

Ohio Department of Job and Family Services
STEP-PARENT ADOPTION HOMESTUDY

REPORT ON PROPOSED ADOPTION FOR STEP-PARENT			
Common Pleas Court, Probate Division		County	
In the Matter of the Adoption of		Doc . No .	
Name of Child		Name to be changed to	
Relationship; if any, to petitioner(s)	Man's Surname	Women's Maiden Name	County
Address			
City	State	Zip	County
Are Petitioner(s) Legal Citizens? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are the Petitioners Legal Residents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PARENTAL INFORMATION			
Parent One		Parent Two	
Name		Name	
Address		Address	
City	State	City	State
Date of Birth (<i>mm/dd/yyyy</i>)	Age	Date of Birth (<i>mm/dd/yyyy</i>)	Age
Birthplace (<i>city/state</i>)	Highest School Grade Completed	Birthplace (<i>city/state</i>)	Highest School Grade Completed
Nationality and Race		Nationality and Race	
Attitude of parent toward the proposed adoption		Attitude of parent toward the proposed adoption	
Adopting Family (Members of Household)			
Name		Birth Date	Birthplace (<i>city/state</i>)
Birth Date		Highest School Grade Completed	
Physical Description: (<i>appearance, personality, physical, mental health, and occupation</i>)			
Name		Birth Date	Birthplace (<i>city/state</i>)
Birth Date		Highest School Grade Completed	
Physical Description (<i>appearance, personality, physical, mental health, and occupation</i>)			

Adopting Family (Members of Household), cont.		
Name	Birth Date	Birthplace (<i>city/state</i>)
Birth Date	Highest School Grade Completed:	
Physical Description (<i>appearance, personality, physical, mental health, and occupation</i>)		
Martial Information		
Marriage (<i>mm/dd/yyyy</i>)	Place of Marriage (<i>city/state</i>)	
Date Marriage Verified (<i>mm/dd/yyyy</i>)		
Other Marriages or Divorces		
Name	Date of Marriage	
Name	Date of Marriage	
Name	Date of Marriage	
MARTIAL INFORMATION, cont.		
Facts Concerning Children Away From Home:		
Home (<i>Location, description of house, equipment, etc.</i>)		
DESCRIPTION OF ADOPTING PARENT (parent one)		
Parent's Name		
Appearance and Personality		

Physical Health <i>(date of last physical examination, by whom, significant findings)</i>		
DESCRIPTION OF ADOPTING PARENT (parent one), cont.		
Evidence of Mental Health, Emotional Stability, and Personal Integrity of Petitioners		
Present Occupation	Previous Occupation	
Financial Status: What is the ability of the petitioner to provide for the needs of the minor? <i>(Income salary, investment, insurance, property, debts)</i>		
DESCRIPTION OF ADOPTING PARENT (parent two)		
Parent's Name		
Appearance and Personality		
Physical Health <i>(date of last physical examination, by whom, significant findings)</i>		
Evidence of Mental Health, Emotional Stability, and Personal Integrity of Petitioner		
Present Occupation	Previous Occupation	
Financial Status: What is the ability of the petitioner to provide for the needs of the minor? <i>(Income salary, investment, insurance, property, debts)</i>		
REFERENCES		
List four references (i.e., employer and clergy) and briefly summarize their evaluation of petitioners and recommendations or attach their letter.		
Name (Last)	First	Occupation

Address		
City	State	Zip Code
Summary of Recommendation		
REFERENCES, cont.		
Name (Last)	First	Occupation
Address		
City	State	Zip Code
Summary of Recommendation		
Name (Last)	First	Occupation
Address		
City	State	Zip Code
Summary of Recommendation		
Name (Last)	First	Occupation
Address		
City	State	Zip Code
Summary of Recommendation		

DESCRIPTION OF FAMILY LIFE

Describe the activities, interest, attitudes, and relationships of the household members.

RECOMMENDATION

Explain the recommendation of the petition for adoption (granting or denial).

CHILD'S INFORMATION

Name	To be changed to
Date of Birth	Place of Birth
Appearance and personality of child	
Mental and developmental condition of child (Psychological tests: Names of test, dates and results)	
Physical Health (date of last physical examination, by whom, significant findings)	
Date child entered home of petitioner	Child received from whom?
Is child under the custody of or are proceedings pending in Juvenile Court? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there proceedings in Common Pleas Court? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for minor's placement with persons other than his biological or legal parents	

Circumstances under which the minor came to be placed in the home of the petitioner	
Child's property, location and description	
Adjustment of child in the home of petitioner	
Attitude of minor toward the proposed adoption, if age makes this feasible	
Signature of Assessor	
_____	_____
Name of Assessor	Date

REPORT OF INVESTIGATION		
Following Interlocutory Order of Adoption		
Common Pleas Court, Probate Division		County of Ohio
In the Matter of the Adoption of		Doc. No.
Name of Child		Name to be changed to
Relationship; if any, to petitioner(s)		
Address		
City	State	Zip
ADOPTING FAMILY (Adopting Parents to be seen separately and together)		
New Members of Household (If there have been changes, fill out the following section.)		
Name	Age	Relationship
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation	
Name	Age	Relationship
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation	
Name	Age	Relationship
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation	
Name	Age	Relationship
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation	
Name	Age	Relationship
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation	
THE HOME		
If home is the same as at the time interlocutory decree granted, so state, if not described in detail and changes.		

THE CHILD

Describe the child's development, appearance and personality or physical or psychological test made, with results, describes child's attitude toward adopting parents and others in household, school progress, playmates, general adjustment in home and community, etc.

Family Life

Describe home life, activities, attitudes and relationship of members of the household members.

Signature of Assessor

 Name of Assessor

 Date