Information on Filing Adoptions in the 20th Circuit Court – Family Division Provided by the Legal Self-Help Center

ALL ADOPTIONS TO BE FILED AT FAMILY DIVISION OF CIRCUIT COURT IN WEST OLIVE

This packet is intended to assist the public with the filing of **adult adoptions**.

An adult adoption is when the adoptee is 18 years old or older. In adult adoptions, there is no termination of parental rights. The adoptee will have to consent to the adoption in court. This may be done in front of a referee, or, if parties wish to finalize the adoption by court hearing, the adoptee may consent in front of the judge at the confirmation hearing.

No two adoption cases are exactly the same. The forms in this packet are the minimum requirement for adult adoptions. Depending on your situation, additional forms may be necessary and can be found on the Michigan Courts website: www.courts.mi.gov/administration/scao/forms/pages/search-for-a-form.aspx **Clerks cannot help you fill out your forms. Current versions of forms are required.**

Please read all of the information contained in this packet, including the directions, to ensure that the attached forms are filled out properly. Please be aware that while an attorney may not be required to complete this process, you may still wish to consult legal counsel if you have concerns or questions about any of the forms **since clerks and other court personnel are prohibited by law from giving legal advice.**

FEES PAYABLE TO THE CLERK'S OFFICE:

You must submit a $175.00 filing fee at the time the petition is filed with the Court. This filing fee is payable by cash (drop off to our office-do not mail), credit card (Mastercard, Visa, or Discover), or money order made payable to Ottawa County Clerk/Register's Office. Please note that **personal checks will not be accepted** by the Ottawa County Clerk/Register's Office. If more than one individual is being adopted, separate payment for each will be required since adoption files are established on an individual basis.

There is an $11.00 fee for a certified copy of the Order of Adoption upon finalization of the adoption. There is a $95 home study fee *if* a home study is required. In the case of adult adoptions, the judge ***may*** waive the home study. This determination will be made when all background check information and reference letters are received. The background check forms (included in this packet) are the Criminal Background Check Information Sheet forms and the Request for Central Registry Clearance forms. See further descriptions in these instructions.

Please note that fees are non-refundable so if for any reason the adoption does not proceed to finalization, fees will not be refunded. The home study fee and certified copy fee may be paid when the time is necessary, and are not required upon initial filing.

FORMS IN THE PACKET:

PETITION FOR ADOPTION (PCA 301 or PCA 301b):

Please note the following requirements for the Petition for Adoption:

-The petition must be completed in its entirety, signed with your legal name, and dated in order to be considered a valid petition and acceptable for filing. There are two different petitions you will need to choose from, depending on your situation:

-PETITION FOR ADOPTION FORM (PCA 301-FOR RELATIVE (EXCEPT STEP-PARENT) AND NONRELATIVE ADOPTIONS –to be filled out by both persons adopting in the case of a couple, or by a single individual if adopting alone. **This form must be signed by both adopting parents** and the use of full legal names is required. Please remember to include a daytime telephone number where you can be reached should the clerk need to contact you regarding questions.

-PETITION FOR ADOPTION FORM (PCA 301b-FOR STEPPARENT ADOPTIONS) - **The biological parent is considered an adopting parent** also, so both parents' information must be provided in the box above section 1 of the petition form. Please note that in section 6, "the adoptee's parents" refers to the **biological/current legal parents of the child.**

CONSENT TO ADOPTION BY ADOPTEE FORM (PCA 307) – This form must be signed by the adult adoptee. **It must be signed in front of the Judge or Referee.** This can be done at a consent hearing in front of a referee or at a finalization hearing in front of the judge, if one is requested.

NOTICE OF HEARING (PC 562) – Use this form to notify any and all interested parties as required by statute. When serving notice on a party, make sure that the notice itself has been filed with the court, as well as a proof of service indicating who was served the notice.

