



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 2150 M Street, 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. 22nd Street
Merced, CA 95340
(209) 385- 4906

Trident Building
Adult Services – AB109
777 W. 22nd 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 #BC118016) 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. 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 Married to	Date 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 Married to	Date 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 Married to	Date 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 _____