

Person Filing: _____
 Address (if not protected): _____
 City, State, Zip Code: _____
 Telephone: _____
 Email Address: _____
 Lawyer's Bar Number: _____
 Licensed Fiduciary Number: _____
 Representing Self, without a Lawyer OR Attorney for _____



Case Number: _____

Information Sheet to Court Investigator

Instructions to Petitioner: You must complete this form and send it to Probate Administration. This information will assist the Court Investigator in scheduling and conducting an appointment with all parties involved in this Petition. Incomplete or inaccurate information may delay the Court hearing on your Petition.

1. Information about the adoptee (the person to be adopted):

Adoptee's Name: _____ Telephone: _____
 Address: _____ Email Address: _____
 Place of Birth: _____ Date of Birth: ____ / ____ / ____
 Social Security #: ____ - ____ - ____ Gender: Male Female
 Is the Adoptee married? Yes No
 If "Yes", write the spouse's name: _____

2. Information about the adopter(s):

	Petitioner	Petitioner's Spouse (Co-Petitioner)
Name:		
Address:		
City, State, Zip		
Home Telephone:		
Work Telephone:		
Email Address:		
Social Security #:	____ - ____ - ____	____ - ____ - ____
Date of Birth:	____ / ____ / ____	____ / ____ / ____
Place of Birth:		

3. INFORMATION ABOUT ADOPTEE'S ATTORNEY (if applicable):

Name:		Phone:	
Address:			
Email			

4. Information about adopter's attorney (if applicable):

Name:		Phone:	
Address:			
Email			

5. Information about the adoptee's biological parents:

	Biological Mother	Biological Father
Name:		
Address:		
City, State, Zip		
Home Telephone:		
Work Telephone:		
Are the biological parents aware of the adoption?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the biological parents approve of the adoption?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

For Court Use Only:

Date and Time of Hearing: _____

Judicial Officer: _____