

CHECKLIST & QUESTIONNAIRE FOR INVESTIGATION OF STEP-PARENT ADOPTION AND/OR TERMINATION OF PARENTAL RIGHTS PETITION

Required Forms – Appointment will NOT be scheduled until submitted

Step-Parent Adoption Investigation Fees* – Family Code section 9002
Termination of Parental Rights Investigation Fees* – Family Code section 7851.5

*Statewide Civil Fee Schedule www.monterey.courts.ca.gov/bail-fee-schedules

- Completed Questionnaire (attached)
- A copy of your receipt for payment of Adoption and/or Freedom from Parental Custody Investigation(s) fees, **OR** a copy of your Fee Waiver Order.
- A copy of your receipt from Live Scan fingerprints (form and locations attached)
- A copy of sworn Consent to Adopt by Parent Retaining Custody you filed with the court (form AD 2, attached) or original consent *to be signed in investigator's presence*.
- Copy of Death Certificate of non-custodial parent, if applicable
OR
- A copy of the notarized Consent to Adoption by ALL other legal/presumed parents you filed with the court (form AD 2A/2B attached)
OR
- A copy of each Court Order Declaring the Child Free from the Custody and Control of any legal/presumed parent(s)
OR
- Original letter from fertility clinic stating 1.) birth mother received an implant from the clinic; 2.) whether the donation was anonymous; and 3.) that the procedure resulted in this child's birth.
- *Only for Freedom from Custody and Control/Termination of Parental Rights Investigation***
Statement of Attempts to Contact ALL legal/presumed parents (included in questionnaire).
- Certified Copy** of the Child's Original Birth Certificate
- Copy of Marriage Certificate or Domestic Partner Agreement for the parent and step-parent
- Copies of **All** Divorce Decrees and Marriage Certificates for Petitioner and Custodial Parent
- Verification of income/employment records (employer letter, paystubs, etc.)

If the child being adopted is 8 years or older, the child will be interviewed. If the child is 12 years or older, the child will need to give their consent to being adopted.

Family Court Services will arrange the stepparent or guardian adoption/termination of parental rights interviews. Please email (fcs@monterey.courts.ca.gov), bring or mail completed forms to:



Family Court Services
Step Parent Adoption or
Freedom from Custody Investigation
Monterey County Superior Court
1200 Aguajito Road, Room 303
Monterey, CA 93940



ADOPTION/TERMINATION OF PARENTAL RIGHTS PROPOSED
ADOPTIVE PARENT'S BACKGROUND INFORMATION FORM

The potential adoptive parent(s) must complete and submit this packet to get an appointment with the Court Investigator. Copy any pages or use additional paper to be able to answer all the questions fully.

Hearing date: _____ Petitioner's Name _____

Name of minor(s) _____

All case numbers for the minor(s) _____

SOCIAL HISTORY OF PROPOSED ADOPTIVE PARENT #1 (Petitioner):

Legal name: _____ Name of Current spouse: _____
Email: _____ Former married name(s): _____
Date of birth: _____ Place of birth: _____
Present age: _____ Live Scan Completed? YES NO
Driver's license number: _____ State: _____

RESIDENCE

Address: _____ Telephone number: _____
_____ Rent Own Length of time at current residence: _____

If residing with other adults, please state name and relationship:

Name(s): _____ Birthdate: _____ Relationship: _____

HEALTH

Experiencing any health problems? _____
If so, explain: _____

Your doctor: _____ Telephone: _____
Address: _____

PREVIOUS RELATIONSHIPS/MARRIAGES THAT PRODUCED CHILDREN

Your CURRENT spouse/partner name _____
Date & Place Relationship Began: _____ Marriage Date/Place: _____

Children's Name(s) _____ Birthdate _____ Present Residence _____

Your first spouse/partner name _____
Date & Place Rel Began: Marriage Date: Sep. Date: How Terminated: Date & Place:

