**Direct Examination of [PETITIONER]:**

**Goals**:

1. **Background**
2. **Child’s best interests:**
   1. Establish continuity of care
   2. Stable + permanent home
      1. Quality of interaction between petitioner and child
      2. Stability: [PETITIONER]’s role as caregiver & disciplinarian (incl. 6 mo. req.)
      3. Stability: [CHILD]’s relationship with others in the home
      4. Stability: [CHILD]’s relationship with [PETITIONER]’s extended family
      5. Stability + Permanency: [PETITIONER]’s contingency plan for [CHILD]
3. **Petitioner is fit: able to give child proper home and education**
   1. [PETITIONER]’s Education
   2. [PETITIONER]’s Employment
   3. Home Environment
4. **Physical, mental and emotional health of all parties:**
   1. [PETITIONER]
   2. [PETITIONER]’s parents
   3. Decisive: [CHILD], including [PETITIONER]’s efforts to address [HIS/HER] delayed speech
   4. Religion
   5. [CHILD]’s biological parents: highlight drug dependency (health issues; unfitness)
5. **Conclusion**

**Background**:

1. Good morning. Please state only your initials for the record.
   1. *[PETITIONER]*
2. Please state your age and date of birth.
   1. *[AGE]*
   2. *[PETITIONER DOB]*
3. In what state do you reside?
   1. *[STATE]*
4. How long have you lived at your home in [STATE]?
   1. *[NUMBER] years*
5. [PETITIONER], does anyone else live with you at your home?
   1. *Yes.*
6. Who are the other individuals?
   1. *My parents*
      1. Ages? *Mother is [AGE] and Father is [AGE].*
   2. *My niece and her daughter*
      1. Ages? *[AGE] years and [AGE] years old*
7. Are you married?
   1. *No.*
8. Have you ever been married?
   1. No.
9. Do you have any other children?
   1. *No.*

**Continuity of Care**

1. [PETITIONER]. do you know [CHILD]?
   1. *Yes.*
2. Have you filed a petition to adopt [HIM/HER]?
   1. *Yes.*
   2. *When?*
      1. *In [YEAR]*
3. How do you know [CHILD]?
   1. *Foster child.*
      1. Have you been a foster parent before?
         1. *No.*
      2. Why did you decide to become a foster parent?
         1. *Heard a lot of stories about kids needing home and sometimes get bad homes and I thought I could provide a safe environment for a child.*
         2. *Always intending to adopt*
4. How long have you known [CHILD]?
   1. *2.5 years*
5. Under what circumstances did you first meet [CHILD]?
   1. *[HE/SHE] came to [HIS/HER] home as a foster child*
6. And how old was he when you first met [HIM/HER]?
   1. *[NUMBER] months*
7. What is [CHILD]’s birth date?
   1. *[CHILD DOB]*
8. And how old is [CHILD] now?
   1. *[HE/SHE] is [AGE]*
9. [PETITIONER]. please describe how you feel about [CHILD].
   1. *I am attached to [HIM/HER], fall in love with [HIM/HER], [HE/SHE] is part of my family.*
10. When did he come to live with you?
    1. *[MONTH YEAR].*
11. Has [CHILD] continually lived with you since [MONTH YEAR]?
    1. *Yes.*
12. Where did [HE/SHE] live before he lived with you?
    1. *Lived with [HIS/HER] [MOTHER/FATHER]*
13. How would you describe [CHILD]’s personality?
    1. *rambunctious; energetic; curious; affectionate; happy kid, with a great personality. Likes to try new and exciting things. Very well-rounded child.* 
       * 1. What about [HIS/HER] physical appearance?
            1. *Tall and handsome*
14. Since [CHILD] came to live with you, has [HE/SHE] changed at all?
    1. *Yes.*
       1. Can you please provide a few details about how [HE/SHE] has changed?
          1. *At first [HE/SHE] wasn’t talking; now [HE/SHE] is; more open*
          2. *[HE/SHE] was very aggressive when [HE/SHE] first came. Could not express [HIM/HER]self verbally. [HE/SHE] is less aggressive, talks, can spell [HIS/HER] name.*
          3. *More social.*

