

38th Circuit Court of Monroe, Family Division

Petitioner's Filing Instructions – Step-Parent Adoption [non-legal father]
(Case type AY)

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 STEP-PARENT adoption (PCA 301b)
2. Confidential case inventory (MC 21)
3. Petitioner's Verified Accounting (PC 347)
4. Petition to Identify Father and Determine or Terminate his Rights (PC 310)
5. Declaration of Inability to Identify/Locate Father (PC 315)
6. Notice to Putative Father and Custody Statement (PC 316)
7. Certified copy of birth certificate of adoptee
8. Copy of birth certificate of petitioner
9. Copy of marriage license
10. Request for central registry clearance form. (*Complete form and send to local DHHS office: 903 S. Telegraph Road, Monroe, MI 48161*)
11. Adoptive History Report
12. Medical Exam completed

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

- **Notice of hearing:** To identify father and determine or terminate his parental rights (PC 311). This will be served upon the Putative father. A proof of service in regard to this document is imperative.
- **Proof of service:** *Personal service* – conducted by a process server. Must be done at least 7 days prior to the hearing.
- **Home study:** The judge will order the Adoption Supervisor to conduct an adoptive home study to be scheduled with the petitioner at a mutually agreeable time.

| | | |
|---|--|-----------------|
| 38th STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION MONROE COUNTY | PETITION FOR STEPPARENT ADOPTION | FILE NO. |
|---|--|-----------------|

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 |
|---------|-------------------------|---------------------------|-------------------------|
| Maiden: | | | |
| Maiden: | | | |

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. The adoptee is: _____
Full name of child (type or print) Birth date and time

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. The adoptee's parents are

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

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 other parent has failed to provide support or comply with a support order and failed to visit or contact the adoptee for a period of 2 years or more. (Attach form PCA 302, Supplemental Petition and Affidavit to Terminate Parental Rights of Noncustodial Parent.)

(See additional page)

Do not write below this line - For court use only

9. 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:

10. 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.

11. The adoption be expedited because _____

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.

IT IS ORDERED:

12. _____ 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.

13. The full investigation is waived.

14. 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.

| | | |
|--|---|-----------------------------------|
| 38th STATE OF MICHIGAN CIRCUIT COURT - FAMILY DIVISION MONROE 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 _____

Approved, SCAO

38th STATE OF MICHIGAN
JUDICIAL CIRCUIT - FAMILY DIVISION
MONROE COUNTY

PETITIONER'S VERIFIED ACCOUNTING

FILE NO.

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

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 \$ 175.00 | |
| Order of Adoption \$ _____ | |
| Motion for Early Confirmation \$ _____ | |
| Birth Certificate Fee \$ _____ | |
| Other petitions, motions, orders \$ _____ | \$ 175.00 |
| 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. Counselling 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) | \$ _____ |
| TOTAL | \$ 175.00 |

I REQUEST that the court approve these payments and disbursements.

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

Telephone no.

City, state, zip

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

| | | |
|--|--|------------------------|
| <p align="center">STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY</p> | <p align="center">PETITION FOR HEARING TO IDENTIFY FATHER AND DETERMINE OR TERMINATE HIS RIGHTS</p> | <p>FILE NO.</p> |
|--|--|------------------------|

In the matter of _____, adoptee
Full name of child

1. I am the mother of the adoptee named above who was born out of wedlock on _____ at
Date

_____. The adoptee resides at
City, county, and state

Address City State Zip

2. 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.

3. I plan to sign a release consent giving up my parental rights to the child.

4. I have joined with my spouse in a petition for adoption.

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

Name of tribe, if known

6. The putative father of my child is:

Name (type or print)

Birthdate (if unknown, state if over 18 years old)

Address

City, state, zip

7. For part or all of the time from conception to the date the child was born, I was married to _____
Name (type or print)

_____ whose last-known address is _____

_____. He is not the father of the child.

(SEE SECOND PAGE)

Do not write below this line - For court use only

8. I request that the court hold a hearing to determine the identity of the father of my child and to determine or terminate his parental rights.

Attorney signature

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

Date

Signature of petitioner

Name (type or print)

Address

City, state, zip Telephone no.

Agency Contact Information:

Name of agency representative (type or print)

Agency name

Telephone no. E-mail

Address

City, state, zip

CERTIFICATION BY PARENT/GUARDIAN OF UNEMANCIPATED MINOR PARENT

I certify that I am the parent legal guardian of _____, Name of parent of child
who is an unemancipated minor parent of the child. I have reviewed this petition and agree with it.