Children's Name(s) Birthdate Present Residence

Your next spouse/partner name _____
Date & Place Rel Began: Marriage Date: Sep. Date: How Terminated: Date & Place:

Children's Name(s) Birthdate Present Residence

EDUCATION

Highest grade in school completed: _____
List any additional training or education: _____

MILITARY SERVICE

What branch? _____ Inclusive dates of active duty: _____
Type of discharge: _____ Service number: _____

EMPLOYMENT

Job Title: _____ Employer: _____
Date Employed: _____ Salary/Month (take home): _____
Address: _____ Telephone number: _____
City: _____ Can you be contacted at work? Yes No

FINANCIAL

Monthly income: _____ Additional income: _____
(Including spouse's income)
Number of dependents: _____ Rent/Mortgage payment: _____
Other total monthly expenses (include child support payments): _____
Are you planning to apply for AFDC? Yes No MEDI-CAL? Yes No

ARREST RECORD

Have you ever been arrested? Yes No If yes, please specify the following:
Last Arrest: Where: _____ When: _____
Charge(s): _____
Previous Arrests (list when, where, and nature of charge): _____

Have you ever been on probation or parole? Yes No
Where: _____ When: _____
Probation/parole officer name: _____ Probation/parole officer tel: _____

SOCIAL HISTORY OF PROPOSED ADOPTIVE PARENT #2 (Co-petitioner – not legal parent):

Legal name: _____ Name of Current spouse: _____
Email: _____ Former married name(s): _____
Date of birth: _____ Place of birth: _____
Present age: _____ Live Scan Completed? YES NO
Driver's license number: _____ State: _____

RESIDENCE

Address: _____ Telephone number: _____
_____ Rent Own Length of time at current residence: _____

If residing with other adults, please state name and relationship:

Name(s): _____ Birthdate: _____ Relationship: _____

HEALTH

Experiencing any health problems? _____
If so, explain: _____
Your doctor: _____ Telephone: _____
Address: _____

RELATIONSHIPS/MARRIAGES THAT PRODUCED CHILDREN

Your CURRENT spouse/partner name _____
Date & Place Rel Began: _____ Marriage Date/Place: _____

<u>Children's Name(s)</u>	<u>Birthdate</u>	<u>Present Residence</u>
_____	_____	_____

Your first spouse/partner name _____
Date & Place Rel Began: _____ Marriage Date: _____ Sep. Date: _____ How Terminated: _____ Date & Place: _____

<u>Children's Name(s)</u>	<u>Birthdate</u>	<u>Present Residence</u>
_____	_____	_____

Your next spouse/partner name _____
Date & Place Rel Began: _____ Marriage Date: _____ Sep. Date: _____ How Terminated: _____ Date & Place: _____

<u>Children's Name(s)</u>	<u>Birthdate</u>	<u>Present Residence</u>
_____	_____	_____

EDUCATION

Highest grade in school completed: _____

List any additional training or education: _____

MILITARY SERVICE

What branch? _____

Inclusive dates of active duty: _____

Type of discharge: _____

Service number: _____

EMPLOYMENT

Job Title: _____

Employer: _____

Date Employed: _____

Salary/Month (take home): _____

Address: _____

Telephone number: _____

City: _____

Can you be contacted at work? Yes No

FINANCIAL

Monthly income: _____

Additional income: _____

(Including spouse's income)

Number of dependents: _____

Rent/Mortgage payment: _____

Other total monthly expenses (include child support payments): _____

Are you planning to apply for AFDC? Yes No

MEDI-CAL? Yes No

ARREST RECORD

Have you ever been arrested? Yes No

If yes, please specify the following:

Last Arrest: Where: _____

When: _____

Charge(s): _____

Previous Arrests (list when, where, and nature of charge):

Have you ever been on probation or parole? Yes No

Where: _____

When: _____

Probation/parole officer name: _____

Probation/parole officer number: _____

PETITIONER'S SPOUSE'S PREVIOUS RELATIONSHIPS THAT PRODUCED CHILDREN

Partner Name: Date & Place Rel Began: Marriage? Sep. Date: How Terminated:

