

38th Circuit Court of Monroe, Family Division

Petititioner's Filing Instructions – Adult Adoption (Case type AB)

The following instructions are designed to assist you in petitioning the court for adoption.

You must be a resident of Monroe County to file a Petition for Adoption in Monroe County. Proof of residency is required.

REQUIRED FEES

FILING FEE - \$175 (*\$182.25 if paying with a credit card*)

NEW BIRTH CERTIFICATE – (*Fees vary according to state of birth. Michigan fee = \$50*)

FORMS NEEDED

1. Petition for adoption (PCA 301)
2. Confidential case inventory (MC 21)
3. Petitioner's Verified Accounting ((PC 347)
4. Certified copy of birth certificate of adoptee
5. Copy of birth certificate of petitioner
6. Copy of marriage license
7. Adoptive History Report

After the Petition for Adoption and supporting documents have been submitted to the court, the following will occur:

- **Notice of hearing**
- **Before adoption can be confirmed, any adoptee 22 years of age or older wishing to change their name must be fingerprinted. (Adoption supervisor will provide name change instructions.)**
- **All interested parties must be served with a letter supplied by the court regarding the adoption taking place.**

| | | |
|---|--|-------------------------|
| 38th STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION MONROE COUNTY | PETITION FOR ADOPTION <input type="checkbox"/> Related Within 5th Degree <input type="checkbox"/> Other (Excluding Direct Adoption) | FILE NO. |
|---|--|-------------------------|

Note: For stepparent adoptions, use form PCA 301b.

In the matter of _____, adoptee
Full name of child

The petitioners are:

| Name | Relationship to Adoptee | Address, City, State, Zip | Date and Place of Birth |
|---|-------------------------|---------------------------|-------------------------|
| <input type="checkbox"/> Adopting parent Maiden: _____ | | | |
| <input type="checkbox"/> Adopting parent Maiden: _____ | | | |

Each adopting petitioner states:

1. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

2. I desire to adopt: _____ Birth date and time _____
 Full name of child (type or print) _____

 City, county, and state of birth _____

 Current residential address (if known) _____

3. The adoptee will be my heir at law.

not be changed.

4. The adoptee's name will be changed to _____
 First Middle Last

5. The adoptee's property is _____

6. a. The adoptee's parents are

| | | | |
|-------------------------------------|------------------|---|------------------|
| Father's name (type or print) _____ | Birth date _____ | Mother's name and maiden name (type or print) _____ | Birth date _____ |
| Address _____ | | Address _____ | |
| City, state, zip _____ | | City, state, zip _____ | |

b. The rights of the parents have been terminated by a court of competent jurisdiction and parental rights are vested in _____
 Name and address of court or agency _____

(See additional pages)

Do not write below this line - For court use only

7. The adoptee's court-appointed guardian and/or conservator is/are (attach copy[ies] of letters of authority)

Name(s) and address(es)

8. The adoptee has been living with the petitioners in their home for _____ months before filing this petition.

9. I have been unable to obtain the required consent to adopt the child from the court, Michigan Department of Health and Human Services or child-placing agency having permanent custody, or from the persons to whom the child was released. A motion alleging that the decision to withhold consent was arbitrary and capricious is attached.

10. I am married but my spouse is not joining me in this petition because: (Attach separate sheet as needed.)

11. The adoptee is an Indian child as defined in MCR 3.002(12). The identity of the tribe is

Name of tribe, if known

I REQUEST:

12. Termination of all existing parental rights inconsistent with the order of adoption, entry of an order approving placement of the child with me, and entry of an order of adoption with the adoptee's name recorded as stated in item 4.

13. The adoption be completed immediately because _____

14. The court to waive the required investigation because the adoptee has been placed in foster care with me for at least 12 months and a foster family study was completed or updated within the last 12 months.

I declare that the statements above are true to the best of my information, knowledge, and belief.

Attorney signature

Date

Attorney name (type or print) Bar no.

Signature of petitioner

Address

Signature of petitioner

City, state, zip Telephone no.

Petitioner telephone no.

Agency Contact Information:

Name of agency representative (type or print)

Address

Agency name

City, state, zip

Telephone no. E-mail

IT IS ORDERED:

- 15. _____ is directed to fully investigate and report its findings in writing to this court, within 3 months of this order, in accordance with the provisions of MCL 710.46.
Court agent or employee, child-placing agency, or Michigan Department of Health and Human Services
- 16. The full investigation is waived. The petitioner(s) shall file a copy of the most recent foster family study as updated and supplemented.
- 17. The petitioner(s) shall give notice of this petition to the persons prescribed in MCR 3.800(B) in accordance with MCR 3.802(A)(3) and MCR 3.807(B), if applicable (use form PCA 352).