Date

Signature of parent/guardian

Name of parent/guardian (print)

Address

City, state, and zip

Signature of witness

Name of witness (print)

| | | |
|---|---|----------|
| 38th STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION MONROE COUNTY | DECLARATION OF INABILITY TO IDENTIFY/LOCATE FATHER | FILE NO. |
|---|---|----------|

In the matter of _____, adoptee
Full name of child

1. I am the mother of the adoptee named above who was born out of wedlock on _____ at
Date

City, county, and state

2. The father of my child

is _____
Name (type or print)

cannot be identified for the following reasons: _____

3. The father's address or location is not known and cannot be determined. I have made the following reasonable attempt(s) to locate him: (State specifically what attempts you made; provide names and addresses if known.)

I declare that this declaration has been examined by me and that its contents 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 | _____ Name (type or print) |
| _____ City, state, zip Telephone no. | _____ Address |
| | _____ City, state, zip Telephone no. |

Do not write below this line - For court use only

| | | |
|---|--|-----------------|
| 38th STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION MONROE COUNTY | NOTICE TO PUTATIVE FATHER AND CUSTODY STATEMENT | FILE NO. |
|---|--|-----------------|

In the matter of _____

TO: _____, an adult.
 Putative father unemancipated minor.

1. _____ intends to file a petition.
 Name (type or print) has filed a petition with the court, stating that

a. she is the mother of _____
 Name of child (type or print)

an unborn child expected on or about _____
 Date

b. you are the father of the child.

c. she intends to sign a release or consent relinquishing her rights to the child.
 has joined with her spouse in a petition for adoption.

2. The law provides that as a putative father, you have a right to request custody of the child. The law also provides that your failure to appear at the hearing on the petition shall constitute a denial of your interest in the custody of the child, which shall result in the court's termination of your parental rights to the child.

3. If you do not want to request custody of the child, complete the section below and mail or deliver to

 Name and address

CUSTODY STATEMENT OF PUTATIVE FATHER

1. I voluntarily state: (check one)

- I am the father of the child and deny any interest in the custody of the child.
- I may be the father of the child and deny any interest in the custody of the child.
- I am not the father of the child.

2. I give up my right to notice of the time and place of hearing to identify the child's father and determine or terminate his rights.

I declare that this "Custody Statement of Putative Father" has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

| | |
|---|---|
| Date | Date |
| Signature of witness | Signature of putative father |
| Name of witness | Address |
| Address | City, state, zip Telephone no. |
| City, state, zip Telephone no. | Signature of parent/guardian/guardian ad litem of minor putative father |

Do not write below this line - For court use only

DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

(Revised 11-22a)

COPY PHOTO ID HERE
OR
ATTACH A SEPARATE PAGE

SECTION 1 – INFORMATION ON PERSON BEING CLEARED

| | | |
|--|---|----------------|
| Name, (First, Middle, Last) | Signature Required for Individual Being Cleared | Date |
| Maiden Name, Aliases, also known as (A.K.A) | Social Security Number | Date of Birth |
| Address | City | State Zip Code |
| Phone Number | Email | |
| <input type="checkbox"/> I am completing this for myself. | | |
| <input type="checkbox"/> I would like to pick up my results in _____ County (For Michigan Residents Only). | | |

SECTION 2 – REQUESTER INFORMATION

Check Appropriate Box

Employer

Volunteer Agency

Adoption/Foster Care Home Screening

Court/Law Enforcement/Department of Corrections/Prosecuting Attorney

Child Caring Institution

Other

| | | | |
|--|-------------------------------------|-------------------------------|----------|
| Name of Agency or Organization Monroe County Family Court | Name of Requester Autumn Barnett | | |
| Address 106 E. First ST. Monroe, MI 48161 | City | State | Zip Code |
| Email autumn_barnett@monroemi.org | Fax (734)240-7355 | Phone Number (734)240-7172 | |

Effective November 1, 2022, only confirmed cases of methamphetamine production, confirmed serious abuse or neglect, confirmed sexual abuse, or confirmed sexual exploitation will be classified as a central registry case in Michigan. Individuals may have child welfare history that previously resulted in central

registry placement, but that would no longer meet the criteria. In addition, select criminal convictions involving children will result in placement on central registry.

This clearance does not identify individuals with child abuse/neglect history who did not meet the new central registry requirements as noted above or history in other states, territories, or tribal trust land.

With your signature, you are authorizing agencies to receive notice of all placements on central registry as allowable by Child Protection Law (MCL 722.627-722.627j).