Children's Name(s) Birthdate Present Residence

Partner Name: Date & Place Rel Began: Marriage? Sep. Date: How Terminated:

Children's Name(s) Birthdate Present Residence

SOCIAL HISTORY OF MINOR(S):

LEGAL NAME (as known on birth certificate): _____

Name child known by: _____

Residence: _____

Sex: _____ Bio Mom's Name: _____ Bio Dad's Name: _____

Date of birth: _____ Age: _____ Place of birth: _____

School/Daycare: _____ Grade: _____

School/Daycare Address: _____

School/Daycare Telephone: _____ E-Mail _____

Social adjustment in program: _____

Hobbies and interests: _____

Health: _____

Any known serious illnesses? If so, explain: _____

Doctor's name: _____ Tel: _____

If developmental, emotional or psychological needs are known to petitioner, give a brief statement regarding ability to meet those needs and any specific plans:

Has the minor ever received counseling/therapy? Yes No

If so, from whom? _____

Where and with whom has the child lived for the last 5 years (names; relationships; dates; places)

Has there been any discussion with the child about the adoption/termination of parental rights action?

Yes No If so, explain: _____

SOCIAL HISTORY OF MINOR(S):

LEGAL NAME (as known on birth certificate): _____

Name child known by: _____

Residence: _____

Sex: _____ Bio Mom's Name: _____ Bio Dad's Name: _____

Date of birth: _____ Age: _____ Place of birth: _____

School/Daycare: _____ Grade: _____

School/Daycare Address: _____

School/Daycare Telephone: _____ E-Mail _____

Social adjustment in program: _____

Hobbies and interests: _____

Health: _____

Any known serious illnesses? If so, explain: _____

Doctor's name: _____ Tel: _____

If developmental, emotional or psychological needs are known to petitioner, give a brief statement regarding ability to meet those needs and any specific plans:

Has the minor ever received counseling/therapy? Yes No

If so, from whom? _____

Where and with whom has the child lived for the last 5 years (names; relationships; dates; places)

Has there been any discussion with the child about the adoption/termination of parental rights action?

Yes No If so, explain: _____

Copy this page to use for each additional child being adopted

SOCIAL HISTORY OF MINOR(S):

LEGAL NAME (as known on birth certificate): _____

Name child known by: _____

Residence: _____

Sex: _____ Bio Mom's Name: _____ Bio Dad's Name: _____

Date of birth: _____ Age: _____ Place of birth: _____

School/Daycare: _____ Grade: _____

School/Daycare Address: _____

School/Daycare Telephone: _____ E-Mail _____

Social adjustment in program: _____

Hobbies and interests: _____

Health: _____

Any known serious illnesses? If so, explain: _____

Doctor's name: _____ Tel: _____

If developmental, emotional or psychological needs are known to petitioner, give a brief statement regarding ability to meet those needs and any specific plans:

Has the minor ever received counseling/therapy? Yes No

If so, from whom? _____

Where and with whom has the child lived for the last 5 years (names; relationships; dates; places)

Has there been any discussion with the child about the adoption/termination of parental rights action?

Yes No If so, explain: _____

PARENTS OF CHILD/REN:

Please be advised that the court investigator may contact the parents; current information is required:

MOTHER

Spouse of Petitioner? Yes No

Name: _____ Date of birth: _____

Other Names: _____ Place of birth: _____

Residence: _____

Telephone number: _____ Email: _____

Employment: _____ Address: _____

Job title: _____ Telephone: _____

Approximate income: _____ On child's birth certificate? Yes No

Does minor(s) see the biological mother? Yes No Explain _____

Mother's Other children: Name & DOB _____

Is the mother in agreement with a Step Parent Adoption? Yes No Not applicable

DESCRIBE YOUR PLANS IF WHEREABOUTS OF MOTHER ARE UNKNOWN _____

FATHER

Spouse of Petitioner? Yes No

FULL NAME: _____ Date of birth: _____

Other Names: _____ Place of birth: _____

Residence: _____

Telephone number: _____ Email: _____

Employment: _____ Address: _____

Job title: _____ Telephone: _____

Approximate income: _____ Is Father on the child/ren's birth certificate? Yes No

Father signed Declaration of Paternity? Yes No

Father held child out to be his own? Yes No

Does minor(s) see the father? Yes No Explain _____

Father's Other children: Name & DOB _____

Is the father in agreement with a Step Parent Adoption? Yes No Not applicable

DESCRIBE YOUR PLANS IF WHEREABOUTS OF FATHER ARE UNKNOWN _____

Were the child/ren to be adopted conceived or born while father and mother (listed above) were

married? Yes No Date/Place of Marriage: _____

Date/Place of Divorce: _____

SKIP PAGE 10 UNLESS YOU NEED TO TERMINATE A PARENT'S RIGHTS

STATEMENT OF ATTEMPTS TO CONTACT CHILD'S PARENT(S)

If you don't know where the child's parent(s) is, fill out one sheet for each parent and include everything you did.

- I sent a letter, certified with return receipt requested, addressed to the other birth parent at his or her last known address of _____
_____. (Attach receipt)
- I know for sure that the other parent left their last known address. I sent a letter to that address and wrote on the envelope: "Do not forward. Address correction requested." The post office returned the letter to me with the new address, which is _____.
- I called friends we had in common or family members of the other parent to get any information.
Name _____ Tel _____ Name _____ Tel _____
Name _____ Tel _____ Name _____ Tel _____
Name _____ Tel _____ Name _____ Tel _____
- I contact the Department of Child Support Services in my city or county to see if they had any information on the other parent. I filed for child support before. Case # _____
- I contacted the Department of Motor Vehicles (DMV) to see if they would give me any information on / /
They told me _____
- I checked the voter registration records in the county where the other parent lives or has lived.
County _____ County _____ County _____
- I called the telephone directory and asked for telephone numbers for the other parent in every city where I think the other parent could be living. Date called _____ # Called _____
- I contacted the county recorder's office in any county the other parent has lived in to find any information.
Name _____ Tel _____ Name _____ Tel _____
- I did an Internet search for the other parent. Search sites _____

- I paid a private investigator or an Internet search service to find the other parent.
Name _____ Tel _____ email _____ website _____
- I did the following to find the other parent: _____

Briefly explain why you are petitioning to terminate a parent's rights.

Additional comments:

I, _____ certify under penalty of perjury that the foregoing is true and
(name of potential adoptive parent)
correct to the best of my knowledge.

Dated: _____ at _____, California

Signature: _____

I, _____ certify under penalty of perjury that the foregoing is true and
(name of 2nd potential adoptive parent)
correct to the best of my knowledge.

Dated: _____ at _____, California

Signature: _____

Note: If another person helped or filled out this document for you, that person must also sign the acknowledgement under penalty of perjury.

Dated: _____ Signature: _____

Print or type name: _____



SUPERIOR COURT OF CALIFORNIA
COUNTY OF MONTEREY

1200 Aguajito Road • Monterey, California • 93940

Tel (831) 647-5891 Fax (831) 647-5899

www.monterey.courts.ca.gov

INFORMATION RELEASE FORM FOR EACH POTENTIAL ADOPTIVE PARENT

FORMULARIO DE DIVULGACIÓN DE INFORMACIÓN POR EL PADRE ADOPTIVO POTENCIAL

Court Case Number/Numero del Caso: _____

I, _____ authorize any public agency, medical physician, psychologist, treating therapist, drug and/or alcohol treatment program, hospital, law enforcement agency, teacher, counselor or child care provider possessing information about me confidential or otherwise, to release this information, including copies, to the Family Court Services Investigator. I understand this information will be used as the Court may deem fit and proper. I understand I may be required to seek from my physician a signed HPPA Authorization form for release of information to the Family Court Services Investigator. This release shall remain valid for one year from the date signed.

