



## PROBATION DEPARTMENT



### STEPPARENT ADOPTION INSTRUCTIONS

**Kalisa Rochester**  
Chief Probation Officer

In order to facilitate the Probation Officer's investigation of your petition and to avoid unnecessary delays, the following documents and information is needed to proceed with your application. Once the necessary information is obtained, please return the ADOPT-200 Petition and documents to the Merced County Probation Department located at 1880 Wardrobe Ave., Merced, CA.

1. Certified copy of birth certificate of child (children) being adopted.
2. Proof of legal entry if child (children) is/are not United States citizen(s).
3. Certified copy of final divorce decree of natural parents or death certificate, if applicable.
4. Certified copy final divorce decrees and/or death certificates of all previous marriages of petitioner.
5. Certified copy of marriage certificate of petitioner and natural parent retaining custody.
6. Copy of Consent of Natural Parent Relinquishing Custody, which has been signed and filed in the Office of the Clerk of Merced County, in conjunction with the adoption or a copy of Freedom from Custody Petition and proof of service to non-custodial parent. Copies of the form (Consent of Natural Parent Relinquishing Custody) are available in the Office of the Clerk of Merced County and the Merced County Probation Department.
7. Original letter of consent written by the child being adopted if twelve (12) years of age, or older.
8. Four (4) letters of reference from persons known to petitioner who are not related to petitioner. The letters should include the following information:
  - Name, address, and phone number of the reference.
  - Length of time they have known the petitioner.
  - Relationship with the petitioner and child being adopted.
  - Number of times they have visited petitioner in the home.
  - Attitude of petitioner towards the child (children) being adopted.
  - If known, information detailing petitioner's job title and work habits or length of employment.

Merced Office  
(Administration and  
Juvenile Services)  
1880 Wardrobe Ave.  
Merced, CA 95341  
(209) 385-7494  
(209) 725-3999 Fax

Merced Office  
(Adult Services)  
3191 "M" Street  
Merced, CA 95348  
(209) 381-1380  
(209) 725-3737 Fax

Pre-Trial Services  
700 W. 22<sup>nd</sup> Street  
Merced, CA 95340  
(209) 385- 4906

Trident Building  
Adult Services – AB109  
777 W. 22<sup>nd</sup> Street  
Merced, CA 95340  
(209) 726-2737  
(209) 725-3524 Fax

Los Banos Office  
445 "I" Street  
Los Banos, CA 93635  
(209) 710-6050  
(209) 826-2811 Fax

Iris Garrett Juvenile Justice  
Correctional Complex  
2840 W. Sandy Mush Rd.  
Merced, CA 95341  
(209) 381-1400  
(209) 725-3505 Fax

Equal Employment Employer

9. Fingerprints of Petitioner (Required). The Probation Department will submit your fingerprints to the California Department of Justice. Results can take up to one (1) month to be returned from the Department of Justice. To submit your fingerprints, you must contact (209) 385-7665 to schedule an appointment for a "Request for Live Scan Service" (form #BCI18016) to be completed. At that time, payment in the amount of \$66.00 will be required. Payment options of cash, check, or money order payable to the County of Merced will only be accepted.
10. Contact the Shift Supervisor at Merced County Iris Garrett Juvenile Justice Correctional Complex at (209) 381-1400 and ask for an appointment to be fingerprinted. The Iris Garrett Juvenile Justice Correctional Complex is located at 2840 W. Sandy Mush Road, Merced, CA. You must take your "Request for Live Scan Service" form with you when you report for your fingerprinting appointment.

Once you have acquired the necessary information and documents and returned the information to the Probation Department, a probation officer will be assigned to the case and arrangements will be made for a home visit and interview with the petitioner, petitioner's spouse and child (children) being adopted.

All original documents will be returned to the petitioner upon completion of the court report. A copy of the report will be provided to you, or your attorney, if applicable, upon filing. It will then be necessary for you, or your attorney to set a date for the court hearing.

Do not set the court hearing until the report has been completed.

If you have any questions involving this procedure please contact the Merced County Probation Department at (209) 385-7494.