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

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: <i>(first, middle, last)</i> | _____ | _____ |
| 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: <i>(monthly)</i> | _____ | _____ |
| Length of Employment: | _____ | _____ |
| Household Expenses: <i>(monthly)</i> | _____ | _____ |
| Chronic/Terminal Illness: | _____ | _____ |
| Marriage License Number: | _____ | _____ |
| Previous Marriage(s): | | |
| -1 st Marriage: <i>(date, place)</i> | _____ | _____ |
| Divorced: <i>(date, place)</i> | _____ | _____ |
| Support Order/Amount: | _____ | _____ |
| -2 nd Marriage: <i>(date, place)</i> | _____ | _____ |
| Divorced: <i>(date, place)</i> | _____ | _____ |
| 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: _____

MEDICAL STATEMENT FOR FOSTER HOME LICENSING/ADOPTION
 (For Applicant and all Household members)
 Michigan Department of Human Services

| | |
|-------------|------|
| Family Name | Date |
|-------------|------|

Patient Information (to be completed by patient or responsible adult)

| | | |
|------|---------------------------|---------------|
| Name | Relationship to Applicant | Date of Birth |
|------|---------------------------|---------------|

Address (Street, City, State, Zip)

Are you currently taking any medication? If yes, please list medications and reason for use.

Have you ever been treated for any of the following? (Check all that apply)

- | | | | |
|---|---|---|-----------------------------------|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Tuberculosis | |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Mental Health Issues | |
| <input type="checkbox"/> Current Communicable Disease | <input type="checkbox"/> Other serious or chronic illness | | |

If any are checked, please explain:

If you have checked any of the above, please have page 2 of this form completed by your licensed physician, physician's assistant or nurse practitioner.

If you have not checked any of the above, please have your licensed physician, physician's assistant or nurse practitioner read and sign the following statement:

MEDICAL PRACTITIONER'S STATEMENT

In your opinion, are there any physical or mental factors that would jeopardize the physical or mental welfare of any child placed in this family for foster care or adoption? Yes No

| | | |
|--------------------------|------|-----------------------------|
| Practitioner's Signature | Date | Practitioner's printed name |
|--------------------------|------|-----------------------------|

| | |
|---------|-------------------------|
| Address | Telephone Number () |
|---------|-------------------------|

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize my health care professional to release to the Michigan Department of Human Services or its agents information regarding my physical condition, mental health, and/or substance abuse services. I understand that completion of this form is required for the agency to proceed with the adoption/foster home licensing process.

Patient or Responsible Adult Signature and Date

PHYSICAL EXAMINATION
Michigan Department of Human Services

| | |
|------------|---------------------|
| Name _____ | Date of Birth _____ |
|------------|---------------------|

TO BE COMPLETED BY LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER

| | |
|------------------------------------|---|
| Date of physical examination _____ | Do you provide medical services to this individual: <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> First time |
|------------------------------------|---|

Please respond to the following to the best of your knowledge:

1. Does this individual suffer from an illness including a communicable disease that would be detrimental to the care of a foster child/adoptive child placed in his/her home? Yes No
2. Are there any chronic or serious disorders for which this individual has been or is receiving treatment? Yes No
3. Is this individual currently taking medication? Yes No
4. If yes, could this medication adversely effect his/her ability to care for or be around children? Yes No
5. Has this individual been tested for TB? Yes No If yes, Date: _____
 Test Type: Skin Test X-Ray Results: Positive Negative
6. Is this individual experiencing any physical, behavioral or emotional problems that would be detrimental to a foster child/adoptive child placed in the home? Yes No
7. Have you ever referred this individual to other medical services, mental health services or treatment of alcohol/substance abuse? Yes No

If the answer to any of the above questions is **YES**, please explain: _____

Height _____ Weight _____ Heart _____ Blood Pressure _____
 Lungs _____ Vision _____ Hearing _____ General Appearance _____

LABORATORY TESTS:

| | | |
|------------------------------|------------|---------------|
| Tuberculin Test and/or X-Ray | Date _____ | Results _____ |
| Hemoglobin | Date _____ | Results _____ |
| Urinalysis | Date _____ | Results _____ |

PHYSICIAN'S REMARKS ON HISTORY _____

PRACTITIONER'S STATEMENT

In your opinion, are there any physical or mental factors that would jeopardize the physical or mental welfare of any child placed in this family for foster care and/or adoption? Yes No

Would you like to be contacted by the foster home licensing/adoption worker regarding your recommendation? Yes No

| | | | |
|--------------------------------|------------|-----------------------------------|----------------------|
| Practitioner's Signature _____ | Date _____ | Practitioner's Printed Name _____ | License Number _____ |
| Address _____ | | Telephone Number _____ | |