children_____

Current Marriage: Spouse's Name _____Children (list name & birthdate)_____

_____

Previous Marriage: Spouse's Name _____Children (list names & birthdates)_____

_____

List additional marriages on reverse side with all required information as above. Also, list any children resulting from non marital relationships (include name, birth date, place of birth, and current custody/visitation order)

LEGAL PARENT RETAINING CUSTODY:(if different than parent retaining custody)

Name _____ (List maiden or other names)_____

Address _____ City _____ State _____ Zip_____

Date of Birth _____ Place of Birth _____ Race _____

Language of preference _____

Home Telephone # _____Cell Phone#_____ Email Address: _____

Driver's License (State & #) _____ U.S. Citizen ____ Resident Alien____

Served in Military ____Yes ____No Branch _____ From _____ To_____

Discharge Status _____ High School (name/location) _____

Highest Grade Completed / Year Graduated _____/_____ Graduate: ____Yes ____ No ____ G.E.D. _____

College (name/location) _____ Degree(s) _____

Employer _____ Telephone # _____

Job Title _____ Salary _____ Date Began _____

Sports & Social Organizations _____ Health _____

Therapist/M. D. (name, phone #, medications, reason for treatment)_____

Arrest Record (date & charges) _____

Current Marriage: Spouse's Name _____ Date Began _____

Place _____ Children In Common (list name, birth date & place of birth)_____

_____

Previous Marriage: Date _____ Spouse's Name _____

Place _____ Date Dissolved _____ Place _____

Children In Common (list names, birthdates & place of birth)_____

_____

List additional marriages on reverse side with all required information as above. Also, list any children resulting from a non marital relationship (include name, birth date, place of birth, and current custody/visitation order)

HOME INFORMATION:

Residence Location _____

Buying ____ Renting ____ Own ____ Month & Year Moved In _____

Rent/Payment Amount _____ Number of Bedrooms _____

Names and Birthdates of Other Residents In The Home_____

_____

List Residence Location For The Last Five Years (if different than present):

1. From:_____ To:_____ Address (city & state)_____

_____

2. From:_____ To:_____ Address (city & state)_____

_____

3. From:_____ To:_____ Address (city & state) _____

_____

4. From:_____ To:_____ Address (city & state) _____

_____

ADDITIONAL INFORMATION:

Has either parent or guardian ever been contacted by Children's Protective Services?

Yes ____ No _____ If yes, please explain:

Date _____ Explanation_____

_____

_____

_____

INFORMATION RELEASE

I, _____, specifically authorize any public agency, private person, employer or past employer, medical doctor, psychologist, treating therapist, hospital, public or private school districts (including teachers) possessing information about me or my minor children, including psychiatric information, confidential or otherwise, to release same (including copies) to the Superior Court through its duly appointed Court Evaluator/Investigator, such information to be used as the Court may deem fit and proper.

A copy of this release shall be as valid as the original.

This release shall remain in effect for one year from this date unless otherwise revoked.

_____ _____

Date Petitioner's Signature

_____

Petitioner's Name (Please Print)

INFORMATION RELEASE

I, _____, specifically authorize any public agency, private person, employer or past employer, medical doctor, psychologist, treating therapist, hospital, public or private school districts (including teachers) possessing information about me or my minor children, including psychiatric information, confidential or otherwise, to release same (including copies) to the Superior Court through its duly appointed Court Evaluator/Investigator, such information to be used as the Court may deem fit and proper.

A copy of this release shall be as valid as the original.

This release shall remain in effect for one year from this date unless otherwise revoked.

_____ _____

Date Parent Retaining Custody Signature

_____

Parent Retaining Custody Name (Please Print)

SUPERIOR COURT OF CALIFORNIA
COUNTY OF KERN

FAMILY COURT SERVICES
PATRICIA ARREDONDO, LCSW
MANAGER
1215 Truxtun Avenue, Room 301
Telephone: (661) 610-6700
Facsimile: (661) 688-7414

I understand that I am being asked to provide my Social Security number so that the investigator can conduct a criminal background check, which will assist the investigator in making recommendations to the court and the court to make decisions in my case. The results of this criminal search will be included in the report made to the court and only Family Court Services' staff will have access to this information. The investigator will redact your Social Security number from the Family Court Services' file at the conclusion of the investigation to ensure it is not misused. While the court cannot require that you provide Family Court Services with your Social Security number, it is a great help in obtaining accurate information about your criminal background.
Please indicate your choice, and date and complete this form.
I agree to provide my Social Security number ____
I will not provide my Social Security number ____

Date:_____ Signature:_____

Printed Name: _____

(To be completed by the Petitioner)