STEP-PARENT ADOPTION PACKET

MINOR

NAME \_\_\_\_\_ DOB \_\_\_\_\_

AKA \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SINCE \_\_\_\_\_ / \_\_\_\_\_ /

MAILING ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PO BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SSN \_\_\_\_\_ PRI LANGUAGE \_\_\_\_\_

HAIR \_\_\_\_\_ EYES \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

RACE \_\_\_\_\_ ETHN \_\_\_\_\_ BIRTH CITY \_\_\_\_\_ ST/COUNTRY \_\_\_\_\_

RAISED BY \_\_\_\_\_ WHERE GREW UP \_\_\_\_\_

COUNTY OF RESIDENCE \_\_\_\_\_ RES DATE \_\_\_\_\_ / \_\_\_\_\_ /

PRIOR RESIDENCE \_\_\_\_\_ RES DATE \_\_\_\_\_ / \_\_\_\_\_ /

DATES IN MERCED \_\_\_\_\_ / \_\_\_\_\_ / CA \_\_\_\_\_ / \_\_\_\_\_ / US \_\_\_\_\_ / \_\_\_\_\_ /

CITIZENSHIP STATUS

NATURAL BORN  CITIZENSHIP  RESIDENT ALIEN  UNDOCUMENTED

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL/EXTRACURRICULAR ACTIVITES \_\_\_\_\_

HOBBIES \_\_\_\_\_

HEALTH ISSUES \_\_\_\_\_

| MINOR'S SIBLINGS |                |         |             |             |          |
|------------------|----------------|---------|-------------|-------------|----------|
| Name             | Full/Half/Step | DOB/Age | Whereabouts | School/Work | Criminal |
|                  |                |         |             |             |          |
|                  |                |         |             |             |          |
|                  |                |         |             |             |          |
|                  |                |         |             |             |          |

BIOLOGICAL FATHER

NAME \_\_\_\_\_ DOB \_\_\_\_\_

AKA \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SINCE \_\_\_\_\_ / \_\_\_\_\_ /

MAILING ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PO BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

SSN \_\_\_\_\_ PRI LANGUAGE \_\_\_\_\_

RACE \_\_\_\_\_ ETHN \_\_\_\_\_ BIRTH CITY \_\_\_\_\_ ST/COUNTRY \_\_\_\_\_

COUNTY OF RESIDENCE \_\_\_\_\_ RES DATE \_\_\_\_\_ / \_\_\_\_\_ /

PRIOR RESIDENCE \_\_\_\_\_ RES DATE \_\_\_\_\_ / \_\_\_\_\_ /

DATES IN MERCED \_\_\_\_\_ / \_\_\_\_\_ / CA \_\_\_\_\_ / \_\_\_\_\_ / US \_\_\_\_\_ / \_\_\_\_\_ /

NATURAL BORN  CITIZENSHIP  RESIDENT ALIEN  UNDOCUMENTED

EDUCATION

HIGHEST GRADE \_\_\_\_\_ DIPL OR DEGREE \_\_\_\_\_

SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

EMPLOYMENT

RECENT EMPLOYER \_\_\_\_\_ CITY \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_ POSITION \_\_\_\_\_

FROM \_\_\_\_\_ / \_\_\_\_\_ / TO \_\_\_\_\_ / \_\_\_\_\_ / INCOME \_\_\_\_\_

REASON LEFT \_\_\_\_\_

PRIOR EMPLOYER \_\_\_\_\_ CITY \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_ POSITION \_\_\_\_\_