PROOF OF SERVICE (PC 564) – This generic form can be used after perfecting service upon another party to the case. All interested parties need to receive a copy of the petition and the notice of hearing. Court rule and state law defines interested parties in adoption proceedings. Please fill out the form indicating who was served, what documents were served, method in which they were served (e.g. personal service, certified mail, etc), and when and where service took place. Please be aware that any document listed on the proof of service must also have been filed with the court (the original) so that the court can see what documents were actually served. **Consult an attorney or do your own legal research regarding which court rules apply, and for interpretation of those court rules.**

PETITIONER'S VERIFIED ACCOUNTING FORMS (PCA 347 and PCA 347a) – Please read line by line. These forms list and track the financial statement of the costs (expenses) involved in the total adoption process. These forms must be signed and dated by all petitioners. Please note there are two versions of the Verified Accounting form provided to you since you will be required to submit **both a Petitioner's Verified Accounting and a Supplement to Petitioner's Verified Accounting.**

STATEMENT OF SERVICES PERFORMED BY ATTORNEY (PCA 346) - To be completed by attorney if one represents you or anyone in the case. This form is not needed if there are no attorneys involved.

ORDER OF ADOPTION FORM (PCA 321) – This is the document the Judge will sign to finalize the adoption. Since this document marks the completion of the adoption process, only the adoptive name will appear on this order both "in the matter of" and on line 7. Please note that you do not have to appear before the Court to complete the adoption process, unless the adoptee still needs to consent in front of a judge. If you wish to have a formal court hearing you may do so by calling (616) 786-4107. You will need to provide the case number and the name of the adoptee when scheduling the hearing. A fee of $11.00 applies for a certified copy of the Order of Adoption which will be due at the time the adoption is finalized if it has not already been paid. Please note that if an attorney is involved, a copy of the Order of Adoption will be sent to the attorney's office as well.

FINAL ORDER ALLOWING FEES AND COSTS (FORM PCA 341)-(NOT NEEDED UNLESS REPRESENTED BY AN ATTORNEY OR ADOPTION AGENCY) – The judge signs this order if he wishes to allow the fees/costs as turned in by attorneys/agencies/etc. Clerk's staff will make sure all fees/costs reflected on the parent's accounting and agency/attorney's accountings match.

CRIMINAL BACKGROUND CHECK INFORMATION SHEET– This must be completed by both the adopting parent(s)/petitioner(s), **as well as by anyone who is 18 years old or older residing in the home.** The information contained in these forms will assist the court in conducting the criminal background checks required for the home study. **This form is required before the Court will consider waiving the home study.**

REQUEST FOR CENTRAL REGISTRY CLEARANCE FORM (FORM DHS 1929) – This form must be completed by both the adopting parents/petitioners, **as well as by anyone who is 18 years old or older residing in the home** and returned to the Clerk/Register's Office with a copy of the front and back of the individual's VALID driver's license. The clerk will forward this form to the State of Michigan for processing with the Central Registry. **The results of the Central Registry Clearance will be mailed directly to the adopting parents at the address on their driver's licenses. The adopting parents must then forward the results to the court for filing. These results are required before the Court will consider waiving the home study.**

ADOPTION REPORT REQUIRED TO ESTABLISH A NEW MICHIGAN BIRTH RECORD (FORM DCH-0854) – FOR INDIVIDUALS BORN IN MICHIGAN ONLY: The petitioner(s) must complete and sign this form. This form will be used to create a new birth certificate for the child. In order to avoid any misspellings on the new birth record, this form should be typed or clearly printed. The clerk will complete the certification portion of this form and forward the original to the State of Michigan once the adoption is finalized. A copy of the form will be retained in the court's adoption file. In Michigan, there is a fee to establish a new birth record. The state may change this fee from time to time. You may want to ask what the current fee is (phone number is on the adoption record form).This fee includes the processing and return of one certified copy of the new record. Please submit a check made out to the "State of Michigan", and the Clerk/Register's Office will forward to the State with the report upon completion of the certification section after the adoption is finalized.
***NOTE:** If the child was born in another state, then YOU will need to provide our office with the following:

1. Detailed letter to clerk that contains instructions for sending required information out of state
2. That state's report or paperwork that is filled out and signed
3. A check made out to that state for the appropriate fee

ADOPTIVE HOME STUDY – The home study requirement *may or may not be waived by the judge*. If it is not waived, there is a $95 home study fee. The following are required, at minimum, before any decision regarding waiving the home study will be made by the judge:

- Three original reference letters, signed and dated in the past year from non-family members referencing **both** petitioners (6 letters if they reference the petitioners separately)
- Birth certificates for petitioners and the adoptee
- Marriage License
- Criminal Background Check Information Sheet (see above)
- Results from the Request for Central Registry Clearance (see above)

If a home study is required, the individual conducting the home study (who is a court employee) has three months from the date the Order for Investigation is signed until the home study is due. They will contact you directly to set up a time to meet.

