

MUSKEGON COUNTY CIRCUIT COURT / FAMILY DIVISION

STEP-PARENT ADOPTION CHECKLIST

Before you arrive at the Hall of Justice

___ Fill out the *Petition for Adoption*

To begin an adoption bring the following to Family Court Services 3rd Floor:

___ Completed *Petition for Adoption*.

___ \$185.00 to pay the filing fee, this amount includes the \$175.00 filing fee and the \$10.00 fee for a certified copy of the adoption record. Judge will be assigned at this time.

___ \$100.00 fee for a home study.

___ Bring the following paperwork with you to Family Court Services on the third floor:

- The Petition for Adoption
- Birth certificates: 1 copy of the child's
 1 copy for each adopting parent
- Marriage License: 1 copy of the adopting parent's marriage license
- Divorce Papers: If either adopting parent has been married before, a copy of each
 and every divorce
- The names of three people who have agreed to provide a character reference for you.
- Proof of having a physical exam within the past year. This is can be as simple as a note from your doctor—one for each adopting parent and one for each child.
- The history of the birth parents (attached).

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION FOR STEPPARENT ADOPTION	FILE NO.
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In the matter of _____, adoptee
Full name of child

The petitioners are:

Name	Relationship to Adoptee	Address, City, State, Zip	Date and Place of Birth
Maiden:			
Maiden:			

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

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

City, county, and state of birth

Current residential address (if known)

3. The adoptee will be my heir at law.

not be changed.

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

5. The adoptee's property is _____

6. The adoptee's parents are

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 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.

HISTORY OF NATURAL MOTHER

FULL LEGAL NAME _____

ADDRESS _____

COUNTY _____ TELEPHONE _____

BIRTHPLACE _____

DATE OF BIRTH ____ / ____ / ____ NATIONALITY _____

DESCRIPTION Hair _____ Eyes _____ Race _____

Height _____ Weight _____ Build _____

EDUCATION Schools _____ Locality _____ Years _____

OCCUPATION Present Employer (or last place of employment)

Type of work _____

RELIGION _____

PERSONAL DATA Single _____ Married _____ Divorced _____ Widowed _____

If married, date of marriage ____ / ____ / ____ Place _____

If divorced, date of divorce ____ / ____ / ____ Place _____

If widowed, date of death ____ / ____ / ____ Place _____

NAMES OF CHILDREN _____ AGE _____ CUSTODY _____

ADDITIONAL INFORMATION _____

RELATIVES OF NATURAL PARENT

	Name	State of Residence	Nationality	Occupation	Physical/Mental Problems?
Father					
Mother					
Sibling					
Sibling					
Sibling					
Sibling					

HISTORY OF NATURAL FATHER

FULL LEGAL NAME _____

ADDRESS _____

COUNTY _____ TELEPHONE _____

BIRTHPLACE _____

DATE OF BIRTH ____ / ____ / ____ NATIONALITY _____

DESCRIPTION Hair _____ Eyes _____ Race _____

Height _____ Weight _____ Build _____

EDUCATION Schools _____ Locality _____ Years _____

OCCUPATION Present Employer (or last place of employment)

Type of work _____

RELIGION _____

PERSONAL DATA Single ____ Married ____ Divorced ____ Widowed ____

If married, date of marriage ____ / ____ / ____ Place _____

If divorced, date of divorce ____ / ____ / ____ Place _____

If widowed, date of death ____ / ____ / ____ Place _____

NAMES OF CHILDREN _____ AGE _____ CUSTODY _____

ADDITIONAL INFORMATION _____

RELATIVES OF NATURAL PARENT

	Name	State of Residence	Nationality	Occupation	Physical/Mental Problems?
Father					
Mother					
Sibling					
Sibling					
Sibling					