Yo, _____ autorizo a cualquier agencia pública, médico, psicólogo, terapeuta de tratamiento, programa de tratamiento de drogas y/o alcohol, hospital, agencia de cumplimiento de la ley, maestro, consejero o proveedor de cuidado infantil que posea información sobre mí, confidencial o de lo contrario, para divulgar esta información, incluidas las copias, al Investigador de Servicios de la Corte Familiar. Entiendo que esta información se utilizará como el Tribunal lo considere apropiado. Entiendo que se me puede solicitar que solicite a mi médico un formulario de Autorización de HPPA firmado para divulgar información al Investigador de Servicios de la Corte Familiar. Esta versión seguirá siendo válida por un año después de la fecha firmada.

Date Signed/Fecha de Firma

Signature/Firma

Date of Birth/Fecha de Nacimiento

Print Name/Imprimir Nombre



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INFORMATION RELEASE FORM FOR CHILD(REN)'S LEGAL GUARDIAN
FORMULARIO DE DIVULGACIÓN DE INFORMACIÓN POR EL PADRE LEGAL DE HIJO(S)

Court Case Number/Numero del Caso: _____

I, _____ authorize any public agency, medical physician, psychologist, treating therapist, drug and/or alcohol treatment program, hospital, law enforcement agency, teacher, counselor or child care provider possessing information about my minor child[ren], confidential or otherwise, to release this information, including copies, to the Family Court Services Investigator. I consent to my child[ren] being interviewed by the Investigator. I understand this information will be used as the Court may deem fit and proper. I understand I may be required to seek from my physician a signed HPPA Authorization form for release of information to the Family Court Services Investigator. This release shall remain valid for one year from the date signed.

Yo, _____ autorizo a cualquier agencia pública, médico, psicólogo, terapeuta de tratamiento, programa de tratamiento de drogas y/o alcohol, hospital, agencia de cumplimiento de la ley, maestro, consejero o proveedor de cuidado infantil que posea información sobre mis hijos menores, confidencial o de lo contrario, para divulgar esta información, incluidas las copias, al Investigador de Servicios de la Corte Familiar. Doy mi consentimiento para que mi(s) hijo(s) sea entrevistado (a) por el Investigador. Entiendo que esta información se utilizará como el Tribunal lo considere apropiado. Entiendo que se me puede solicitar que solicite a mi médico un formulario de Autorización de HPPA firmado para divulgar información al Investigador de Servicios de la Corte Familiar. Esta versión seguirá siendo válida por un año después de la fecha firmada.

Date Signed/Fecha de Firma

Signature/Firma

Date of Birth/Fecha de Nacimiento

Print Name/Imprimir Nombre

Name of Child/Nombre del Niño:

Child's Date of Birth/Fecha de Nacimiento:



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

J27100 _____ Stepparent Adoption
ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____

SPA or Freedom Investigation _____
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

Superior Court of California, County of Monterey _____ 24538 _____
Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____

1200 Aguajito Road, Room 303 _____ Christine D. Byers _____
Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____

Monterey _____ CA _____ 93940 _____ (831) 647-5823 _____
City _____ State _____ ZIP Code _____ Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name _____ First _____ Suffix _____
(AKA or Alias) Last _____

Date of Birth _____ Sex Male Female _____ Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number _____
(Agency Billing Number) _____

Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____
(Other Identification Number) _____

Home Address _____ City _____ State _____ ZIP Code _____
Street Address or P.O. Box _____

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number) _____ (If the Level of Service Indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI)

If re-submission, list original ATI number: _____ Original ATI Number _____
(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

Employer Name _____ Mail Code (five digit code assigned by DOJ) _____

Street Address or P.O. Box _____

City _____ State _____ ZIP Code _____ Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____

