



**Information on Filing Adoptions in the 20th Circuit Court – Family Division
Provided by Ottawa County Clerk/Register of Deed's Office
ALL ADOPTIONS TO BE FILED AT FAMILY DIVISION OF
CIRCUIT COURT IN WEST OLIVE:
12120 FILLMORE STREET, WEST OLIVE, MI 49460**

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

IN CONSENSUAL ADOPTIONS, THE BIOLOGICAL PARENT OR PARENTS TO BE TERMINATED AGREE TO THE ADOPTION AND WILL CONSENT AT A COURT HEARING. **IF YOU ARE NOT FILING A CONSENSUAL ADOPTION, YOU MAY NEED TO TALK TO AN ATTORNEY. ADDITIONAL FORMS WILL BE NECESSARY TO FILE AND MAY BE FOUND ON THE MICHIGAN COURTS WEBSITE.**

CLERKS CANNOT HELP YOU FILL OUT YOUR FORMS.

Please read all of the information contained in this packet, including the directions, to insure 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.**

PETITION FOR ADOPTION FORM (PCA 301):

Please note the following requirements for the Petition for Adoption Form:

1. The petition form must be completed in its entirety. The petition form must be signed and dated to be considered a valid petition and acceptable for filing.
2. You must **file a photocopy of the child's birth certificate and adopting parents' birth certificates** (birth certificates of petitioners) with the petition. The Court does not require a certified copy of the birth certificate.
3. You must file a copy of your Judgment of Divorce from the former spouse/biological parent. If no marriage took place, then you must file a copy of the Order of Filiation showing paternity and/or support or an Acknowledgment of Paternity or Affidavit of Parentage with the petition.
4. You must file a copy of the Marriage Certificate (to your current spouse who is adopting with you) with the petition. The Court does not require a certified copy. **Please note that the Court will not confirm an adoption unless the petitioners have been married for at least 6 months.**
5. If one or both parents are deceased, you must file a copy of the death certificate(s) with the petition.
6. 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), card: Mastercard, Visa, Discover or money order made payable to Ottawa County Clerk in the amount of \$175.00. Please note that **personal checks will not be accepted** by the Ottawa County Clerk's Office. If more than one child is being adopted, separate payment for each child will be required since adoption files are established on an individual basis. Other fees that could be incurred in conjunction with an adoption action are a \$95.00 fee for the Adoptive Home Study (only one home study fee is required even if there is more than one sibling), and a \$11.00 fee for a certified copy of the Order of Adoption upon finalization of the adoption. 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 is not required up front.

FORMS IN THE PACKET:

PETITION FOR ADOPTION FORM (PCA 301) –to be filled out by both persons adopting in the case of a couple, or by a single individual if adopting alone. **In the case of a step-parent adoption, the biological/custodial parent is considered the adopting parent** also, so that parent’s information must be provided in section 1 of the petition form. **This form must be signed by both 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 Court need to contact you regarding questions. Please note that in **section 6**, “the adoptee’s parents” refers to the **biological parents of the child**. If box #9 is checked you will have to obtain form PCA 302 from the Michigan Courts website at:

www.courts.mi.gov/administration/scao/forms/pages/search-for-a-form.aspx

CONSENT TO ADOPTION BY ADOPTEE FORM (PCA 307) – This form should be used if the child to be adopted is 7 years of age or older. This consent form **must be signed in front of the Judge or Referee** if the child is **14 or older**. Children between 7-13 can sign (not in front of Judge or Referee) and mail original form to the Clerk’s office. Appointments for signing this consent form can be made by calling (616) 786-4108 **OR** can be done at the finalization hearing. The adoptee does not need to appear to consent at the same time as the non-custodial biological parent.

CONSENT TO ADOPTION BY PARENT FORM (PCA 308) – This form should be used when the biological parent(s) are consenting to the adoption of the child. Please note this consent **must** be signed in front of a Judge or Referee.