**Stable + Permanent Home:**

* **Relationship between [PETITIONER] and [CHILD]**

1. How would you describe your relationship with [CHILD]?
   1. *Loving parent-child relationship*
2. How does [HE/SHE] refer to you? (What does [HE/SHE] call you?)
   1. *[MOM/DAD]*
3. Who is [CHILD]’s primary caregiver?
   1. *I am.*
      1. Who watches [CHILD] during the week, specifically during the day?
         1. *[HE/SHE] attends daycare.*
         2. *[HE/SHE] also attends school 3x per week in the mornings.*
      2. Who watches [CHILD] in the evenings?
         1. *I do.*
         2. *Anyone else? Family members?*
            1. *One of her nieces will watch him when she is busy, sometimes mother.*
      3. What about on weekends?
         1. *I do*
      4. Who is responsible for arranging [CHILD]’s childcare and day-to-day activities?
         1. *I am.*
4. Can you describe an average day with [CHILD]?
   1. *Get ready in the morning, go to daycare. Do fun stuff in the afternoons and on the weekends, for example, have an amusement park pass and go there.*
   2. *Overnight routine?*
      1. *Takes a bath, brushes teeth, read a story and go to bed.*
5. What kinds of activities does [CHILD] like to do?
   1. *Ride [HIS/HER] bike, swim, loves action figures and spiderman*
   2. *Does [HE/SHE] like to socialize with other kids?*
      1. *Yes, very social. Some kids from daycare also go to our church. play with my niece’s child who is around the same age,*
6. Please describe a typical weekend for [CHILD].
   1. *During summer, we do outside activities. E.g. go to the beach for the day, walk on the boardwalk. Sometimes we go to the movies.*
   2. *Family activities, e.g. 4th of July we had a cookout.*
7. What kinds of activities do you and [CHILD] like to do together?
   1. *Church*
   2. *Go to movies together*
   3. *Family meals*
   4. *Last year, went to Disneyland for Christmas*
8. [PETITIONER], do you discipline [CHILD]?
   1. *Yes.*
9. How do you discipline [CHILD]?
   1. *[HE/SHE]’s young, so I usually make [HIM/HER] sit on a chair for a minute for time-out.*
10. How does [HE/SHE] respond to this discipline?
    1. *[HE/SHE] does not like it.*
11. How will your disciplinary methods change as [CHILD] gets older?
    1. *[HE/SHE] understands more, as [HE/SHE] gets older, we will be able to talk about why it is wrong.*
12. Do you consider [CHILD] to be a part of your immediate family?
    1. *Yes.*
    2. *I took [HIM/HER] to a family reunion last year.*

* **Relationship between [PETITIONER]’s parents and [CHILD]**:

1. Does [CHILD] interact with your parents?
   1. *Yes*
2. How would you describe the relationship between [CHILD] and your parents?
   1. *It’s a normal grandparent-grandchild relationship.*
3. What does [CHILD] call them?
   1. *Grandpa and Granny.*
4. Do your parents consider [CHILD] to be a part of the immediate family?
   1. *Yes*
      1. Follow up:
         1. Do your parents have other grandchildren?
         2. How do they treat them?
         3. How does that compare to how they treat [CHILD]?
5. What kinds of activities do they do together?
   1. *My parents interact with [HIM/HER] – they watch videos, play ball with [HIM/HER]. My mother says goodbye to [HIM/HER] in the morning.*
6. Were you parents supportive of your decision to adopt [CHILD]?
   1. *Yes* 
      1. Follow up:
         1. How do you know that they are supportive of your decision?
            1. *I asked them. [HE/SHE] just felt like a part of the family from day one.*

* **Relationship between [PETITIONER]’s niece + child and [CHILD]**:

1. [PETITIONER]., you mentioned that your niece, [NIECE], and her daughter, [DAUGHTER], live with you. Does [CHILD] interact with them?
   1. *X.*
2. How would you describe the relationship between your niece and [CHILD]?
   1. *X.*
3. How do they interact?
   1. *X.*
4. In your opinion, does [CHILD] enjoy playing with [DAUGHTER]?
   1. *X.*