ORIGINAL - Live Scan Operator

SECOND COPY - Applicant

THIRD COPY (if needed) - Requesting Agency



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170

LIVE SCAN FINGERPRINT LOCATIONS

Location	Hours	Rolling fee	Acceptable Forms of Payment
Murray Mobile Live Scan & Notary Services (831) 224-3480 rmurray576@sbcglobal.net Mobile services are available	Weekdays Appt. only Weekends Appt. only	\$30.00 Additional fees may also be required (e.g., license or certification fees).	Cash Cashier's Check Company Checks Money Order
Carmel Police Department South East Corner of Junipero & 4th Carmel, CA 93921 (831) 620-2037 or (831) 624-6403 Please reference Dawn for appointment dalmario@ci.carmel.ca.us	Weekdays Appt. only 8:00 am to 2:00 pm	\$31.00 Additional fees may also be required (e.g., license or certification fees).	Billing Accounts Cash Checks Credit Cards Debit Cards
Carmel Office Supply and Business Center Lincoln Street SE of Ocean Avenue (near the Cypress Inn Hotel) Carmel-by-the-Sea, CA 93921 (831) 624-1800 sales@carmelofficesupply.com Mobile services are available	Weekdays Walk-ins 9:30am to 5:00pm Saturday Walk-ins 11:00am to 4:30pm	\$25.00 Additional fees may also be required (e.g., license or certification fees).	Billing Accounts Cash Checks Company Checks Corporate Accounts Credit Cards Debit Cards
Uretsky Security 201 Calle Del Oaks ., Suite D Del Rey Oaks, CA 93940 (831) 324-0687 info@uretskysecurity.com Mobile services are available	Mon - Fri Walk-ins 10:00 am to 2:00 pm Mon - Fri Appt. (All day) Weekends Appt. only (All day)	\$25.00 Additional fees may also be required (e.g., license or certification fees).	Cash Cashier's Check Money Order Checks
Gonzales Police Department 109 4th Street Gonzales, CA 93926 (831) 675-5010	Monday Appt. only 9:00 am to 4:00 pm Wednesday Appt. only 9:00 am to 4:00 pm Friday Appt. only 9:00 am to 4:00 pm	\$30.00 Additional fees may also be required (e.g., license or certification fees).	Cash Checks
King City Police Department 415 Bassett Street King City, CA 93930 (831) 385-4848 jpina@kingcity.com	Tuesday Walk-ins 2:00 pm to 4:00 pm Thursday Walk-ins 2:00 pm to 4:00 pm	\$32.50 Additional fees may also be required (e.g., license or certification fees).	Cash Cashier's Check Checks Company Checks Money Order
3rd Watch Security and Investigations, Inc 761 Lighthouse Ave Monterey, CA 93940 (831) 856-5252 snewton@3rdwatchsecurity.org Mobile services are available	Weekdays Walk-ins & Appointments 9:00 am to 3:00 pm	\$30.00 Additional fees may also be required (e.g., license or certification fees).	Billing Accounts Cash Cashier's Check Company Checks Credit Cards Money Order