CONFIRMATION:
If all of the necessary paperwork has been properly submitted, the judge may confirm (finalize) the adoption. This confirmation can be done by mail (if the adoptee has already consented at a court hearing) or with a formal hearing. At a formal confirmation hearing, you may invite family and friends and bring gifts to celebrate the adoption and request that the hearing be recorded for keepsake purposes. If you wish to schedule a formal hearing, please advise the Clerk/Register's Office.

All of the forms contained within this informational packet must be completed in their entirety (if applicable) or the adoption may not proceed to finalization. Please remember that this packet of information is designed to give you procedural information only and clerk staff are prohibited by law from giving you legal advice which includes telling you what to put in each line of a form. You may wish to consult an attorney if you have any questions or wish to ensure that all necessary information is filed timely and accurately since the court will not sign incomplete documents.

For questions, or to file your documents, the Clerk/Register's Office can be reached at:
Ottawa County Clerk/Register
12240 Fillmore Street Rm 50
West Olive, MI 49460
Phone: (616) 786-4108
Fax: (616) 738-4638

STATE OF MICHIGAN 20th JUDICIAL CIRCUIT - FAMILY DIVISION Ottawa COUNTY	PETITION FOR ADOPTION ☐ Related Within 5th Degree ☐ 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
☐ Adopting parent Maiden:			
☐ 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: _____ _____
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.

4. The adoptee's name will ☐ not be changed. ☐ 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
Court agent or employee, child-placing agency, or Michigan Department of Health and Human Services

report its findings in writing to this court, within 3 months of this order, in accordance with the provisions of MCL 710.46.

☐ 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 20th JUDICIAL CIRCUIT - FAMILY DIVISION Ottawa 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.

4. The adoptee's name will ☐ not be changed. ☐ be changed to _____ .
First Middle Last

5. The adoptee's property is _____ .

6. 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

☐ 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
Court agent or employee
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.

JIS Code: CAC

20th STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION Ottawa COUNTY	CONSENT TO ADOPTION BY ADOPTEE	CASE NO. and JUDGE

Court address
12240 Fillmore St, Rm 50, West Olive, MI 49460

Court telephone no.
616-786-4108

In the matter of _____
Full name of adoptee — Date of birth

1. I understand that my consent is necessary for this adoption.

2. The judge or referee of the court has fully explained to me that I do not have to sign this consent.

3. I consent to my adoption by _____ (Name) and _____ (Name)

   and I consent to taking the above permanently as my legal parent(s), as though parent(s) by birth.

4. ☐ I am a minor over 14 years of age and I understand that I will no longer be an heir at law of my former parent(s), whose rights have been terminated, except if this is a stepparent adoption, in which case I remain an heir at law of my biological parent whose rights were terminated, and I also become an heir at law of my adopting parent.
   ☐ I am an adult adoptee and I understand that I will no longer be an heir at law of my former parent at the time the order of adoption is entered or the lineal or collateral kindred of that person, except that a right, title, or interest that has vested before entry of the final order of adoption is not divested by that order.

5. I agree that following adoption my name will be _____ .

_____
Date

_____
Adoptee signature

_____
Adoptee name (type or print)

_____
Address

_____
City, state, zip

After the court made the investigation it deemed necessary, I fully explained to the adoptee the fact that s/he was consenting to acquire permanently the adopting parents as legal parents as though the adoptee had been born to the adopting parents, and consenting to the termination of right to be an heir at law as outlined above. The adoptee then voluntarily signed this consent before me. A verbatim record of testimony was made.

_____
Judge/Referee signature and date

Approved, SCAO JIS CODE: NOH

STATE OF MICHIGAN PROBATE COURT COUNTY OF Ottawa	NOTICE OF HEARING	FILE NO.