Date

Judge

Bar no.

| | | |
|---|---|--|
| STATE OF MICHIGAN CIRCUIT COURT - FAMILY DIVISION COUNTY | CONFIDENTIAL CASE INVENTORY (DOMESTIC RELATIONS AND JUVENILE CODE) | CASE NO. PETITION NO. JUDGE |
|---|---|--|

| | | |
|------------------------|---|------------------|
| Plaintiff's name | v | Defendant's name |
| In the matter of _____ | | |

Instructions: List any known pending or resolved family division or tribal court cases involving the person(s) named in the complaint or petition or family members of the person(s) named in the complaint or petition. File the completed form with the complaint or petition, but do not attach or staple together. Complete and file additional sheets if necessary.

Examples of family division cases include personal protection orders, divorce, custody, paternity, child support, juvenile delinquency, and child protective proceedings. See MCL 600.1021 for a complete list.

Note: This form is confidential and not to be served on other parties in this case.

| | | |
|---|---|---|
| Court information (name, number, and county/state) <input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal: | | |
| Case name | Case/File no. | |
| Assigned judge | Case status <input type="checkbox"/> Pending <input type="checkbox"/> Resolved | Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time |

| | | |
|---|---|---|
| Court information (name, number, and county/state) <input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal: | | |
| Case name | Case/File no. | |
| Assigned judge | Case status <input type="checkbox"/> Pending <input type="checkbox"/> Resolved | Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time |

| | | |
|---|---|---|
| Court information (name, number, and county/state) <input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal: | | |
| Case name | Case/File no. | |
| Assigned judge | Case status <input type="checkbox"/> Pending <input type="checkbox"/> Resolved | Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time |

| | | |
|---|---|---|
| Court information (name, number, and county/state) <input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal: | | |
| Case name | Case/File no. | |
| Assigned judge | Case status <input type="checkbox"/> Pending <input type="checkbox"/> Resolved | Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time |

Date

Signature

| | | |
|---|---|-----------------|
| 38th STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION MONROE COUNTY | PETITIONER'S VERIFIED ACCOUNTING | FILE NO. |
|---|---|-----------------|

In the matter of _____ DOB: _____, adoptee
Full name of child

I filed a petition to adopt the adoptee. This accounting is a complete itemization of payments/disbursements of money or anything of value made or agreed to be made by me or on my behalf in connection with this adoption as of this date. Form PCA 347a will be submitted to report any additional payments/disbursements of money or anything of value made or agreed to be made by me or on my behalf in connection with this adoption.

| EXPENSES | TOTAL |
|--|-------------------------|
| 1. Court Filing Fee | |
| Petition for Adoption \$ _____ | |
| Order of Adoption \$ _____ | |
| Motion for Early Confirmation \$ _____ | |
| Birth Certificate Fee \$ _____ | |
| Other petitions, motions, orders \$ _____ | \$ 0.00 |
| 2. Agency/Michigan Department of Health and Human Services Charges (itemized on other side of this form) | \$ |
| 3. Attorney Fees (itemized on other side of this form) | \$ |
| 4. Travel Expenses (itemized on other side of this form) | \$ |
| 5. Medical, Hospital, Nursing, or Pharmaceutical Expenses (itemized on other side of this form) | \$ |
| 6. Counseling Services (itemized on other side of this form) | \$ |
| 7. Living Expenses (itemized on other side of this form) | \$ |
| 8. Information Gathering Expenses (itemized on other side of this form) | \$ |
| 9. Other (itemized on other side of this form) | \$ |
| I REQUEST that the court approve these payments and disbursements. | TOTAL \$ 0.00 |

I declare that this accounting and the attachments have been examined by me and that the contents are true to the best of my information, knowledge, and belief.

| | |
|-------------------------|-------------------------|
| Date | |
| Signature of petitioner | Signature of petitioner |
| Name (print or type) | Name (print or type) |
| Address | Address |
| City, state, zip | City, state, zip |
| Telephone no. | Telephone no. |

NOTE: This accounting must be filed at least 7 days before formal placement for adoption.

Do not write below this line - For court use only

Monroe County Circuit Court

Family Division, Adoption Department

Adoptive History Report

This form is to be completed and signed legibly in black ink or typed, with complete names (FIRST, MIDDLE and LAST) as listed on the Birth Certificates. If certain area do not apply, write or type N/A.

Adoptive Parent(s) Information:

Petitioning Parent or Custodial Parent:

Petitioning Parent or Stepparent:

Name: *(first, middle, last)*

Maiden Name:

Relationship to Adoptee:

Birth Date/Place:

Social Security Number:

Driver's License Number:

Address, City, State, Zip:

Telephone Number:

Citizenship:

Military History:

Education Level:

Employer:

Occupation:

Income: *(monthly)*

Length of Employment:

Household Expenses: *(monthly)*

Chronic/Terminal Illness:

Marriage License Number:

Previous Marriage(s):

-1st Marriage: *(date, place)*

Divorced: *(date, place)*

Support Order/Amount:

-2nd Marriage: *(date, place)*

Divorced: *(date, place)*

Support Order/Amount:

Adoptive Parent(s) Information Continued:

