

SUPERIOR COURT OF THE STATE OF ARIZONA

Pima County Juvenile Court

Adoptions & Guardianship Program

2225 EAST AJO WAY

TUACSON, ARIZONA 85713-6295

520-724-2920; 520-724-9239

FAX 520-724-4740

Veronica Hookland - Support Staff

Priscilla Ordóñez - Case Worker

Congratulations on your decision to adopt! The following steps outline the procedures required to complete an adoption through the PCJCC Adoptions Program. Please read all directions prior to filling out the packet. Keep this letter for your reference. If you have any questions, please call Veronica at 724-2920.

STEP 1: COMPLETE THE PACKET

- Use the checklist on the next page to guide you in completing all necessary forms and obtaining copies of documents **before** scheduling your fingerprint/document review appointment.
- If this is an adoption by a step parent, the birth parent married to the step parent must complete all the paperwork in the packet as the second applicant.
- Once you have completed the Document Checklist, call our office (520-724-2920) to schedule an appointment for fingerprinting, packet review and fee payment.

STEP 2: FINGERPRINTING, PACKET REVIEW & FEE PAYMENT

Fingerprinting & Central Registry Records Check: Call our program (520-724-2920) to schedule an appointment to be fingerprinted and sign a release for a central registry record check at the Pima County Juvenile Court Center, 2225 E. Ajo Way.

- All persons 18 years of age or older living in the home, except the birthparent, must be fingerprinted. The fee for each person fingerprinted is **\$22.00, in the form of money order or cashier's check, made payable to AZ DPS.**
- Fingerprinting is done by appointment only, and must be done in our office. Fingerprint results are usually returned to our office four to six weeks after submission, but can take longer.

Packet Review: Bring your completed packet and required (original) documents to your fingerprinting appointment. We will make copies of your original documents.

Fee Payment: Bring your adoption fee payment of **\$25** to the appointment. The payment can be in the form of personal check, cash, or money order. This fee will be paid to the **Clerk of Superior Court.**

- Please note that the social study fee is to cover *the cost of the process* of application for adoption and *does not guarantee* that adoption will be recommended.
- The fee is **non-refundable**, even if the adoption is delayed or denied. Our social worker can further discuss with you what may cause an adoption to be delayed or denied.

Social Study Interview: Administrative orders allow for a social study to be conducted in certain situations.

- After our office has received your fingerprint results, we will review all information provided and determine if a social study interview is applicable to your situation. If so, we will mail you an appointment letter with the date and time of your Social Study Interview, which occurs in your home.
- The home visit consists of a two hour (approximately) interview with our adoptions social worker. The petitioners for adoption and the child(ren) to be adopted must be present for the interview.
- During the home visit, our social worker will be learning about your family and discussing topics such as criminal history, CPS history, past and present relationships, family functioning, the birth parent(s) and the child(ren)'s understanding of the adoption. If you have concerns about any of these topics, please contact our social worker (520-724-9239) prior to your home visit.
- After the interview, our social worker will prepare a report for the Court which includes a recommendation as to whether the adoption appears to be in the best interest of the child(ren).

STEP 3: FINAL ADOPTION HEARING

The final adoption hearing is usually held one to two months after all materials have been processed. The final adoption hearing is set by the County Attorney's office and **must be attended by the petitioners and the subject child(ren).** Adoption is a celebration and you may invite family members and friends to attend the hearing with you. You will receive a letter in the mail notifying you of the date and time of your final adoption hearing. If your family cannot attend the final hearing, you must contact the Pima County Attorney's Office at 740-5092 to reschedule.

DOCUMENT CHECKLIST

- **Please use this checklist to make sure you have completed all forms and that all documents are available PRIOR to scheduling your fingerprint appointment.**
- **When applying for a step parent adoption, both the birthparent AND the step parent are considered applicants. BOTH must complete all information and provide all requested documents.**

Documents contained in the packet:

- ___ Application for Adoption
- ___ Fee Sheet Signature Page
- ___ Release of Information
- ___ List of References (with complete addresses, phone numbers and email addresses)
- ___ Adoption Questionnaire
- ___ Medical Report for applicant(s) (step parent & birthparent or potential adoptive parents)
- ___ Medical Report for each child to be adopted

*The juvenile court does not recommend or provide a medical practitioner to complete the medical forms for your family. Your medical practitioner will make the decision as to whether he or she can complete the medical forms by using your previous medical records or if he or she needs you to schedule an appointment prior to completing the medical forms for you and your child(ren).