In the matter of _____
First, middle, and last name

TAKE NOTICE: A hearing will be held on _____ (Date) at _____ (Time),

at _____ (Location) before Judge _____ (Bar no.)

for the following purpose(s): (state the nature of the hearing)

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

_____
Date

_____ Bar no.
Attorney name

_____
Address

_____ Telephone no.
City, state, zip

_____
Petitioner name

_____
Address

_____ Telephone no.
City, state, zip

USE NOTE TO COURT: If this hearing is for a guardianship matter involving an Indian child as defined in MCR 3.002(12), you must comply with MCR 5.109(2).

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

Approved, SCAO

JIS CODE: PSV

STATE OF MICHIGAN PROBATE COURT COUNTY OF Ottawa	PROOF OF SERVICE	FILE NO.

In the matter of _____

1. Titles of the papers served or mailed: _____

_____

☐ 2. According to court rule, I served by ☐ first-class mail ☐ registered mail (copy of return receipt attached) ☐ certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

☐ 3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

☐ 4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

_____

_____

_____

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled Fee		
$		$	
Incorrect address fee	Miles traveled Fee		**TOTAL FEE**
$		$	$

_____
Date

_____
Signature

_____
Name (type or print)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

Approved, SCAO

JIS CODE: PCS and MiCOURT - PVA
TCS - PVA7

STATE OF MICHIGAN 20th JUDICIAL CIRCUIT - FAMILY DIVISION Ottawa 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 ..... $ _____	$
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**	**$**

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

_____
Name (print or type)

_____
Address

_____
City, state, zip Telephone no.

_____
Signature of petitioner

_____
Name (print or type)

_____
Address

_____
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

ITEMIZED ACCOUNTING OF PAYMENTS/DISBURSEMENTS

Instructions: The following are types of expenses that must be itemized. Each type of expense is explained. For each type, identify the type by number, list each expense in that type separately, total the amounts, and place the total under the same type number on the front of this form. If the space provided below is not adequate, make copies before writing any information on this form. Write in the date for each payment made, the amount of that payment, who that payment was made to, and the purpose of the payment for the following types. **You must attach a receipt for each payment/disbursement.**

Type 2. Agency Charges - fees and expenses charged by and to be paid to the agency.
Type 3. Attorney Fees - fees and expenses charged by and to be paid to the attorney.
Type 4. Travel Expenses - expenses associated with travel that are necessary to the adoption.
Type 5. Medical Expenses - expenses connected with the birth of the child or illness of the child not covered by the birth parent's health care benefits or Medicaid.
Type 6. Counseling Expenses - expenses for counseling related to the adoption for the parent, guardian, or adoptee.
Type 7. Living Expenses - expenses of the mother before the birth of the child and for no more than six weeks after the birth.
Type 8. Information Gathering Expenses - expenses for getting required information about the adoptee and the adoptee's biological family.
Type 9. Other - includes copy costs, process server fees, etc.

TYPE NO.	DATE	AMOUNT	NAME AND ADDRESS OF RECIPIENT	PURPOSE
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
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		$		
		$		
		$		

Approved, SCAO

JIS CODE: PCS and MiCOURT - SPV
TCS - PV21

STATE OF MICHIGAN 20th JUDICIAL CIRCUIT - FAMILY DIVISION Ottawa COUNTY	SUPPLEMENT TO PETITIONER'S VERIFIED ACCOUNTING	FILE NO.

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

☐ Additional payments/disbursements of money or anything of value made or agreed to be made by me or on my behalf were made in connection with this adoption after form PCA 347 was filed with the court.

☐ No further payments/disbursements of money or anything of value made or agreed to be made by me or on my behalf were made in connection with this adoption since I filed form PCA 347 with the court.

EXPENSES	TOTAL
1. Court Filing Fee Order of Adoption ..... $ _____ Motion for Early Confirmation ..... $ _____ Birth Certificate Fee ..... $ _____ Other petitions, motions, orders ..... $ _____	$
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)	$
10. Total of Expenses Reported on PCA 347 (**this must always be completed**)	$
I REQUEST that the court approve these payments and disbursements. **TOTAL**	**$**

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

_____
Name (print or type)

_____
Address

_____
City, state, zip Telephone no.

_____
Signature of petitioner

_____
Name (print or type)

_____
Address

_____
City, state, zip Telephone no.

NOTE: This accounting must be filed 21 days before the final order of adoption.