* **Extended Family Relationship with [CHILD]**

1. [PETITIONER]., where does your extended family live?
   1. *[STATE]*
2. Who comprises your extended family?
   1. *I have two brothers and a sister. They also have children, but they’re much older.*
3. Has [CHILD] had interactions with any of them?
   1. *Yes.*
4. Can you describe those interactions?
   1. *We all get together one to two times per month. See them at family reunions and weddings.*
   2. *Spend all holidays together. For Christmas, we had brunch together and went to a Christmas play.*
   3. *[CHILD] knows all of them and even talks to them on the phone.*
5. To your knowledge, are they supportive of your decision to adopt [CHILD]?
   1. *Yes*

* **Future Plans**

1. [PETITIONER]., if anything were to happen to you, who would take care of [CHILD]?
   1. *My youngest brother.*
   2. What is his name?
   3. Age?
      1. *He is [AGE].*
   4. Can you describe his health?
      1. *He is in good health*
   5. What is their relationship like now?
      1. *They have a good relationship, gets excited when [HE/SHE] thinks [HE/SHE] sees his car.*

**Petitioner is Fit: Able to Give Child Proper Home and Education**:

[PETITIONER]., now I am going to ask you some questions about yourself:

* **Education:**

1. What is your highest level of education?
   1. *Graduate School.*
      1. What kind of graduate school did you attend?
         1. *[TYPE/PROFESSION]*
2. Where did you attend school?
   1. *[SCHOOL NAME]*
3. When did you graduate?
   1. *[YEAR]*

* **Employment**:

1. [PETITIONER]., are you currently employed?
   1. *Yes.*
2. What is your current occupation?
   1. *[OCCUPATION]*
3. Can you please describe your employment as a [OCCUPATION]?
   1. I work 4 days a week. Office in [CITY].
   2. *Self-employed*
   3. *Staff members*
   4. *Location of Office*
   5. *Types of Services*
      1. *[DESCRIBE]*
4. What are your typical hours?
   1. [HOURS], [DAYS]
5. Are you ever on-call? or (do you take emergency calls?)
   * 1. *No*

* **Home Environment**:

1. [PETITIONER]., you mentioned previously that you live in [STATE], with your parents, your niece, and her child. Could you please describe your home?
   1. *[NUMBER] bedroom home;*
   2. *everyone has their own room;*
   3. *Fenced in backyard (is there a swing set or toys for a [AGE] year old to play with?)*
   4. *large basement*
      1. If necessary: does [CHILD] have [HIS/HER] own room?
         1. *Yes.*
2. What is [CHILD]’s room like?
   1. *[DESCRIBE]*
3. Can you describe the rest of the rooms in the home?
   1. Open concept – can see the rooms, very open
4. What is the neighborhood like where you live?
   1. *Family-oriented with a lot of children. Lots of people ride their bikes around the neighborhood. There is a playground in the development.*
      1. Is it a neighborhood? Are there other children in the area? Is the house on a busy road? Are there parks or playgrounds nearby?
5. [PETITIONER]., do you own your home?
   1. *Yes.*
6. Are you a licensed foster parent?
   1. *Yes.*
      1. Follow-up:
         1. When did you become licensed?
            1. *[YEAR]*
7. What agency licensed you?
   1. *[AGENCY NAME]*
8. What steps did you take to become licensed?
   1. *Had to do a course, complete some requirements like first aid, CPR, paperwork, background checks.* 
      1. Follow-up:
         1. Were there any obstacles to you becoming licensed?
            1. *No.*
9. Have any other foster children been placed in your home?
   1. *No.*
10. Do you have plans to take any more foster children into your home?
    1. *Maybe.*
11. Has anyone visited your home in relation to [CHILD]?
    1. *Yes*
       1. If yes:
          1. Who?
             1. [HIS/HER] social worker, [SOCIAL WORKER].
             2. [HIS/HER] lawyer, [LAWYER].
          2. How often?
             1. [SOCIAL WORKER] comes every month,
             2. [LAWYER] comes periodically throughout the year