Documents to collect:

- ___ Marriage license
- ___ Divorce decrees or death certificates for all previous spouses of each applicant
- ___ Birth Certificate for each child being adopted

If child does not have a United States birth certificate then also include a copy of his/her valid, non-expired legal residency documents. This program is not accredited to perform adoptions of children who are not permanent legal residents of the United States (inter-country adoptions).

- ___ Legally-free documentation from each absent parent (**please circle**): Consent for Adoption **OR** Order of Severance/Termination of Parental Rights **OR** Putative Father Registry Certificate of No File Found **OR** Death Certificate.

- ___ Proof of family income (**Federal tax forms or W-2's for most recent tax year**)
Pay earning statements are not sufficient proof of income and cannot be accepted

- ___ Picture Identification for each adult applicant

- ___ Proof of Pima County Residency (current rent receipt, mortgage or utility bill)

- ___ Legal Residency documentation if either of the applicants is born outside of the United States

- ___ Fee payment in the amount indicated on the Fee Sheet on Schedule I or II. Form of payment may be: money order, personal check or cashier's check made payable to: Clerk of The Superior Court.

- ___ Other _____

- ___ Other _____

Application for Adoption Social Study, Certification Home Study or Re-Certification

(Please print or type all information)

1st Applicant: _____
Last First Middle

Date of Birth Age Social Security Number

2nd Applicant: _____
Last First Middle
Maiden name _____

Date of Birth Age Social Security Number

Relationship to child(ren) being adopted: 1st applicant _____ 2nd applicant _____

Have you ever applied to be or are you currently a licensed foster parent in Arizona? ____ No ____ Yes

Have you previously adopted a child or applied for adoption certification within the last three years in Arizona?

____ No ____ Yes – If yes, please provide the date and file number: _____

Applicant(s) Address and Phone Numbers

Street Address City State Zip

Home Phone Cell or Work Phone (applicant 1) Cell or Work Phone (applicant 2)

ADDITIONAL INDIVIDUALS 18 YEARS OF AGE OR OLDER, LIVING IN THE HOME:

Full Name Date of Birth Social Security Number

Full Name Date of Birth Social Security Number

Full Name Date of Birth Social Security Number

I / We verify that the above statement is true and correct to the best of my/our knowledge.

Signature Printed Name Date

Signature Printed Name Date

SCHEDULE II
ADOPTION SOCIAL STUDY FEE SHEET

Use this schedule for **NON-RELATIVE OR DISTANT RELATIVE ADOPTIONS** such as: **great-aunt, great-uncle or any type of cousin to the child(ren) to be adopted.**

- As required by Pima County Juvenile Court Administrative Order 07-01, ARS 8-133 (b) “The Pima County Juvenile Court assesses all applicants for adoption for a one-time fee to cover the cost of the investigative work for a Social Study Report.”
- The Social Study Fee is to cover *the cost of the process* of application for certification and adoption and *does not guarantee* that certification and adoption will be recommended. **The fee is non-refundable**, even if the certification/adoption is delayed or denied.
- The fee is based on the combined gross annual income (before deductions) of the prospective adoptive parent(s) and their spouse for the previous tax year.
- The fee for social study includes services for one subject child and his/her two birthparents. A \$30 fee will be charged for each additional subject child and each of his/her birthparents if the birthparents are different than those of the first subject child.

The fee for Social Study is \$700.00.

- The Adoption Application Fee of **\$25** is deducted from the Social Study Fee

Some families may be eligible for a reduced fee based on the sliding fee scale listed below.

GROSS ANNUAL INCOME AND FEE SCALE

\$60,000 and above (non-relative)	refer to private agency
\$60,000 and above (distant relative).....	\$700.00
\$55,000-59,999.....	\$700.00
\$50,000-54,999.....	\$600.00
\$45,000-49,999.....	\$500.00
\$40,000-44,999.....	\$400.00
\$35,000-39,999.....	\$300.00
\$25,000-34,999.....	\$200.00
\$0-24,999.....	\$0.0

You may qualify for a fee reduction or fee waiver if your family has a financial hardship. To submit a request for a reduction or waiver, you will need to submit a detailed letter explaining your family's circumstances and a copy of the previous year's tax return.