CONSENT TO ADOPTION BY GUARDIAN FORM (PCA 308A) – This form should be used if there is a current Guardianship in place for the minor child. Please note that this form **must** be signed in front of a Judge or Referee.

PROOF OF SERVICE (PC 564) – This generic form can be used for perfecting service upon another party to the case. Consult an attorney 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 both petitioners. Please note there are two copies of the Verified Accounting form provided to you since you will be required to submit **both a 7 day 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 the biological non-custodial parent. This form is not needed if there are no attorneys involved.

ORDER OF ADOPTION FORM (PCA 321) – This is the document that 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. Please note that you do not have to appear before the Court to complete the adoption process, unless the adoptee is 14 years old and needs to still consent in front of a judge. If you wish to have a formal Court hearing you may do so by calling (616) 786-4108. You will need to provide the case number and the name of the adoptive minor child 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 or you may include this fee at the time of filing the petition

for adoption. Please note that if an attorney is involved, a copy of the Order of Adoption will be sent to the attorney's office.

FINAL ORDER ALLOWING FEES AND COSTS-(NOT NEEDED IN A STEP-PARENT ADOPTION UNLESS REPRESENTED BY AN ATTORNEY) (FORM PCA 341) – the judge signs this order allowing 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 accountings match.

NOTICE OF HEARING TERMINATION OF PARENTAL RIGHTS (PCA 303) - This form is required to be served upon biological parent regarding the hearing date set for their termination.

ORDER TERMINATING PARENTAL RIGHTS AFTER RELEASE OR CONSENT (PCA 318) - This form is to be submitted pre-filled out by the petitioner/agency/attorney for the termination hearing.

LICENSING RECORD CLEARANCE REQUEST FORMS (FORM BCAL-1326) – These forms must be completed by both the adopting Parents/petitioners, **as well as by any adult residing in the home**. Please read and complete these forms in their entirety. These forms must be submitted for filing with all of the other documents in this packet. In a family or step parent adoption, do not get fingerprinted.

REQUEST FOR CENTRAL REGISTRY CLEARANCE FORM (FORM DHS 1929) – This form must be completed by both the adopting parents/petitioners, **as well as by any adult residing in the home** and returned to the Clerk's Office **with a copy of the front and back of the corresponding VALID driver's license** at the time the Petition is submitted to the Court for filing. 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 forwarded directly to the adopting parents at the address on your driver's license. The adopting parents must then forward the ORIGINAL results to the Court for filing.**

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 Court will complete the certification portion of this form and forward the original to the State of Michigan. 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 ask what the current fee is (on 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'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.

21 DAYS AFTER TERMINATION HEARING (FOR RELATIVE/STEP-PARENT ADOPTIONS) A HOME STUDY WILL OCCUR:

ADOPTIVE HOME STUDY – After the necessary consents of the biological parent(s) and adoptee, if applicable, have been given and/or the rights of the biological parents are terminated, the Court will order an investigation called an Adoptive Home Study. A court worker will conduct this investigation (**on all adults residing in the home**) and will contact the petitioners by telephone to set up an interview time. You will need to supply three original, signed and dated (within a year of submission to court) reference letters to the Judge from non-family members which will be collected by the court worker when she conducts the interview (if they were not previously filed with the Court.) After the interview takes place and the investigation is complete, the court worker has up to three months to submit a report to the Court. If the report is satisfactory and all of the necessary paperwork has been properly and timely submitted, the Judge will confirm the adoption. **This confirmation can be done by mail 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 court worker conducting the home study at the time of the interview and she will assist you in scheduling that hearing.** A FINAL HEARING IS REQUIRED WHEN THE ADOPTEE IS 14 OR OLDER TO CONSENT, IF THEY DID NOT DO SO ALREADY WITH A REFEREE.

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 that **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 insure that all necessary information is filed timely and accurately since the Court will not sign incomplete documents.