Do not write below this line - For court use only

ITEMIZED ACCOUNTING OF PAYMENTS/DISBURSEMENTS

Instructions: The following are types of expenses that must be itemized. Each type of expense is explained. For each type, identify the type by number, list each expense in that type separately, total the amounts, and place the total under the same type number on the front of this form. If the space provided below is not adequate, make copies before writing any information on this form. Write in the date for each payment made, the amount of that payment, who that payment was made to, and the purpose of the payment for the following types. **You must attach a receipt for each payment/disbursement.**

Type 2. Agency Charges - fees and expenses charged by and to be paid to the agency.
Type 3. Attorney Fees - fees and expenses charged by and to be paid to the attorney.
Type 4. Travel Expenses - expenses associated with travel that are necessary to the adoption.
Type 5. Medical Expenses - expenses connected with the birth of the child or illness of the child not covered by the birth parent's health care benefits or Medicaid.
Type 6. Counseling Expenses - expenses for counseling related to the adoption for the parent, guardian, or adoptee.
Type 7. Living Expenses - expenses of the mother before the birth of the child and for no more than six weeks after the birth.
Type 8. Information Gathering Expenses - expenses for getting required information about the adoptee and the adoptee's biological family.
Type 9. Other - includes copy costs, process server fees, etc.

TYPE NO.	DATE	AMOUNT	NAME AND ADDRESS OF RECIPIENT	PURPOSE
		$		
		$		
		$		
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		$		
		$		

Approved, SCAO JIS CODE: VSL

STATE OF MICHIGAN 20th JUDICIAL CIRCUIT - FAMILY DIVISION Ottawa COUNTY	STATEMENT OF SERVICES PERFORMED BY ATTORNEY ☐ 7-DAY ☐ 21-DAY	FILE NO.

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

I am an attorney representing the ☐ petitioner(s) for adoption. ☐ mother of adoptee. ☐ father of adoptee.

I state that the following list itemizes the services performed and any fees, compensation, or other thing of value received by or agreed to be paid to me for, or incidental to, the adoption of the child.

Date	Service Performed	Fee, Compensation, or Other Value
SUBTOTAL FROM 7-Day Statement of Services Performed by Attorney		
	TOTAL	

☐ I represent a party in this direct placement adoption. I have not requested or received any compensation for the activities described in MCL 710.54(2).

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

_____ _____
Date Signature of attorney

_____
Name (print or type) Bar no.

Note: Attach this statement to form PCA 347, "Petitioner's Verified Accounting"

_____
Address

_____
City, state, zip Telephone no.

Do not write below this line - For court use only

Approved, SCAO JIS CODE: VSL

STATE OF MICHIGAN 20th JUDICIAL CIRCUIT - FAMILY DIVISION Ottawa COUNTY	STATEMENT OF SERVICES PERFORMED BY ATTORNEY ☐ 7-DAY ☐ 21-DAY	FILE NO.

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

I am an attorney representing the ☐ petitioner(s) for adoption. ☐ mother of adoptee. ☐ father of adoptee.

I state that the following list itemizes the services performed and any fees, compensation, or other thing of value received by or agreed to be paid to me for, or incidental to, the adoption of the child.

Date	Service Performed	Fee, Compensation, or Other Value
SUBTOTAL FROM 7-Day Statement of Services Performed by Attorney		
	TOTAL	

☐ I represent a party in this direct placement adoption. I have not requested or received any compensation for the activities described in MCL 710.54(2).

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

_____ _____
Date Signature of attorney

_____
Name (print or type) Bar no.

Note: Attach this statement to form PCA 347, "Petitioner's Verified Accounting"

_____
Address

_____
City, state, zip Telephone no.

Do not write below this line - For court use only

STATE OF MICHIGAN 20th JUDICIAL CIRCUIT - FAMILY DIVISION Ottawa COUNTY	ORDER OF ADOPTION	FILE NO.