Location	Hours	Rolling fee	Acceptable Forms of Payment
Certifix Live Scan dbw The Mail Box 177 Webster Street Monterey, CA 93940 1 (831) 238-9661 info@certifixlivescan.com	Weekdays Walk-ins 9:00 am to 4:30 pm	\$25.00 Additional fees may also be required (e.g., license or certification fees).	Billing Accounts Cash Cashier's Check Checks Company Checks Corporate Accounts Credit Cards Debit Cards Money Order
Monterey Police Department 351 Madison Street Monterey, CA 93940 (831) 646-3830	Wednesday Appt. only 9:00 am to 5:00 pm	\$33.00 Additional fees may also be required (e.g., license or certification fees).	Cash Cashier's Check Checks Credit Cards Debit Cards Money Order
The UPS Store #1098 395 Del Monte Center Monterey, CA 93940 (831) 655-0266 store1098@theupsstore.com Mobile services are available	Weekdays Walk-ins 8:30 am to 7:00 pm Saturday Appt. only 10:00 am to 5:00 pm Sunday Appt. only 12:00pm to 4:00 pm	\$30.00 Additional fees may also be required (e.g., license or certification fees).	Billing Accounts Cash Corporate Accounts Credit Cards Debit Cards
Pacific Grove Police Department 580 Pine Avenue Pacific Grove, CA 93950 (831) 648-3143 pgpdrecords@cityofpacificgrove.org	Wednesday Appt. only 9:00 am to 3:00 pm	\$26.00 Additional fees may also be required (e.g., license or certification fees).	Cash Checks Credit Cards Debit Cards
Allegiant Protection Services Inc. 36 Quail Run Circle Suite 100U Salinas, CA 93907 (831) 809-9779 aj@allegianttps.com Mobile services are available	Tuesday Walk-ins & Appt. 9:00am to 5:00pm Wednesday Walk-ins & Appt. 9:00am to 5:00pm Thursday Walk-ins & Appt. 9:00am to 5:00pm Monday & Friday Appt. only	\$25.00 Additional fees may also be required (e.g., license or certification fees).	Billing Accounts Cash Cashier's Check Company Checks Credit Cards Debit Cards Money Order Checks
Certifix Live Scan dbw G & G Services dba The UPS Store 0658 1628 N. Main Street Salinas, CA 93906 1 (831) 296-3621 store0658@theupsstore.com	Weekdays Walk-ins 8:00am to 6:30pm Saturday Appt. only	\$30.00 Additional fees may also be required (e.g., license or certification fees).	Billing Accounts Cash Credit Cards Debit Cards
Kysmet Services 21 W. Laurel Drive Suite #49 Salinas, CA 93906 (831) 998-7963 kysmet@yahoo.com	Weekdays Walk-ins & Appointments 10:00 am to 6:00 pm	\$20.00 Additional fees may also be required (e.g., license or certification fees).	Cash Cashier's Check Company Checks Credit Cards Debit Cards Money Order

Location	Hours	Rolling fee	Acceptable Forms of Payment
Monterey County Sheriff's Department 1414 Natividad Road Salinas, CA 93906 (831) 755-3700	Mon - Fri Appt. only 8:30 am to 4:00 pm	\$20.00 Additional fees may also be required (e.g., license or certification fees).	Cash Cashier's Check Credit Cards Money Order Checks
Rapido Vehicle Registration Services 725 E. Market Street Salinas, CA 93905 (831) 751-3284 livescan@veliamo.com	Weekdays Walk-ins & Appts. 10:00am-7:00pm Saturday Walk-ins & Appts. 10:00am-5:00pm Sunday Walk-ins & Appts. 10:00am-2:00pm	\$30.00 Additional fees may also be required (e.g., license or certification fees).	Billing Accounts Cash Cashier's Check Company Checks Corporate Accounts Credit Cards Debit Cards Money Order
The Post Box 820 Park Row Salinas, CA 93901 (831) 757-7678 Mobile services are available	Weekdays Walk-ins 8:30 am to 5:30 pm Saturday Walk-ins 9:00 am to 1:00 pm	\$25.00 Additional fees may also be required (e.g., license or certification fees).	Billing Accounts Cash Company Checks Corporate Accounts Credit Cards Debit Cards
The UPS Store #6839 1320 S. Main Street Suite B Salinas, CA 93901 (831) 272-6829 store6839@theupsstore.com Mobile services are available	Weekdays Walk-ins 8:00 am to 6:30 pm	\$25.00 Additional fees may also be required (e.g., license or certification fees).	Cash Credit Cards Debit Cards
CSU Monterey Bay Police Department 100 Campus Center Drive Suite #82-E Seaside, CA 93955 (831) 582-3573 parking@csumb.edu	Weekdays Appt. only 8:30 am to 3:30 pm	\$20.00 Additional fees may also be required (e.g., license or certification fees).	Cash Checks
The UPS Store #1075 1130 Fremont Blvd., Suite 105 Seaside, CA 93955 (831) 394-8233 store1075@theupsstore.com Mobile services are available	Weekdays Walk-ins & Appointments 8:00 am to 5:00 pm	\$30.00 Additional fees may also be required (e.g., license or certification fees).	Billing Accounts Cash Corporate Accounts Credit Cards Debit Cards
Soledad Police Department 236 Main Street Soledad, CA 93960 (831) 223-5120	Tuesday, Wednesday & Thursday Walk-ins & Appointments 10:00am-12:00pm OR 2:00pm-4:00pm	\$35.00	Billing Accounts Cash Cashier's Check Company Checks Credit Cards Debit Cards Money Order