FROM \_\_\_\_\_ / \_\_\_\_\_ / TO \_\_\_\_\_ / \_\_\_\_\_ / INCOME \_\_\_\_\_

REASON LEFT \_\_\_\_\_

| Marriage history<br>Married to | Date<br>Married | Status | Status Date |
|--------------------------------|-----------------|--------|-------------|
|                                |                 |        |             |
|                                |                 |        |             |
|                                |                 |        |             |

| CHILDREN |        |         |             |             |          |
|----------|--------|---------|-------------|-------------|----------|
| Name     | Parent | DOB/Age | Whereabouts | School/Work | Criminal |
|          |        |         |             |             |          |
|          |        |         |             |             |          |
|          |        |         |             |             |          |
|          |        |         |             |             |          |

| SUBSTANCE ABUSE HISTORY |                |           |           |
|-------------------------|----------------|-----------|-----------|
| Drugs                   | Age first used | Last used | How often |
| Cigarettes              |                |           |           |
| Alcohol                 |                |           |           |
| Marijuana               |                |           |           |
| Cocaine                 |                |           |           |
| Methamphetamine         |                |           |           |
| Heroin                  |                |           |           |
| Mushrooms               |                |           |           |
| Other                   |                |           |           |
| Other                   |                |           |           |

| TREATMENT         |                    |
|-------------------|--------------------|
| Name of treatment | Date of completion |
|                   |                    |
|                   |                    |

CRIMINAL RECORD Y/N WHERE \_\_\_\_\_ CHARGE(S) \_\_\_\_\_

NOTES \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

BIOLOGICAL MOTHER

NAME \_\_\_\_\_ DOB \_\_\_\_\_

AKA \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SINCE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PO BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

SSN \_\_\_\_\_ PRI LANGUAGE \_\_\_\_\_

RACE \_\_\_\_\_ ETHN \_\_\_\_\_ BIRTH CITY \_\_\_\_\_ ST/COUNTRY \_\_\_\_\_

COUNTY OF RESIDENCE \_\_\_\_\_ RES DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PRIOR RESIDENCE \_\_\_\_\_ RES DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DATES IN MERCED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ CA \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ US \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NATURAL BORN  CITIZENSHIP  RESIDENT ALIEN  UNDOCUMENTED

EDUCATION

HIGHEST GRADE \_\_\_\_\_ DIPL OR DEGREE \_\_\_\_\_

SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

EMPLOYMENT

RECENT EMPLOYER \_\_\_\_\_ CITY \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_ POSITION \_\_\_\_\_

FROM \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ INCOME \_\_\_\_\_

REASON LEFT \_\_\_\_\_

PRIOR EMPLOYER \_\_\_\_\_ CITY \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_ POSITION \_\_\_\_\_

FROM \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ INCOME \_\_\_\_\_

REASON LEFT \_\_\_\_\_

| Marriage history<br>Married to | Date<br>Married | Status | Status Date |  |
|--------------------------------|-----------------|--------|-------------|--|
|                                |                 |        |             |  |
|                                |                 |        |             |  |
|                                |                 |        |             |  |

| CHILDREN |        |         |             |             |          |
|----------|--------|---------|-------------|-------------|----------|
| Name     | Parent | DOB/Age | Whereabouts | School/Work | Criminal |
|          |        |         |             |             |          |
|          |        |         |             |             |          |
|          |        |         |             |             |          |
|          |        |         |             |             |          |

| SUBSTANCE ABUSE HISTORY |                |           |           |
|-------------------------|----------------|-----------|-----------|
| Drugs                   | Age first used | Last used | How often |
| Cigarettes              |                |           |           |
| Alcohol                 |                |           |           |
| Marijuana               |                |           |           |
| Cocaine                 |                |           |           |
| Methamphetamine         |                |           |           |
| Heroin                  |                |           |           |
| Mushrooms               |                |           |           |
| Other                   |                |           |           |
| Other                   |                |           |           |

| TREATMENT         |                    |
|-------------------|--------------------|
| Name of treatment | Date of completion |
|                   |                    |
|                   |                    |

CRIMINAL RECORD Y / N WHERE \_\_\_\_\_ CHARGE(S) \_\_\_\_\_

NOTES \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PETITIONER

NAME \_\_\_\_\_ DOB \_\_\_\_\_

AKA \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SINCE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PO BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

