

MUSKEGON COUNTY CIRCUIT COURT / FAMILY DIVISION

GUARDIANSHIP/RELATIVE 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, the \$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)
- Court Order: Order stating who has Guardianship
- **Letters** from three people who have agreed to provide a character reference for you. They can email letters to: adoptions@co.muskegon.mi.us.
- Proof of having a physical exam within the past year. 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).
- 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 ADOPTION <input checked="" type="checkbox"/> Related Within 5th Degree <input type="checkbox"/> Other (Excluding Direct Adoption)	FILE NO.
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Note: For stepparent adoptions, use form PCA 301b.

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
<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: _____ 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. a. 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 _____	

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

(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. 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.

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

11. 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:

12. 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.

13. The adoption be completed immediately because _____

14. 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:

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

<p>COPY PHOTO ID HERE</p> <p>OR</p> <p>ATTACH A SEPARATE PAGE</p>
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SECTION 1 – INFORMATION ON PERSON BEING CLEARED

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

SECTION 2 – REQUESTER INFORMATION

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 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 _____
Date

Approved: _____

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 _____

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Father					
Mother					
Sibling					
Sibling					
Sibling					