

County of: _____	Court File Number: _____
Judicial District: _____	Case Type: <u>Adoption – Stepparent</u>

**In Re the Petition of:**

\_\_\_\_\_  
Petitioner (Parent)

AND

\_\_\_\_\_  
Petitioner (Stepparent)

**to Adopt:**

\_\_\_\_\_  
Child (Current Name)

\_\_\_\_\_  
Child (Current Name)

\_\_\_\_\_  
Child (Current Name)

**Affidavit in Place of Postplacement Assessment Report (ADO210)**

Petitioners state as follows:

1. Petitioners have asked that the Court waive the Postplacement Assessment. This *Affidavit* is being filed in place of the Postplacement Assessment Report.
2. Petitioners were married on \_\_\_\_\_ (date), in the following location:  
City: \_\_\_\_\_  
County: \_\_\_\_\_  
State: \_\_\_\_\_
3. Each Petitioner should answer the questions in A through L below. For every “Yes” answer, give a detailed explanation on another sheet of paper that you will include with this *Affidavit*. You can label the paper something like “Attachment to Affidavit – Explanations of ‘Yes’ Answers.”

	Question	Parent Response	Stepparent Response
<b>A</b>	Is the other birth parent contesting this adoption?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B</b>	Are any of the children you are seeking to adopt age 14 or older? If "Yes," each of those children must consent in writing to the adoption (see Form ADO204 on the MN Judicial Branch website).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>C</b>	Are there any siblings of the children being adopted who are not included in the adoption request?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D</b>	Have you ever been divorced or had a marriage annulled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>E</b>	Do you have any children from any prior marriages or relationships living in the home with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b>	Are you under a court order for payment of child support in Minnesota or any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>G</b>	Has any action for mental commitment or involuntary hospitalization been taken against you in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>H</b>	Have you or any member of your immediate family participated in family support services (for example: family counseling, individual therapy, parenting classes, etc.) either voluntarily or involuntarily?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I</b>	Have you been involved in any involuntary child welfare intervention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>J</b>	Have you ever been the subject of a report for child dependency/neglect, child abuse, sexual abuse, or domestic violence in Minnesota or any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>K</b>	Have you ever been arrested for or convicted of a felony or gross misdemeanor (including DWI, sex offense, or assault)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>L</b>	Has involvement with drugs or alcohol brought you into contact with any of the following systems: courts, counseling, treatment, hospitalization, law enforcement, or social services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. List where each of you has lived during the last five years, including street address, city, state, zip code, and approximate dates.

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Dates: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Dates: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Dates: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Dates: \_\_\_\_\_

*If you need space for additional addresses, include another sheet of paper. You can label it something like "Attachment to Affidavit – Previous Addresses."*

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116

Date: \_\_\_\_\_  
\_\_\_\_\_ Petitioner/Parent

County and state where signed:  
\_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_ Petitioner/Stepparent

County and state where signed:  
\_\_\_\_\_