In the matter of _____ DOB: _____ , adoptee

THE COURT FINDS:

1. A petition for an order of adoption has been filed.

2. All necessary orders terminating parental rights have been entered.

3. The adoptee ☐ was ☐ was not made a ward of this court.

4. That any appeal of the decision to terminate parental rights has reached disposition; that no appeal, application for leave to appeal, or motion for rehearing or reconsideration is pending; and that the time for all appellate proceedings in this matter has expired.

5. The adoption of the adoptee by the petitioner(s) is desirable and in the best interest of the adoptee.

IT IS ORDERED:

6. From and after this date, the parent(s) of the adoptee is/are

_____ and _____ .
Name Name

7. The name of the adoptee is _____ .
Name

8. The adoptee, if a ward of this court, is discharged.

_____ _____ _____
Date Judge Bar no.

Do not write below this line - For court use only

20th

Ottawa

JIS Code: FOA

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	FINAL ORDER ALLOWING FEES AND COSTS	CASE NO. and JUDGE
Court address		Court telephone no.

In the matter of _____
Full name of child

1. A petition for the adoption of the adoptee has been filed with the court.

2. A verified accounting itemizing payments and disbursements, and updated as required by law, has been filed by the adopting parents.

☐ 3. A verified statement of services and fees, updated as required by law, has been filed by the attorney for each adopting parent.

☐ 4. A verified statement of services and fees, updated as required by law, has been filed by the attorney for each parent of the adoptee.

☐ 5. A verified statement of services and fees, updated as required by law, has been filed by the child-placing agency or the Michigan Department of Health and Human Services.

THE COURT FINDS:

6. The final order of adoption should be entered.

7. The fees and costs should be allowed in whole or in part.

IT IS ORDERED:

8. Fees and costs are approved as follows:

☐ a. Fees and costs of the attorney for petitioner are allowed as submitted except: _____

_____

☐ b. Fees and costs of the attorney for the parent(s) are allowed as submitted except: _____

_____

☐ c. Fees and costs of the child-placing agency or Michigan Department of Health and Human Services are allowed as submitted except:

_____

9. Payments or disbursements made or agreed upon by petitioner as itemized in the accounting are approved except:

_____

_____
Judge signature and date

20th Circuit Court - Family Division
Ottawa County

Criminal Background Check Information Sheet

(for stepparent, relative, and adult adoptions purposes only)

Petitioner(s): Please provide the court with the following information to facilitate your background check for the purposes of conducting a home study. **Note: this information is required for all adults living in the home, including adult children. Fill out additional forms as needed.

Petitioner 1:			
Name:			
Previous Names (if applicable):			
Date of Birth:			
Gender:			
Social Security Number:			
Driver's License Number:			
Address:			
Phone Number:			
Length of Residence in MI?			
Length of Residence in Ottawa Co:			
Have you ever been convicted of a crime (felony or misdemeanor):		☐ Yes	☐ No
Have you ever been substantiated for child abuse/neglect:		☐ Yes	☐ No
Petitioner 2:			
Name:			
Previous Names (if applicable):			
Date of Birth:			
Gender:			
Social Security Number:			
Driver's License Number:			
Address:			
Phone Number:			
Length of Residence in MI?			
Length of Residence in Ottawa Co:			
Have you ever been convicted of a crime (felony or misdemeanor):		☐ Yes	☐ No
Have you ever been substantiated for child abuse/neglect:		☐ Yes	☐ No
Additional Adult Living in the Home:			
Name:			
Previous Names (if applicable):			
Date of Birth:			
Gender:			
Social Security Number:			
Driver's License Number:			
Address:			
Phone Number:			
Length of Residence in MI?			
Length of Residence in Ottawa Co:			
Have you ever been convicted of a crime (felony or misdemeanor):		☐ Yes	☐ No
Have you ever been substantiated for child abuse/neglect:		☐ Yes	☐ No

DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services
(Revised 5-23)

COPY PHOTO ID HERE

OR

ATTACH A SEPARATE PAGE

SECTION 1 – INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)

Maiden Name, Aliases, also known as (A.K.A) | Social Security Number | Date of Birth

Address | City | State | Zip Code

Phone Number | Email

☐ I would like to pick up my results in County (For Michigan Residents Only).