The custodial parent has: Joint Sole Physical Custody and: Joint Sole Legal Custody

Has either petitioning parent had any contact with Children's Protective Services? No Yes

Name of CPS Worker: _____ Phone: _____

Have petitioning parent(s) been convicted of a criminal proceeding, imprisoned, or placed on probation or parole (including DUI)? No Yes if Yes, give details including date, place, nature of offense, and disposition:

Household Members Information (including adult children not residing in the home [attending college, armed forces]):

Household Member

Household Member

Name: *(first, middle, last)* _____

Relationship to Adoptee: _____

Birth Date: _____

Driver's License Number: _____

Name: *(first, middle, last)* _____

Relationship to Adoptee: _____

Birth Date: _____

Driver's License Number: _____

Name: *(first, middle, last)* _____

Relationship to Adoptee: _____

Birth Date: _____

Driver's License Number: _____

Why do you want to adopt this child(ren)? _____

Adoptee Information:

Birth Name: *(first, middle, last)* _____

Address: _____

DOB: _____ Time of Birth: _____ a.m. p.m. Sex: Female Male

Hospital of Birth: _____

Place of Birth: *(county, city, state, country)* _____

Gestational Age: _____ weeks Birth Weight: _____ pounds _____ ounces Length: _____ inches

Neonatal Drug Exposure: _____ Prenatal Care: Yes No

Medication Used in Delivery: _____ Type of Delivery: Natural Cesarean

Complications, if any: _____

_____ Length of Stay in Hospital: _____

Was the birth mother married to someone else (not the biological father) at the time of conception? Yes No

Adoptees performance in school, educational testing results & special education needs, hobbies/special interests:

Birth Mother: *(first, middle, last)* _____ DOB: _____

Address: _____

Nationality/Race: _____ Native American Heritage: Yes No

If Yes, what Tribe or Band: _____

Place of birth: _____ Religion: _____

Eye Color: _____ Hair Color: _____ Complexion: _____

Education: _____ Occupation: _____

Allergies: _____ If deceased, date and cause of death: _____

Medical History/Diagnosis: _____

Armed Forces/Branch _____ Interests: _____

Birth Father: *(first, middle, last)* _____ DOB: _____

Address: _____

Nationality/Race: _____ Native American Heritage: Yes No

If Yes, what Tribe or Band: _____

Place of birth: _____ Religion: _____

Eye Color: _____ Hair Color: _____ Complexion: _____

Education: _____ Occupation: _____

Allergies: _____ If deceased, date and cause of death: _____

Medical History/Diagnosis: _____

Armed Forces/Branch _____ Interests: _____

Are birth parents aware of the Central Adoption Registry whereby a birth parent may submit a written Consent or Denial as to the Release of Identifying Information about oneself to an Adult Adoptee that may at a later date seek out such information about his/her birth parents:

Birth Mother Yes No

Birth Father Yes No

Siblings of Adoptee:

Name: *(first, middle, last)* _____ DOB: _____

Gender: _____ Step: Yes No Hobbies/Special Interests: _____

Name: *(first, middle, last)* _____ DOB: _____

Gender: _____ Step: Yes No Hobbies/Special Interests: _____

Name: *(first, middle, last)* _____ DOB: _____

Gender: _____ Step: Yes No Hobbies/Special Interests: _____

Health & Genetic Maternal History (as it relates to the adoptee):

Maternal Grandmother

Maternal Grandfather

Name: *(first, middle, last)* _____

Date of Birth: _____

Place of Birth: _____

Race/Nationality: _____

Indian Heritage, Tribe: _____

Hair Color: _____

Eye Color: _____

General Health: _____

Allergies: _____

If deceased, date and cause: _____

Hobbies/Interests: _____

Education: _____

Religion: _____

Armed Forces/Branch: _____

Health & Genetic Paternal History (as it relates to the adoptee):

Paternal Grandmother

Paternal Grandfather

| | | |
|------------------------------------|-------|-------|
| Name: <i>(first, middle, last)</i> | _____ | _____ |
| Date of Birth: | _____ | _____ |
| Place of Birth: | _____ | _____ |
| Race/Nationality: | _____ | _____ |
| Indian Heritage, Tribe: | _____ | _____ |
| Hair Color: | _____ | _____ |
| Eye Color: | _____ | _____ |
| General Health: | _____ | _____ |
| Allergies: | _____ | _____ |
| If deceased, date and cause: | _____ | _____ |
| Hobbies/Interests: | _____ | _____ |
| Education: | _____ | _____ |
| Religion: | _____ | _____ |
| Armed Forces/Branch: | _____ | _____ |

If represented by an attorney:

Name of attorney: _____

Address: _____

Phone: _____ E-mail: _____ Fax: _____

THIS ADOPTION QUESTIONNAIRE HAS BEEN EXAMINED BY ME AND THE CONTENTS ARE TRUE TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.

Signature of Petitioning Parent: _____ Date: _____

Signature of Petitioning Parent: _____ Date: _____

