

## STEP-PARENT ADOPTION CHECKLIST

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

- This **completed** Packet for Adoption.
- \$285.00 to pay the filing fee, this amount includes the \$175.00 filing fee, \$10.00 fee for a certified copy of the adoption record, and \$100.00 fee for a home study (Checks made out to Muskegon Family Court). Judge will be assigned at this time.
- Birth certificates: 1 copy of the child's  
1 copy for each adopting parent  
1 copy of biological 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
- Court Order: Order stating who Legal Mom & Dad are of the adoptee or adoptee(s)
- **Letters** from three people who have agreed to provide a character reference for you. You can have them email letters to: **adoptions@co.muskegon.mi.us**
- Proof of having a physical exam within the past year, and there aren't any health concerns for the person adopting. This is can be as simple as a note from your doctor on their letterhead—**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 a clean copy of ID.
- The history of the birth parents (attached).
- If you are trying to involuntarily terminate bio parent's rights there are additional steps you must complete. You must include the Supplemental Petition (PCA-302) & a ledger of payments, (non-payments) for the last two years. If the other bio-parent does not consent to the adoption, you may have to hire an attorney to help you terminate their rights.
- There will be a \$50.00 fee for a new Michigan birth certificate. (Checks made out to the State of Michigan). \* If child was born in another state we will have to send paperwork to that State.

<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.

**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**

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**SECTION 1 – INFORMATION ON PERSON BEING CLEARED**

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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

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**SECTION 2 – REQUESTER INFORMATION**

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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

Muskegon Family Court

Adoption Coordinator

Address

City

State

Zip Code

990 Terrace St, Ste 300

Muskegon

MI

49442

Email

Fax

Phone Number

Adoptions@co.muskegon.mi.us

231-724-1108

231-724-6317

**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: \_\_\_\_\_

Sex Offender Registry \_\_\_\_\_

Results: Yes – see print out No – No results

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					

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					