Original for Court Record
Certified Copy for State Department of Social Services

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF _____

In the Matter of the Petition of

Petitioner



STEPPARENT ADOPTION

Consent to Adoption by a Parent in or outside of California Giving Custody to Husband or Wife or Domestic Partner of Other Parent

I, being the parent of _____ (Gender: M F N) do hereby give
Name of Minor child

my full and free consent to the adoption of said child by _____,
Name of Petitioner (Stepparent)

The petitioner herein, it being fully understood by me that with the signing of this document my consent may not be withdrawn except with court approval and that with the signing of the order of adoption by the court, I shall give up all my rights of custody; services, and earning of said child, and that said child cannot be reclaimed by me.

Said child was born on _____ in _____
Date City and State

And is the child of _____ and _____
Name of Birth Parent Name of Birth Parent

DATE _____
Signature of Parent

WITNESS BY:

If this form is being signed in the State of California the Clerk of the Superior Court, the Probation Officer, qualified court investigator or; where stepparent investigations are delegated to County Welfare Departments, a County Welfare Department Staff member may witness. [Family Code § 9003]

If this form is being signed outside the State of California only a notary or other person authorized to perform notary acts within that state can witness.

Table with 2 columns: Witness Information and Agency/Title/Date. Rows include: SIGNED IN COUNTY/STATE, NAME OF AGENCY; NAME OF WITNESS, TITLE OF WITNESS; SIGNATURE OF WITNESS, DATE.

COMPLETED BY NOTARY PUBLIC

Complete this section when the form is not being signed in the presence of an agency representative.

The Notary Public must staple the acknowledgement document to this form and sign and date.

Table with 2 columns: Notary Signature and Date.

NOTICE TO THE BIRTH PARENT WHO CONSENTS TO THE CHILD'S ADOPTION: If you and your child lived together at any time as parent and child, the adoption of your child by a stepparent does not affect the child's right to inherit your property or the property of blood relatives. For further information regarding inheritance rights, you should consult an attorney at your expense.

This form to be used only when parent is giving custody of the child to the husband or wife or domestic partner, as defined in Family Code Section 297, or other parent. Original for court record.

Original for Court Record
Certified Copy for State Department of Social Services

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF _____**

STEPPARENT ADOPTION

*Consent to Adoption by a Parent
Retaining Custody*

In the Matter of the Petition of

Petitioner



I, the undersigned, being the parent of _____ give my full and
Name of Minor

Free consent to the adoption of said child by _____, who is
Name of Petitioner (Stepparent)

my husband/wife/domestic partner without relinquishing any of my rights, duties, obligations as his/her parent, and I respectfully ask
that the petition be granted.

Said child was born on _____ in _____ and is the child
Date City and State

of _____ and _____
Name of Legal Parent Name of Legal Parent

Date _____ 20 _____
Signature of Parent

Signed in the presence of

*Title

* The Clerk of the Superior Court, the Probation Officer, or, where stepparent investigations are delegated to County Welfare Departments, a County Welfare Department Staff member may witness.

This form for use only when person giving consent is husband or wife of petitioner or domestic partner, as defined in Family Code Section 297, of petitioner.

Original for court record, certified copy to be sent immediately to California Department of Social Services, Sacramento.