ADOPTION SOCIAL STUDY FEE
SIGNATURE PAGE

TO BE COMPLETED WITH ADOPTIONS PROGRAM STAFF AT FINGERPRINTING APPOINTMENT.

Fees assessed:

Social Study fee as determined by FEE SCHEDULE II \$ _____
The social study fee includes services for one child two birthparents

Additional Child(ren): \$30.00 X _____ \$ _____
Number of children IN ADDITION to the first child to be adopted

Additional birthparent(s): \$30.00 X _____ \$ _____
To be charged if additional children have different birth parents

Minus Adoption Fee -\$25
(Adoption fee & Social Study fee can be paid together in one payment)

TOTAL SOCIAL STUDY FEE DUE (if determined necessary): \$ _____

I / We have read the applicable fee schedule and have attached the following items:
(Please initial)

____ 1. Money Order or Personal Check in the amount of \$ _____
Made payable to: Clerk of The Superior Court.

____ 2. Copy of the Applicants' most recent Federal Tax Return.
If married and filing separately, you must include tax forms for each spouse.

I/We understand that the Social Study Fee is to cover *the cost of the process* of application for adoption and *does not guarantee* that adoption will be recommended. I/We understand that the fee is non-refundable, even if the adoption is delayed or denied.

Signature Printed Name Date

Signature Printed Name Date

Signature of Adoptions Program Staff Date

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FAX 520-724-4740

Veronica Hookland
Support Staff

Priscilla Ordonez
Case Worker

Release of Information

I / We _____ and _____
do hereby permit the employees of the Pima County Juvenile Court
Center Adoptions/Guardianship Program to obtain any and all
documents, information and inquiries necessary to complete the
adoption, certification or guardianship review process. (A.R.S 2.8-112)

This consent is valid for six months or the completion of court action,
unless revoked in writing by the undersigned.

Signed,

Name

Date

Name

Date

ADOPTION QUESTIONNAIRE

Please complete the following as completely and accurately as possible, as it will be included in the legal file.

Male Applicant

Name: _____ Primary Language: _____
 First Middle Last Interpreter needed? ___ NO ___ YES

What is your relationship to the child being adopted: Birth Father Step Father Grandfather Uncle
Other: _____

Date of birth: _____ Place of birth: _____ Ethnicity: _____

Phone: _____ Phone: _____ Social Security Number: _____

Please list any physical health and/or mental health diagnoses and your current treatment: _____

Do you have any history of substance abuse, including alcohol? If yes, please describe, using additional pages if necessary:

Have you ever participated in behavioral health services, including counseling or psychiatric care? Please describe:

Have you ever been arrested in this or any other state, including traffic violations? ___ NO ___ YES If YES, please give date, place & explanation, using additional pages if necessary: _____

Have you ever had allegations against you or been investigated by Child Protective Services in this or any other state?
___ NO ___ YES If YES, please give date, place & explanation, using additional pages if necessary: _____

Female Applicant

Name: _____ Primary Language: _____
 First Middle Last Interpreter needed? ___ NO ___ YES

What is your relationship to the child being adopted: Birth Mother Step Mother Grandmother Aunt
Other: _____

Date of birth: _____ Place of birth: _____ Ethnicity: _____

(Female applicant continued)

Phone: _____ Phone: _____ Social Security Number: _____

Please list any physical health and/or mental health diagnoses and your current treatment:

Do you have any history of substance abuse, including alcohol? If YES, please describe, using additional pages if necessary:

Have you ever participated in behavioral health services, including counseling or psychiatric care? Please describe:

Have you ever been arrested in this or any other state, including traffic violations? ____ NO ____ YES If YES, please give date, place & explanation, using additional pages if necessary: _____

Have you ever had allegations against you or been investigated by Child Protective Services in this or any other state? __ NO __ YES If YES, please give date, place & explanation, using additional pages if necessary: __

Both Applicants

Date & location of current marriage: _____

Home address:

Street Apt # City State Zip Code

Nearest major cross-streets to your home: _____

General area of town: North South East West Central

How long have you lived in your current home? _____

Do you currently have legal guardianship or temporary legal custody of the child(ren) to be adopted? ____ NO
____ YES

If YES, Where: _____ Case Number: _____ Date issued: _____

Has either applicant ever applied to adopt any child in the past? ____ NO ____ YES If YES, please explain:

Both Applicants cont'd

Has either applicant ever been involved in any Adoption, Severance or other Juvenile Court matter, in any state?
____ NO ____ YES

If YES, provide case number and explanation: _____

Has either applicant ever been **denied** an adoption or certification in any state? ____ NO ____ YES If YES, please explain:

Please give the name & relationship of whom you have chosen to raise your children in the event of your serious illness or death:

Please describe why you are applying for adoption, using additional pages if necessary:

HAVE YOU TALKED WITH THE CHILD(REN) YOU WISH TO ADOPT ABOUT ADOPTION?

____ YES ____ NO

Information about the child(ren) you wish to adopt

First: _____ Middle: _____ Last: _____

Child's full, legal birth name, as it appears on the birth certificate

First: _____ Middle: _____ Last: _____

Proposed Name Change

Date of birth: _____ Place of birth: _____ Ethnicity: _____

When did the child begin living with you? _____

How did the child come into your custody? _____

Please list any physical health and mental health diagnoses for the child and current treatment: _____

First: _____ Middle: _____ Last: _____

Child's full, legal birth name, as it appears on the birth certificate

First: _____ Middle: _____ Last: _____

Proposed Name Change

Date of birth: _____ Place of birth: _____ Ethnicity: _____

When did the child begin living with you? _____

How did the child come into your custody? _____

Please list any physical health and mental health diagnoses for the child and current treatment: _____

Birth Parent Information

Name of **Birth Mother**: _____ Date of birth or approximate age: _____

Last known location: _____ Last contact with child: _____

Last contact with applicant(s): _____

Please list any physical health, mental health & substance abuse issues for the birth mother:

Name of **Birth Father**: _____ Date of birth or approximate age: _____

Last known location: _____ Last contact with child: _____

Last contact with applicant(s): _____

Please list any physical health, mental health & substance abuse issues for the birth father:

Date of severance or consent by birth parent(s):

Family Information

Please list the former marriages of the male applicant:

		Please indicate which:	
Date & Place of marriage	Name of Former Spouse	Divorce of Death?	Date Place

Please list the former marriages of the female applicant:

		Please indicate which:	
Date & Place of Marriage	Name of Former Spouse	Divorce of Death?	Date Place

Please list all other children of each applicant, using an additional page if necessary. Do not include the child(ren) being adopted.

DO include the children the applicants have together and the children from each applicant's previous relationships.

Child's full name Applicant #1, #2 or both Date of Birth Place of Birth

Please list all other persons living in your home not already included on this questionnaire:

Name Age Sex Relationship (if any)

Financial Status

Total amount of your family's monthly income (after taxes): \$ _____

Rent or Mortgage cost: \$ _____

Housing cost: ___ Renting ___ Purchase

If buying: year purchased: _____ Purchase price of house: \$ _____

Approximate total of other monthly expenses: \$ _____

(food, utilities, car, insurance, day care, other loans)

Amount in savings: \$ _____

Please list your medical insurance provider:

Children: _____

Male applicant: _____ Female applicant: _____

Education

Please list level of education & date obtained including the name of the school and any special courses.

Male Applicant:

Female Applicant:

High School: _____

High School: _____

Diploma or GED? _____

Diploma or GED? _____

College or Technical School: _____

College or Technical School: _____

Additional Education: _____

Additional Education: _____

Employment

Male Applicant:

Female Applicant:

CURRENT OCCUPATION

CURRENT OCCUPATION

From: _____ to: **NOW** _____

From: _____ to: **NOW** _____

Occupation: _____ Salary: _____

Occupation: _____ Salary: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Employment History

Male Applicant:

Female Applicant:

Past 3 Positions (including Military service)

Past 3 Positions (including Military service)

From: _____ to: _____

From: _____ to: _____

Occupation: _____ Salary: _____

Occupation: _____ Salary: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

From: _____ to: _____

From: _____ to: _____

Occupation: _____ Salary: _____

Occupation: _____ Salary: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

From: _____ to: _____

From: _____ to: _____

Occupation: _____ Salary: _____

Occupation: _____ Salary: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Please list any deaths in either family in the last two years: _____

Please list any physical health, mental health & substance abuse issues for either extended family: _____

Please list any parenting classes either applicant has attended within the last five years: _____

Please list ways you have prepared for this adoption: _____

I / We verify that the information reported in this packet is true and correct to the best of my/our knowledge.