ALL ADOPTIONS ARE FILED AT THE LOCATION BELOW ONLY:

Please contact us at the following location if you have any questions or concerns:

Ottawa County Clerk
12120 Fillmore Street
West Olive, MI 49460
Phone: (616) 786-4108
Fax: (616) 738-4638

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

In the matter of _____, adoptee
Full name of child

I, _____, join with my spouse in this petition for adoption. (Applies only to stepparent adoptions.)
Name (*see note below)

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: _____
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. a. 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> | |

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

***Use Note:** Enter the name of the biological, legal, or custodial parent.

(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. 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.)

10. 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.

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

12. 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:

13. 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.

14. The adoption be completed immediately because _____

15. 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:

- 16. _____ 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
- 17. The full investigation is waived. The petitioner(s) shall file a copy of the most recent foster family study as updated and supplemented.
- 18. 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) (use form PCA 352).

Date

Judge

Bar no.

| | | |
|--|---------------------------------------|-----------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY | CONSENT TO ADOPTION BY ADOPTEE | FILE NO. |
|--|---------------------------------------|-----------------|

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

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 _____ and _____
Name Name
 and I consent to taking the above permanently as my legal parent(s), as though parent(s) by birth.
4. I understand that I shall no longer be an heir of my former parent(s), whose rights have been terminated, except if this is a step-parent adoption, in which case I remain an heir of my biological parent whose rights were terminated, and I also become an heir of my adopting parent.
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 of his/her former parent(s) whose rights have been terminated.* The adoptee then voluntarily signed this consent before me. A verbatim record of testimony was made.

 Date

 Judge/Referee

 Bar no.

*In adult adoptions, see current law in MCL 710.60.

Do not write below this line - For court use only

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|--|--------------------------------------|-----------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY | CONSENT TO ADOPTION BY PARENT | FILE NO. |
|--|--------------------------------------|-----------------|

In the matter of _____, adoptee
Full name of child

NOTE: If the child is an Indian child, use form PCA 308-I.

1. I, _____, am the mother (Date of birth _____)
 Name father (Date of birth _____)
 of the child named above, who was born _____ at _____ .
 Date Place

2. A judge or referee of the court, or other authorized person, has fully explained to me my legal rights as a parent and that I do not have to sign this consent to adoption. I understand my parental rights and that if I do sign this consent, I voluntarily and permanently give up all my parental rights to my child for adoptive placement with

a. the petitioner(s), who filed a petition for the adoption of the adoptee and whose name(s) is/are unknown because identifying information is not being exchanged.

b. _____, who filed a petition for adoption of my child.
Name(s) of petitioner(s)

3. I understand my right to request a rehearing or to appeal within 21 days after an order is entered terminating my parental rights.

4. I have not received or been promised any money or anything of value for the consent to adopt my child except for charges and fees approved by the court.

5. Of my own free will, I give up completely and permanently my parental rights to my child, and I consent to the adoption of my child by the petitioner(s).

6. I understand that my parental rights may be reinstated without further hearing if the adoption of the child named above is not confirmed.

Date

Parent signature

Parent name (type or print)

Address City State Zip

The parent signing this consent is an unemancipated minor. I am the parent
 guardian (Copy of letters of authority attached.)
 guardian ad litem (Copy of order attached.)
 of the minor parent, and I join with the minor parent in signing this consent.

Date

Parent/guardian/guardian ad litem of unemancipated minor signature

Address City State Zip

**See second page for certification by judge/referee
and special acknowledgment for consents by those in the armed services or in prison.**

Do not write below this line - For court use only

NOTE: Before taking the consent, the court shall obtain from the parent(s) all the nonidentifying information required by MCL 710.27.

CERTIFICATION BY JUDGE/REFEREE

An investigation of this consent has been made. At a hearing where a verbatim record of testimony was made, I explained to the parent her/his legal rights and that by signing this consent, s/he was voluntarily and permanently giving up her/his parental rights to the child for adoption by the petitioner(s). The parent then voluntarily signed this consent before me.

The parent, guardian, or guardian ad litem of the unemancipated minor parent was present during this hearing and voluntarily signed this consent before me.