**Physical, Mental, and Emotional Health of All Parties**

* **[PETITIONER]:**

1. [PETITIONER]., do you have any physical conditions that might impair your ability to take care of [CHILD]?
   1. *No*
2. How is your mental and emotional health?
   1. *Good.*
3. Do you currently take any medications?
   1. *No.*

* **[PETITIONER]’s parents**:

1. [PETITIONER]., are your parents in good physical health?
   1. *My mother has some problems of typical older age – [CONDITIONS]*
   2. *Father had [CONDITIONS] but otherwise in good health.*
      1. If any problems: would those conditions impede their ability to help you care for [CHILD]?
2. Do your parents have any mental or emotional issues?
   1. *No.*

* **[CHILD]**:

1. [PETITIONER]., how is [CHILD]’s physical health?
   1. *Great. [HE/SHE]’s a very active child.*
2. Do you take [HIM/HER] to the doctor?
   1. *Yes*
3. Who takes [HIM/HER] to the doctor?
   1. *I do*
4. When was [CHILD]’s last check-up?
   1. *[MONTH YEAR]*
5. Did [HIS/HER] doctor express any concerns about [HIM/HER] at that visit?
   1. *No*
6. When is next check up scheduled for?
   1. *[MONTH YEAR]*
7. Is [CHILD] up-to-date on all of [HIS/HER] immunizations?
   1. *Yes*
8. Does [CHILD] take any medications, either prescription or over-the-counter?
   1. *No.*
9. Does [CHILD] have any special education needs?
   1. *Yes.*
10. Please describe [CHILD]’s special education needs.
    1. *Has problems with language.*
11. What are you doing to address [HIS/HER] special needs?
    1. *[CHILD] attends a special school [#] days a week.*
       1. What school does [HE/SHE] attend?
          1. *[SCHOOL]*
       2. Where is this school located?
          1. *[CITY STATE]*
       3. What kind of services do they provide for [CHILD]?
          1. *They help [HIM/HER]with behavior, making it easier for [HIM/HER] to learn.*
          2. *Whole class is special needs, so they address speech issues in the classroom.*
12. You mentioned earlier that [HE/SHE] goes to daycare. Where is that?
    1. *[HE/SHE] attends a home-based Daycare; good for [HIM/HER]* *to be around other children and interact with them. Smaller, more structured.* 
       1. What daycare does he attend?
          1. *[DAYCARE]*
13. And in your opinion, since [CHILD] started daycare, have you noticed any changes in [HIS/HER] speech?
    1. *Yes, being around other children has improved [HIS/HER] speech and social skills. [HE/SHE] was also active, but used to have trouble communicating verbally.*
14. What are your educational goals for [CHILD]?
    1. *Longterm, will go to private school.*
    2. *Would like [HIM/HER]* *to go to college, trade or military school, so [HE/SHE] can have a career.* 
       1. Follow-up if necessary:
          1. Short term goals?
          2. Long term goals?

**Religion**:

1. [PETITIONER]., do you attend church?
   1. *Yes.*
2. Where do you attend church?
   1. *[CHURCH] [CITY STATE]*
3. What denomination is the church?
   1. *[DENOMINATION].*
4. How often do you go to church?
   1. *Every week.*
5. Do you take [CHILD] with you?
   1. *yes*
6. Does [HE/SHE] enjoy it?
   1. *Looks forward to going*

**Biological parents**

1. Has anyone claiming to be [CHILD]’s biological father ever contacted you?
   1. *No.*
2. If your petition is granted, will you allow [HIM/HER] to visit with [HIS/HER] biological mother?
   1. Yes, if I think it will be good for [HIM/HER] and [HE/SHE] wants to. But she has not come to a visit since [MONTH], so if she does not come to scheduled visits, I think it would be confusing for [HIM/HER].

**Conclusion**:

1. [PETITIONER]., if your petition for adoption of [CHILD] was granted, how would you feel?
   1. *I would be very happy.*
2. Do you have any reservations about adopting [CHILD]?
   1. *No.*
3. What kind of future do you envision for [CHILD]?
   1. *I think [HE/SHE] will do great, [HE/SHE] is thriving now. [HE/SHE] will continue to thrive. I think [HE/SHE] will be a well-rounded person and a good member of society.*