Signature

Printed Name

Date

Signature

Printed Name

Date

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Veronica Hookland - Support Staff

Priscilla Ordóñez - Case Worker

Re: Medical Form

Dear Medical Staff,

The ADOPTIONS PROGRAM at Pima County Juvenile Court assists families with several types of adoptions, such as step parent adoptions, grandparent adoptions and non-relative adoptions. The Adoptions Social Worker at the Pima County Juvenile Court and your patient are requesting your cooperation in completing the enclosed medical form. The purpose of this form is to have information about the health status of our adopting family. Our main objective is to make sure that your patient is in good health and/or being treated for any pre-existing conditions. Completion of this form does not hold you responsible for any decisions made in regard to the pending adoption. It is simply a means of obtaining a brief medical history to include in the family's personal data when compiling a social study report.

Thank you for assisting us in this matter. If you have any questions please call Veronica Hookland at 724-2920.

Sincerely,

Adoptions Program Staff

Medical Report for Adoption Applicant

The following information is required by ARS 8-105 to be used in the Social Study report made by the Adoptions Program to the Pima County Juvenile Court in connection with adoption proceedings.

Patient's Name: _____ **DOB:** _____

Address:

I, (type or print medical practitioner's name) _____, **examined the above-named patient on (date)** _____.

1. Please list all current medical conditions or diagnoses, including mental health diagnoses. Please provide type and present status:

2. Please clearly list all prescribed medications for this patient.

Name of Medication	Purpose of Medication	Current Dosage
--------------------	-----------------------	----------------

3. Does this patient have any medical or other issues that, in your opinion, could cause challenges in raising a child?

NO _____ YES _____ If "yes," please describe, using additional pages if necessary:

Medical Practitioner's Signature: _____ **Date:** _____

Address:

Clinic / Office Name: _____ **Phone:** _____

Medical Report for Adoption Applicant

The following information is required by ARS 8-105 to be used in the Social Study report made by the Adoptions Program to the Pima County Juvenile Court in connection with adoption proceedings.

Patient's Name: _____ **DOB:** _____

Address:

I, (type or print medical practitioner's name) _____, **examined the above-named patient on (date)** _____.

4. Please list all current medical conditions or diagnoses, including mental health diagnoses. Please provide type and present status:

5. Please clearly list all prescribed medications for this patient.

Name of Medication	Purpose of Medication	Current Dosage
--------------------	-----------------------	----------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Does this patient have any medical or other issues that, in your opinion, could cause challenges in raising a child?

NO _____ YES _____ If "yes," please describe, using additional pages if necessary:

Medical Practitioner's Signature: _____ **Date:** _____

Address:

Clinic / Office Name: _____ **Phone:** _____

Medical Report for Adoptive Child

The following information is required by ARS 8-105 to be used in the Social Study report made by the Adoptions Program to the Pima County Juvenile Court in connection with adoption proceedings.

Child's Name: _____ **DOB:** _____ **Age:** _____

Address: _____

I, (type or print medical practitioner's name) _____, **examined the above-named patient on (date)** _____.

1. Please list all current medical conditions or diagnoses, including mental health diagnoses. Please provide type and present status:

2. Please clearly list all prescribed medications for this patient.

Name of Medication	Purpose of Medication	Current Dosage
--------------------	-----------------------	----------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

3. In your opinion, is the child developing normally? YES ___ NO ___ If "NO," please describe, using additional pages if necessary:

4. Does this child appear to be receiving good care? YES ___ NO ___ If "NO," please describe, using additional pages if necessary:

Medical Practitioner's Signature: _____ **Date:** _____

Address: _____

Clinic / Office Name: _____ **Phone:** _____