SSN \_\_\_\_\_ PRI LANGUAGE \_\_\_\_\_

RACE \_\_\_\_\_ ETHN \_\_\_\_\_ BIRTH CITY \_\_\_\_\_ ST/COUNTRY \_\_\_\_\_

COUNTY OF RESIDENCE \_\_\_\_\_ RES DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PRIOR RESIDENCE \_\_\_\_\_ RES DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DATES IN MERCED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ CA \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ US \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NATURAL BORN  CITIZENSHIP  RESIDENT ALIEN  UNDOCUMENTED

EDUCATION

HIGHEST GRADE \_\_\_\_\_ DIPL OR DEGREE \_\_\_\_\_

SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

EMPLOYMENT

RECENT EMPLOYER \_\_\_\_\_ CITY \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_ POSITION \_\_\_\_\_

FROM \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ INCOME \_\_\_\_\_

REASON LEFT \_\_\_\_\_

PRIOR EMPLOYER \_\_\_\_\_ CITY \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_ POSITION \_\_\_\_\_

FROM \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ INCOME \_\_\_\_\_

REASON LEFT \_\_\_\_\_



| Marriage history<br>Married to | Date<br>Married | Status | Status Date |
|--------------------------------|-----------------|--------|-------------|
|                                |                 |        |             |
|                                |                 |        |             |
|                                |                 |        |             |

| CHILDREN |        |         |             |             |          |
|----------|--------|---------|-------------|-------------|----------|
| Name     | Parent | DOB/Age | Whereabouts | School/Work | Criminal |
|          |        |         |             |             |          |
|          |        |         |             |             |          |
|          |        |         |             |             |          |
|          |        |         |             |             |          |

| SUBSTANCE ABUSE HISTORY |                |           |           |
|-------------------------|----------------|-----------|-----------|
| Drugs                   | Age first used | Last used | How often |
| Cigarettes              |                |           |           |
| Alcohol                 |                |           |           |
| Marijuana               |                |           |           |
| Cocaine                 |                |           |           |
| Methamphetamine         |                |           |           |
| Heroin                  |                |           |           |
| Mushrooms               |                |           |           |
| Other                   |                |           |           |
| Other                   |                |           |           |

| TREATMENT         |                    |
|-------------------|--------------------|
| Name of treatment | Date of completion |
|                   |                    |
|                   |                    |

CRIMINAL RECORD Y/N WHERE \_\_\_\_\_ CHARGE(S) \_\_\_\_\_

NOTES \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ADDITIONAL INFORMATION

HOW LONG PARENT & PETITIONER RELATIONSHIP \_\_\_\_\_

HOW LONG HAVE BEEN LIVING TOGETHER \_\_\_\_\_

CURRENT RESIDENCE  RENT MONTHLY RENT \_\_\_\_\_

OWN MONTHLY MORTGAGE \_\_\_\_\_

BALANCE OF MORTGAGE LOAN \_\_\_\_\_ VALUE OF HOME \_\_\_\_\_

HOW MANY BEDROOMS \_\_\_\_\_ BATHROOMS \_\_\_\_\_

| VEHICLES   |      |                  |       |
|------------|------|------------------|-------|
| MAKE/MODEL | YEAR | MONTHLY PAYMENTS | VALUE |
|            |      |                  |       |
|            |      |                  |       |
|            |      |                  |       |

| ASSETS                      |                  |       |
|-----------------------------|------------------|-------|
| OTHER HOME/BOAT/TRAILER/ETC | MONTHLY PAYMENTS | VALUE |
|                             |                  |       |
|                             |                  |       |
|                             |                  |       |

| CREDITS CARDS/LOANS |         |                  |
|---------------------|---------|------------------|
| NAME                | BALANCE | MONTHLY PAYMENTS |
|                     |         |                  |
|                     |         |                  |
|                     |         |                  |

HEALTH INSURANCE

MEDICAL  YES  NO PROVIDER \_\_\_\_\_  
 DENTAL  YES  NO PROVIDER \_\_\_\_\_  
 VISION  YES  NO PROVIDER \_\_\_\_\_

DOES HEALTH INSURANCE COVER THE ENTIRE FAMILY  YES  NO

REASON FOR ADOPTION \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PETITIONER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_