

## MUSKEGON COUNTY CIRCUIT COURT / FAMILY DIVISION

### STEP-PARENT ADOPTION CHECKLIST

To begin an Adoption bring the following to Family Court Services 3<sup>rd</sup> Floor:

- The **completed** *Step-Parent 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 (Checks made out to Muskegon Family Court). Judge will be assigned at this time.
- \$100.00 fee for a home study (Check made out to Muskegon Family Court).
- 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.
- Criminal background check for adopting party. Adoption Coordinator will run background check. I-Chat form & Central Registry form included. Will need copy of ID.
- The history of the birth parents (attached).
- If adoptee's is name is changing as a result of this adoption there will be a \$50.00 fee for a new birth certificate. (Checks made out to the State of Michigan).

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION MUSKEGON COUNTY	<b>PETITION FOR STEPPARENT ADOPTION</b>	<b>FILE NO.</b>
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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

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

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

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

(See additional page)

Do not write below this line - For court use only

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

\_\_\_\_\_  
Name of tribe, if known

**I REQUEST:**

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

11. The adoption be expedited because \_\_\_\_\_

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

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Signature of petitioner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of petitioner

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
Petitioner telephone no.

**IT IS ORDERED:**

12. \_\_\_\_\_ is directed to fully investigate and report its findings in writing to this court, within 3 months of this order, in accordance with the provisions of MCL 710.46.

13. The full investigation is waived.

14. The petitioner(s) shall give notice of this petition to the persons prescribed in MCR 3.800(B) in accordance with MCR 3.802(A)(3) and MCR 3.807(B), if applicable (use form PCA 352).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge Bar no.

**CONSENT TO OBTAIN CRIMINAL HISTORY INFORMATION  
FOR ADOPTION**

The 14<sup>th</sup> Circuit Court, Family Division completes adoption investigations as required by law MCL 710.46(2). Pursuant to this requirement, it is the policy of this Court to complete a Criminal history check.

Please provide the following information:

Name: \_\_\_\_\_

Race: \_\_\_\_\_ Gender:  M  F

Date of Birth \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Maiden and/or previously used name(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I authorize the 14<sup>th</sup> Circuit Court, Family Division, to request information from any human services agency as may be appropriate and also a criminal history check.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone #

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**Do not write below this line – For Court use only**

ICHAT Conducted: \_\_\_\_\_  
Date

Approved: \_\_\_\_\_

**CENTRAL REGISTRY CLEARANCE REQUEST**  
Michigan Department of Health and Human Services

Copy Photo ID Here

or

Attach a Separate Page

**SECTION 1 INFORMATION ON PERSON BEING CLEARED**

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

**SECTION 2 REQUESTER INFORMATION**

Check Appropriate Box  
 Employer  Volunteer Agency  Adoption/Foster Care Home Screening  Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney  
 Other Adoption Investigation

Name of Agency or Organization Muskegon County Family Court	Name of Requester Kristie Bowman/Adoption Coordinator
Address 990 Terrace St, 3 <sup>rd</sup> Floor	City Muskegon
Email bowmankr@muskegoncounty.net	State MI
	Zip Code 49442
	Phone Number 231-724-6408
	Fax 231-724-1108

**Employers/Volunteer Agencies** will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

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.

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.

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					