Date

Judge/Referee

Bar no.

NOTE: The following direction is necessary only if the consent is signed before another judge of the family division of the circuit court in Michigan (MCL 710.44[1]). In other cases, see MCL 710.44(2),(4).

I direct that the consent of _____ be signed before the judge of _____ County, Michigan or his/her designated referee.

Date

Judge/Referee

Bar no.

In addition to completing the other side of this consent, if the parent signing this consent is in the armed services or is in prison, the following special acknowledgment must be completed by a person authorized by law to administer oaths.

SPECIAL ACKNOWLEDGMENT

I certify and acknowledge that _____ is personally known to me,
Name of parent
is presently confined stationed at _____ located at
Name of place
_____ and stated
Address City State Zip
that s/he is the mother father of the child. I fully explained her/his legal rights as a parent, that s/he did not have to sign this consent to adoption, and that if s/he did sign this consent, s/he would be voluntarily and permanently giving up her/his parental rights to the child for purposes of adoption. I also explained her/his right to a rehearing or to appeal within 21 days after an order is entered terminating her/his parental rights. The parent then voluntarily signed this consent.

Subscribed and sworn to before me on _____,
Date County and state

My commission expires: _____ Signature: _____
Date

Notary public, State of Michigan, County of _____

Notary Public: _____
Name (type or print)

Address

City, state, zip

| | | |
|--|--|-----------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY | CONSENT TO ADOPTION BY GUARDIAN | FILE NO. |
|--|--|-----------------|

In the matter of _____, adoptee
Full name of child

1. I, _____, am the court-appointed guardian for
Name
 the child named above. _____ the parent of the child named above.

The child named above was born _____ at _____.
Date Place

2. I have authority to consent to this adoption by order of the _____ Court. (A copy of the order is attached and a copy of my current letters of guardianship are attached.)

3. a. A judge or referee of the court, other authorized person, has fully explained to me my legal rights as guardian and the legal rights of the parent(s) of the child named above and that I do not have to sign this consent. I understand that if I do sign this consent, my rights as guardian and the legal rights of each parent will be terminated and the child will be placed with:
(See b.i. and b.ii. below.)

b. A judge or referee of the court, or other authorized person, has fully explained to me, as guardian of the parent, the legal rights of the parent to the child named above and that I do not have to sign this consent. I understand that if I do sign this consent, I voluntarily and permanently give up, on behalf of the parent, his/her parental rights, and the child will be placed with:
(See i and ii below.)

i. the petitioner(s), who filed a petition for the adoption of the adoptee and whose name(s) is/are unknown because identifying information is not being exchanged.

ii. _____, who filed a petition for adoption of the adoptee.

4. I have not received or been promised any money or anything of value for the consent to adopt the child named above, except for charges and fees approved by the court.

5. I understand my rights as guardian and the rights of the parent(s) to the child and the right to request a rehearing or to appeal within 21 days after an order is entered terminating the rights of the parent(s) and of myself as guardian.

6. a. As guardian of the child named above, I voluntarily and permanently give up my rights as guardian and the rights of each parent to the child named above and consent to the adoption by the petitioner(s).

b. As guardian of the parent and on his/her behalf, I voluntarily and permanently give up his/her parental rights to the child named above and consent to the adoption by the petitioner(s).

 Date

 Guardian signature

 Guardian name (type or print)

 Address City State Zip

See reverse side for certification by judge/referee

Do not write below this line - For court use only

NOTE: Before taking the consent, the court shall obtain from the parent(s) all the nonidentifying information required by MCL 710.27.

CERTIFICATION BY JUDGE/REFEREE

An investigation of this consent has been made. At a hearing where a verbatim record of testimony was made, I explained to

- a. the guardian of the child his/her legal rights and that by signing this consent, the guardian was voluntarily and permanently giving up his/her rights to the child for adoption by the petitioner(s).
- b. the guardian of the parent the parent's legal rights and that by signing this consent, the guardian was voluntarily and permanently giving up, on behalf of the parent, his/her parental rights to the child for adoption by the petitioner(s).