Signature Required for Individual Being Cleared | Date

SECTION 2 – REQUESTER INFORMATION

Check Appropriate Box

☐ Employer
☐ Volunteer Agency
☐ Out-of-State Child Caring Institution
☐ Out-of-State Adoption/Foster Care Home Screening
☐ Michigan Court/Law Enforcement/Department of Corrections/Prosecuting Attorney
☐ Individual Self-Request

Name of Agency or Organization | Name of Requester

Address | City | State | Zip Code

Email | Fax | Phone Number

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 (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

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ADOPTION REPORT
REQUIRED TO ESTABLISH A NEW MICHIGAN BIRTH RECORD
(To Be Submitted By the Court)

Michigan Department of Health and Human Services

Has it been requested that a new certificate **NOT** be created? ☐ Yes ☐ No
If yes, the adoption does not need to be reported to the Vital Records Program.

PLEASE TYPE OR PRINT CLEARLY AND LEGIBLY

INFORMATION REQUIRED TO CREATE THE ADOPTIVE BIRTH RECORD		
Childs Name	First Middle Last	
PARENT(S) INFORMATION*		
Current Legal Name **	First Middle Last	First Middle Last
Name Before First Married (If Applicable)	First Middle Last	First Middle Last
Date of Birth **	Month Day Year	Month Day Year
State of Birth (Or country, if not USA)		
Social Security Number		
Parent Sex	☐ Male ☐ Female	☐ Male ☐ Female

* ☐ Check here if the parents should be listed as Parent and Parent rather than Mother and Father

** If the child's date of birth is prior to 1989, the mother's current legal name will not appear on a certified copy of the birth record, and the parent's ages will appear rather than their dates of birth.

PARENT(S) INFORMATION		
Parent(s) name and complete mailing address are needed to mail the new record. Please provide a phone number to contact you if there are questions regarding the new record.		
Name(s)		
Mailing Address		
City/State/Zip		County of Residence
Daytime phone to contact you	Area Code & Number	

PAYMENT - The fee for establishing a new Michigan birth record following an adoption is $50.00 and includes one copy of the new record. Additional copies of the new record are available for $16.00 each when ordered at the same time. **Payment must be made by check or money order and made payable to the State of Michigan. The new birth record will not be created until the recording fee has been paid.**

Establish New Birth Record Following an Adoption **(**Fee includes one (1) certified copy of the record)	$ 50.00	$ 50.00
_____ Additional Certified Copies	$ 16.00 Each	$
Rush Fee (2-3 weeks processing)	$ 25.00	$
TOTAL ENCLOSED:		$

SIGNATURE(S)

Personal data of adoptive parents and childs name after adoption should be reviewed and signed before the section for Information Needed to Identify Original Birth Record is completed. The form should be signed by the adoptive parent(s). The adoptive parent(s) should verify information listed for the adoptee.

_____
Signature of Person Adopting

_____
Signature of Other Person Adopting (If Applicable)

INFORMATION NEEDED TO IDENTIFY ORIGINAL BIRTH RECORD	
Childs Name at Birth	First Middle Last
Childs Sex	☐ Male ☐ Female
Childs Date of Birth	Month Day Year
Childs Place of Birth	City County
Name of Birthing Hospital (If Available)	
Biological Mothers Name Before First Married	First Middle Last

COURT CERTIFICATION

The Family Division of Circuit Court of _____ County, Michigan

I hereby certify that the child named above was adopted in accordance with Michigan law on _____
(Month, Day, Year)

by the person(s) listed as the parent(s) for the adoptive birth record, as set forth in the final decree of adoption.

CASE NO. _____

_____
Judge

By _____
Clerk of the Court

SEAL

For additional information:

Vital Records Changes
(517) 335-8660
Mon-Fri 8:00 am - 5:00 pm ET

MAIL REPORT AND PROPER FEE TO:

Vital Records Changes
P.O. Box 30721
Lansing MI 48909

DCH-0854 Rev 12-2017 MCL 333.2829(1), MCL 333.2831(a) and 333.2891(9)(a)

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability