

MUSKEGON COUNTY CIRCUIT COURT / FAMILY DIVISION

STEP-PARENT ADOPTION CHECKLIST

To begin an Adoption bring the following to Family Court Services 3rd 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
- 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. Can 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 is an additional checklist you must complete. Must include the Supplemental Petition & a ledger of payments for the last two years.
- There will be a \$50.00 fee for a new birth certificate. (Checks made out to the State of Michigan).

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION MUSKEGON 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: _____ Birth date and time _____
Full name of child (type or print)

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

_____ Birth date _____	_____ Birth date _____
<small>Father's name (type or print)</small>	<small>Mother's name and maiden name (type or print)</small>
_____ 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.

DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST
 Michigan Department of Health and Human Services
 (Revised 4-22)

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	
Maiden Name, Aliases, also known as (A.K.A)	Social Security Number	Date of Birth	
Address	City	State	Zip Code
Phone Number	Email		

- I am completing this for myself.
 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

Name of Agency or Organization Muskegon Family Court	Name of Requester Kristie Bowman/Adoption Coordinator		
Address 990 Terrace St, 3rd Fl	City Muskegon	State MI	Zip Code 49442
Email Bowmankr@co.muskegon.mi.us	Fax 231-724-1108	Phone Number 231-724-6408	

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 will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

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

The 14th 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 14th 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 #

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					
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 _____

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Father					
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Sibling					
Sibling					
Sibling					