The guardian then voluntarily signed this consent before me.

Date

Judge/Referee

Bar no.

NOTE: The following direction is necessary only if the consent is signed before another judge of the family division of the circuit court in Michigan [MCL 710.44(1)]. In other cases see MCL 710.44(2),(4).

I direct that the consent of _____ be signed before the judge of
Name of guardian
_____ County, Michigan or his/her designated referee.

Date

Judge/Referee

Bar no.

| | | |
|--|-------------------------|-----------------|
| STATE OF MICHIGAN PROBATE COURT COUNTY OF | 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

| | | |
|--|---|-----------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION 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

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

| | | |
|--|--|-----------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION 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

| | | |
|--|--|-----------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY | STATEMENT OF SERVICES PERFORMED BY ATTORNEY <input type="checkbox"/> 7-DAY <input type="checkbox"/> 21-DAY | FILE NO. |
|--|--|-----------------|

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

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 |
|---|-------------------|-----------------------------------|
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 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

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

Name (print or type) Bar no.

Address

City, state, zip Telephone no.

Do not write below this line - For court use only

| | | |
|--|--|-----------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY | STATEMENT OF SERVICES PERFORMED BY ATTORNEY <input type="checkbox"/> 7-DAY <input type="checkbox"/> 21-DAY | FILE NO. |
|--|--|-----------------|

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

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 |
|---|-------------------|-----------------------------------|
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| 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

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

Name (print or type) Bar no.

Address

City, state, zip Telephone no.

Do not write below this line - For court use only

| | | |
|--|--------------------------|-----------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION 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

| | | |
|--|--|------------------------|
| <p align="center">STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY</p> | <p align="center">FINAL ORDER ALLOWING FEES AND COSTS</p> | <p>FILE NO.</p> |
|--|--|------------------------|

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

1. Date of hearing: _____ Judge: _____ Bar no.
2. A petition for the adoption of the adoptee has been filed with the court.
3. A verified accounting itemizing payments and disbursements, and updated as required by law, has been filed by the adopting parents.
4. A verified statement of services and fees, updated as required by law, has been filed by the attorney for each adopting parent.
5. A verified statement of services and fees, updated as required by law, has been filed by the attorney for each parent of the adoptee.
6. 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 Human Services.

THE COURT FINDS:

7. The final order of adoption should be entered.
8. The fees and costs should be allowed in whole or in part.

IT IS ORDERED:

9. 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 Human Services are allowed as submitted except: _____
10. Payments or disbursements made or agreed upon by petitioner as itemized in the accounting are approved except: _____

Date

Judge

Do not write below this line - For court use only

| | | |
|--|---|-----------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY | NOTICE OF HEARING TERMINATION OF PARENTAL RIGHTS | FILE NO. |
|--|---|-----------------|

In the matter of _____, adoptee
 adoptee is an Indian child

TO:

| | |
|--|--|
| | |
|--|--|

TAKE NOTICE: On _____ at _____, in the _____ courtroom

Building _____ Street address _____ City _____ State _____ Zip _____
before _____, _____ a hearing

will be held on the **PETITION TO TERMINATE YOUR PARENTAL RIGHTS**. The law provides that you should be notified of this hearing. If you fail to appear at this hearing **YOUR PARENTAL RIGHTS MAY BE TERMINATED**.

If you choose to attend this hearing and 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 | | Date | |
| _____ | _____ | _____ | _____ |
| Attorney name | Bar no. | Petitioner name | |
| _____ | _____ | _____ | _____ |
| Attorney address | | Address | |
| _____ | _____ | _____ | _____ |
| City, state, zip | Telephone no. | City, state, zip | Telephone no. |

Complete this portion if this is to be published.

PUBLISH ABOVE INFORMATION ONLY

Publish one time in _____
Forward proof of publication to _____
Forward statement for publication charges to _____

Do not write below this line - For court use only

| | | |
|--|--|-----------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY | ORDER TERMINATING PARENTAL RIGHTS/ RIGHTS OF PERSON IN LOCO PARENTIS AFTER RELEASE OR CONSENT | FILE NO. |
|--|--|-----------------|

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

1. Date of hearing: _____ Judge: _____
Bar no.

THE COURT FINDS:

2. A release of the child has been executed according to law by _____
Name(s)

3. The consent to the adoption is genuine and is given by the person(s) having legal authority to sign the consent and the best interests of the adoptee will be served by the adoption.

4. The adoptee is an Indian child as defined in MCR 3.002(12) and the court has considered the application of the Indian Child Welfare Act and the Michigan Indian Family Preservation Act in this matter.

IT IS ORDERED:

5. The rights of the parent(s) or the person in loco parentis _____ are terminated.
Name(s)

 Date

 Judge

Do not write below this line - For court use only

LICENSING RECORD CLEARANCE REQUEST INSTRUCTIONS

The purposes of this form is:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Department of Human Services Central Registry File check regarding the possible existence of a substantiated child abuse or neglect record.
3. Produce a Bureau of Children and Adult Licensing (BCAL) Files check against current or previous licensee status of the applicant in any county of the state.

Instructions for processing: The Licensing Record Clearance (BCAL-1326) must be taken with you at the time the FBI fingerprint is conducted. **Note: The TCN# will be filled in by the Fingerprint Specialist and must be completed prior to submitting the form.**

Foster Parents/Adoptive Parents (AWP, AWF & AWA): Live Scan Fingerprint Request is required for foster home or adoptive applicants and licensees.

- **Private Adoption** - If your licensing record clearance form has an AWP code (Private Adoption) at the bottom of the upper right hand box titled LIVESCAN FINGERPRINT REQUEST, you may select a fingerprint vendor from a Private Live Scan Vendor at: http://www.michigan.gov/msp/0,1607,7-123-1589_1878_8311-237662--,00.html.
- **DHS Adoption & Foster Parent** - If your licensing record clearance form has an AWA code (DHS Child/Adoption) or an AWF code (Foster Parent) at the bottom of the upper right hand box titled LIVESCAN FINGERPRINT REQUEST, you must be registered and scheduled for fingerprinting. Contact the county DHS office or private agency licensing to get your fingerprint appointment scheduled.

The existence of a conviction record does not necessarily disqualify an applicant for licensure. However, it does provide BCAL and the child placing agency with information, which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide BCAL with accurate and truthful information and the authorization requested on this form may be sufficient cause to deny issuance of a license or certificate of registration.

- I am aware that Michigan Department of State Police Records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute.
- I am aware that the Department of Human Services Central Registry will be checked for information concerning substantiated child abuse and neglect.
- I certify that the information I have given on the form is, to the best of my ability, true and correct.
- The Department may perform this check at any time while I am licensed.
- I understand the personal information and fingerprints submitted by live scan are used to search against criminal identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above. I further understand MSP and the FBI may also retain the submitted information and fingerprints as permitted by the Federal Privacy Act of 1974 (5 USC § 552a(b)) for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to: governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.
- 28 CFR §16.34- Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod, D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

- ****DISCLAIMER: ALL FINGERPRINTS PROCESSED WITH INCORRECT FINGERPRINT CODES ARE THE RESPONSIBILITY OF THE REQUESTING AGENCY. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT FINGERPRINT CODES.** **I am aware that Michigan Department of State Police Records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute.

| | | |
|--------------|--|--|
| AUTHORITY: | 1973 PA 116 | Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area. |
| COMPLETION: | Required | |
| CONSEQUENCE: | Registration/Licensure may be denied or revoked. | |

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If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

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| | |
|---|--|
| AUTHORITY: 1973 PA 116 COMPLETION: Required CONSEQUENCE: Registration/Licensure may be denied or revoked. | Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area. |
|---|--|

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

INSTRUCTIONS:

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of your local county DHS, access www.michigan.gov/dhs -> Inside DHS.
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

COPY PHOTO ID HERE AND RETAIN A COPY FOR YOUR RECORDS

OR ATTACH A CLEAR COPY OF YOUR ID ON A SEPARATE PAGE

SECTION 1 INFORMATION ON PERSON BEING CLEARED

| | | | |
|----------------------------|-----------------------------------|------------------------|---|
| Name (First, Middle, Last) | AKA (Also Known As) (Maiden Name) | Social Security Number | Signature Required for individual being cleared |
| Address | Phone Number | Date of Birth | |

SECTION 2 REQUESTOR INFORMATION

Please Check Appropriate Box

Child Welfare Agency Employer

Individual I would like to pick up my results in _____ county Volunteer Agency

Law-Enforcement/Dept of Corrections Out-of-State Adoption and Foster Home Screening

Prosecuting Attorney/Court (please provide docket number if available) MI Other _____

| | | | |
|--|--------------------------------------|--------|----------|
| Name of Employer/Volunteer Agency/Individual | Name of CPS/Law-Enforcement or Court | | |
| Name | Title | City | State |
| Address | | | Zip Code |
| Phone | Fax | E-mail | Date |

Employers/volunteer agencies – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-6028. Mail questions to PO Box 30037, 235 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

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.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

INSTRUCTIONS:

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- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047
- All fields must be completed for processing.

COPY PHOTO ID HERE AND RETAIN A COPY FOR YOUR RECORDS

OR ATTACH A CLEAR COPY OF YOUR ID ON A SEPARATE PAGE

SECTION 1 INFORMATION ON PERSON BEING CLEARED

| | | | |
|---------------------------|-----------------------------------|------------------------|---|
| Name: First, Middle, Last | AKA (Also Known As) (Maiden Name) | Social Security Number | Signature Required for individual being cleared |
| Address | Phone Number | Date of Birth | |

SECTION 2 REQUESTOR INFORMATION

Please Check Appropriate Box

Child Welfare Agency Employer
 Individual I would like to pick up my results in _____ county Volunteer Agency
 Law-Enforcement/Dept of Corrections Out-of-State Adoption and Foster Home Screening
 Prosecuting Attorney/Court (please provide docket number if available) MI Other

| | | | |
|--|-----|--------------------------------------|----------|
| Name of Employer/Volunteer Agency/Individual | | Name of CPS/Law-Enforcement or Court | |
| Name | | Title | |
| Address | | City | State |
| Phone | Fax | E-mail | Zip Code |
| | | | Date |

Employers/volunteer agencies - will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.

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

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 | | | | | | |
|---|--------|--------|------|--------|--------|------|
| Child's Name | First | Middle | Last | | | |
| PARENT(S) INFORMATION* | MOTHER | | | FATHER | | |
| Current Legal Name ** | First | Middle | Last | First | Middle | Last |
| Name Before First Married | First | Middle | Last | | | |
| Date of Birth ** | Month | Day | Year | Month | Day | Year |
| State of Birth (Or country, if not USA) | | | | | | |
| * <input type="checkbox"/> 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 parents' ages will appear rather than their dates of birth.

| PARENT(S) INFORMATION | |
|---|--------------------|
| Parents(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: | |
| 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 child's name after adoption should be reviewed and signed before the section 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 Husband, Wife or Other Person Adopting |

INFORMATION NEEDED TO IDENTIFY ORIGINAL BIRTH RECORD

| | | | |
|--|---|--------|------|
| Child's Name at Birth | First | Middle | Last |
| Child's Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Child's Date of Birth | Month | Day | Year |
| Child's Place of Birth | City | County | |
| Name of Birthing Hospital (If Available) | | | |
| Biological Mother's Name Before First Married | First | Middle | Last |

COURT CERTIFICATION

The Family Division of Circuit Court of _____ County, Michigan

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

by the parent(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 10/2013 MCL 333.2829(1), MCL 333.2831(a) and 333.2891(9)(a)