

STEPPARENT ADOPTION

Use this packet if:

Parents were married at time of birth or paternity was established

--and--

The non-custodial parent **will not consent** to the adoption

.....

Please read through these instructions carefully so that you have all required documents with you when you file the petition. These instructions are provided by the court so that you will know the steps involved in a Stepparent Adoption. These instructions are not a full explanation of the law and this packet is not meant to teach you the law. The Circuit Court cannot give you legal advice or help you fill out the forms. If you do not understand these instructions or are not able to fill out the Petitions and other forms by yourself, you should consult an attorney.

*******Note: If the biological parent whose rights are being terminated will not consent to the adoption, you must meet the criteria on the Supplemental Petition (PCA 302) in order to proceed with the adoption*******

Please complete all forms by typing or neatly printing using black ink

Custodial parent and spouse bring the following documents to the Family Court Records office when ready to file:

- Completed Petition for Adoption form (PCA 301b) which must be signed by both the custodial parent and his/her spouse
- Completed Supplemental Petition & Affidavit to Terminate Parental Rights of Noncustodial Parent (PCA 302). This document must be signed in front of a notary and required documents attached regarding #2 or #3 of the affidavit and either 5a or 5b must be true.
- A certified copy of the adoptee's birth certificate (*issued within the last six months*)
- A certified copy of marriage license of the custodial parent & current spouse
- A copy of the court order issued regarding custody of the child (Mandatory per MCL 710.51(6)).
- The required fees totaling \$361.00 which will cover the \$175.00 filing fee, \$125.00 fee for the home study, \$11.00 certification fee for the Order of Adoption and the cost of the new birth certificate, which is \$50.00 if born in Michigan. (if the child was not born in Michigan, the fee will be \$311.00 + the fee imposed by that given State. Clerks will calculate that amount for you and is payable upon filing of the petition)
- Completed Petitioner's Verified Accounting (PCA 347) signed by both parties
- Adoption Report required to establish a new Michigan Birth Record, signed by both the custodial parent and his/her spouse (unless the child was not born in Michigan).

After filing the Petition and paying the fees, a copy of the petition with the assigned case number will be given to you. The stepparent wanting to adopt then must have his/her fingerprints taken. The copy of the filed petition will be needed for that purpose (see additional special instruction sheet attached). **The court will not proceed on your Petition for Adoption until a subsequent fingerprint report is received from the Michigan State Police.**

After the fingerprint report is received by the court, the Judge will sign the Order for the home investigation. The adopting couple will be contacted by the home investigator for a home visit in approximately 3 to 4 weeks after that.

Once the home study report is received by the court, a hearing date will be set regarding the Supplemental Petition (PCA 302). If the address of the parent who will not consent is known, the Court will send notice of the hearing. If the address is unknown, it will be necessary to publish in the newspaper and this procedure should be discussed with court staff. At the time of the hearing, testimony must be given showing the non-custodial parent had both the ability to pay support and the ability to visit but has not done so for over two years. An Order Terminating Rights of Non-Custodial Parent (PCA 304) will be submitted to the Judge for signature.

The final hearing to confirm the adoption will be scheduled by the court after allowing for the appropriate time for appeal by the noncustodial parent.

Additional forms within the packet that will (or may) be used during the proceedings (also bring with you when you file the petition):

PCA 307 -- If the Adoptee is 14 years or older, he/she must also appear before the Judge to give his/her consent to the adoption. The form Consent to Adoption by Adoptee (PCA 307) is used for this purpose. If it does not apply in your situation, please discard. Please complete this form to the best of your ability. This hearing will be scheduled by the court.

PCA 304 – Order Terminating Rights of Noncustodial Parent will be signed during the hearing mentioned above. Please complete the child's information.

PCA 341 -- At least 21 days prior to the adoption being confirmed, the Final Order Allowing Fees and Costs form (PCA 341) must be filed. Please complete the child information portion of the form.

PCA 319 -- The Order Placing Child (Stepparent Adoption) form (PCA 319) should be completed with the child's information.

The Court will prepare the Order of Adoption and when it has been signed, a certified copy is mailed to the adopting parents. The Adoption Report form previously signed by both adopting parents must be reviewed and will be used to create the new birth certificate. The new birth certificate will be mailed directly to you by the Vital Statistics Office.

4/19

SPECIAL INSTRUCTIONS FOR STEP-PARENT, RELATIVE, AND GUARDIAN ADOPTIONS

Every person requesting to adopt must follow these instructions before the Court can act on the petition, in reference to the Michigan Adoption Code, 710.22a.

Every person requesting to adopt must have one (1) complete set of fingerprints taken at the Grand Traverse County Jail. Those fingerprints will be used by the Michigan State Police to check criminal records. The Michigan State Police will send a report to the Court regarding criminal records.

INSTRUCTIONS:

1. File the Petition for Adoption (PCA 301) with the Circuit Court Records-Family Division and pay the applicable fee.
2. Obtain one (1) copy of the completed Petition for Adoption.
3. Contact Grand Traverse County Jail and ask to be fingerprinted on a Michigan Applicant Fingerprint card (RI-8). They may only process this request on specific dates and times so contact them by phone to obtain current date and time. Complete the fingerprint card entirely (you may be required to **type** the fingerprint card. If you do not have access to a typewriter, many of the local libraries have typewriters available for public use.)

After you have had your fingerprints taken, mail or deliver the copy of the Petition to Adopt, the fingerprint card(s) and the \$30.00 fee (made payable to State of Michigan) to:

Michigan State Police
CJIC
PO Box 30266
Lansing, MI 48909

4. The Michigan State Police will review their criminal records and send a report to you. Please bring or mail the original of the report to the Court.
5. After the Court receives the required report from the Michigan State Police, the court can then proceed on your Petition for Adoption.

| | | |
|--|---|-----------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY | PETITION FOR STEPPARENT ADOPTION | FILE NO. |
|--|---|-----------------|

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

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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.

| | | |
|--|---|-----------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY | SUPPLEMENTAL PETITION AND AFFIDAVIT TO TERMINATE PARENTAL RIGHTS (STEPPARENT ADOPTION) | FILE NO. |
|--|---|-----------------|

In the matter of _____, Full name of child DOB: _____, adoptee
 adoptee is an Indian child

SUPPLEMENTAL PETITION

I, _____, Name of petitioning parent, request that the parental rights of _____, the other parent of the child, be terminated because of lack of support of and parenting time with the child.

_____, Date _____, Signature of petitioning parent

AFFIDAVIT

1. I have joined in a petition with _____, Name (type or print) whom I married on _____, Date requesting the adoption of the child named above and the termination of the parental rights of the other parent named above.
2. I have custody of the child according to a court order. A copy of all court orders regarding custody are attached.
3. a. A support order has been entered and the other parent has failed to substantially comply with the order for a period of two years or more before the petition for adoption was filed. **Note:** If a support order of \$0.00 was entered, check 3b.
 b. A support order has not been entered and the other parent, having the ability to support the child, has failed or neglected to provide regular and substantial support for two years or more before the petition for adoption was filed.
4. The other parent has had the ability to visit, contact, and communicate with the child and has regularly and substantially failed or neglected to do so for a period of two years or more before the petition for adoption was filed.
5. The last-known address of the other parent is _____

(SEE SECOND PAGE)

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|--|---|-----------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY | PETITIONER'S VERIFIED ACCOUNTING | FILE NO. |
|--|---|-----------------|

In the matter of _____ DOB: _____, adoptee
Full name of child

I filed a petition to adopt the adoptee. This accounting is a complete itemization of payments/disbursements of money or anything of value made or agreed to be made by me or on my behalf in connection with this adoption as of this date. Form PCA 347a will be submitted to report any additional payments/disbursements of money or anything of value made or agreed to be made by me or on my behalf in connection with this adoption.

| EXPENSES | TOTAL |
|--|--------------------------|
| 1. Court Filing Fee | |
| Petition for Adoption \$ _____ | |
| Order of Adoption \$ _____ | |
| Motion for Early Confirmation \$ _____ | |
| Birth Certificate Fee \$ _____ | |
| Other petitions, motions, orders \$ _____ | \$ _____ |
| 2. Agency/Michigan Department of Health and Human Services Charges (itemized on other side of this form) | \$ _____ |
| 3. Attorney Fees (itemized on other side of this form) | \$ _____ |
| 4. Travel Expenses (itemized on other side of this form) | \$ _____ |
| 5. Medical, Hospital, Nursing, or Pharmaceutical Expenses (itemized on other side of this form) | \$ _____ |
| 6. Counseling Services (itemized on other side of this form) | \$ _____ |
| 7. Living Expenses (itemized on other side of this form) | \$ _____ |
| 8. Information Gathering Expenses (itemized on other side of this form) | \$ _____ |
| 9. Other (itemized on other side of this form) | \$ _____ |
| I REQUEST that the court approve these payments and disbursements. | TOTAL \$ _____ |

I declare that this accounting and the attachments have been examined by me and that the contents are true to the best of my information, knowledge, and belief.

Date

Signature of petitioner

Signature of petitioner

Name (print or type)

Name (print or type)

Address

Address

City, state, zip

Telephone no.

City, state, zip

Telephone no.

NOTE: This accounting must be filed at least 7 days before formal placement for adoption.

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|--|---------------------------------------|-----------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY | CONSENT TO ADOPTION BY ADOPTEE | FILE NO. |
|--|---------------------------------------|-----------------|

In the matter of _____ DOB: _____, adoptee
Full name

1. I understand that my consent is necessary for this adoption.
2. The judge or referee of the court has fully explained to me that I do not have to sign this consent.
3. I consent to my adoption by _____ and _____
Name Name
 and I consent to taking the above permanently as my legal parent(s), as though parent(s) by birth.
4. I understand that I shall no longer be an heir of my former parent(s), whose rights have been terminated, except if this is a step-parent adoption, in which case I remain an heir of my biological parent whose rights were terminated, and I also become an heir of my adopting parent.
5. I agree that following adoption my name will be _____ .

 Date

 Adoptee signature

 Adoptee name (type or print)

 Address

 City, state, zip

After the court made the investigation it deemed necessary, I fully explained to the adoptee the fact that s/he was consenting to acquire permanently the adopting parents as legal parents as though the adoptee had been born to the adopting parents, and consenting to the termination of right to be an heir at law of his/her former parent(s) whose rights have been terminated.* The adoptee then voluntarily signed this consent before me. A verbatim record of testimony was made.

 Date

 Judge/Referee

 Bar no.

*In adult adoptions, see current law in MCL 710.60.

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|--|--|------------------------|
| <p align="center">STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY</p> | <p align="center">ORDER TERMINATING PARENTAL RIGHTS (STEPPARENT ADOPTION)</p> | <p>FILE NO.</p> |
|--|--|------------------------|

In the matter of _____, adoptee
Full name of child Date of birth

1. Date of hearing: _____ Judge: _____
Bar no.

2. A petition has been filed requesting the parental rights of _____
Name
to be terminated and that an order of adoption be entered.

3. Notice of this hearing has been given or waived as required by law.

4. The court has received evidence on the petition.

THE COURT FINDS:

5. The other parent waived or was given proper notice of this hearing.

6. _____ has custody of the child according to a court order.
Name

7. On _____, _____ subsequently married the parent with custody.
Date Name

8. The other parent

has failed to substantially comply with a support order for a period of 2 years or more before the filing of the petition.

having the ability to support or assist in supporting the child, has failed or neglected to provide regular and substantial support for the child for a period of 2 years or more before the filing of the petition.

9. The other parent, having the ability to visit, contact, or communicate with the child, has regularly and substantially failed or neglected to do so for a period of 2 years or more before the filing of the petition.

10. The adoptee is an Indian child as defined in MCR 3.002(12) and the court has considered the application of the Indian Child Welfare Act and the Michigan Indian Family Preservation Act in this matter.

IT IS ORDERED:

11. The parental rights of _____ are terminated.
Name

Date

Judge

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|--|--|------------------------|
| <p align="center">STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY</p> | <p align="center">FINAL ORDER ALLOWING FEES AND COSTS</p> | <p>FILE NO.</p> |
|--|--|------------------------|

In the matter of adoptee _____ DOB: _____
Full name of child

1. Date of hearing: _____ Judge: _____ Bar no.

2. A petition for the adoption of the adoptee has been filed with the court.

3. A verified accounting itemizing payments and disbursements, and updated as required by law, has been filed by the adopting parents.

4. A verified statement of services and fees, updated as required by law, has been filed by the attorney for each adopting parent.

5. A verified statement of services and fees, updated as required by law, has been filed by the attorney for each parent of the adoptee.

6. A verified statement of services and fees, updated as required by law, has been filed by the child-placing agency or the Michigan Department of Human Services.

THE COURT FINDS:

7. The final order of adoption should be entered.

8. The fees and costs should be allowed in whole or in part.

IT IS ORDERED:

9. Fees and costs are approved as follows:

a. Fees and costs of the attorney for petitioner are allowed as submitted except: _____

b. Fees and costs of the attorney for the parent(s) are allowed as submitted except: _____

c. Fees and costs of the child-placing agency or Michigan Department of Human Services are allowed as submitted except:

10. Payments or disbursements made or agreed upon by petitioner as itemized in the accounting are approved except:

 Date

 Judge

Do not write below this line - For court use only

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|--|--|-----------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY | ORDER PLACING CHILD (STEPPARENT ADOPTION) | FILE NO. |
|--|--|-----------------|

In the matter of _____ Full name of child DOB: _____
 adoptee is an Indian child

1. Date of hearing: _____ Judge: _____ Bar no.

THE COURT FINDS:

2. A petition for an order of adoption has been filed.
3. A report of investigation has been filed and reviewed by the court.
4. The best interests of the adoptee will be served by the adoption.
5. The petitioner for adoption is married to a parent having legal custody of the adoptee according to a court order.

IT IS ORDERED:

6. Placement of the adoptee in the home of _____ Name(s)
is approved.

7. _____ shall supervise the adoptee in the
Court agent or employee, child-placing agency, or Michigan Department of Health and Human Services
home and shall make reports to the court regarding the adjustment of the adoptee in the home every _____ months.

Date

Judge

Do not write below this line - For court use only

**ADOPTION REPORT
REQUIRED TO ESTABLISH A NEW MICHIGAN BIRTH RECORD
(To Be Submitted by the Court)**

Michigan Department of Health and Human Services

Has it been requested that a new certificate **NOT** be created? Yes No
If yes, the adoption does not need to be reported to the Vital Records Program.

PLEASE TYPE OR PRINT CLEARLY AND LEGIBLY

| INFORMATION REQUIRED TO CREATE THE ADOPTIVE BIRTH RECORD | | | | | | |
|--|-------------------------------|---------------------------------|-------------------------------|---------------------------------|--------|------|
| Childs Name | First | Middle | Last | | | |
| PARENT(S) INFORMATION* | | | | | | |
| Current Legal Name ** | First | Middle | Last | First | Middle | Last |
| Name Before First Married (If Applicable) | First | Middle | Last | First | Middle | Last |
| Date of Birth ** | Month | Day | Year | Month | Day | Year |
| State of Birth (Or country, if not USA) | | | | | | |
| Social Security Number | | | | | | |
| Parent Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Female | | |
| * <input type="checkbox"/> Check here if the parents should be listed as Parent and Parent rather than Mother and Father | | | | | | |

** If the child's date of birth is prior to 1989, the mother's current legal name will not appear on a certified copy of the birth record, and the parents' ages will appear rather than their dates of birth.

| PARENT(S) INFORMATION | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Parent(s) name and complete mailing address are needed to mail the new record. Please provide a phone number to contact you if there are questions regarding the new record. | | | | | | | | | | | | | | | | | | | | | |
| Name(s) | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | |
| City/State/Zip | County of Residence | | | | | | | | | | | | | | | | | | | | |
| Daytime phone to contact you | Area Code & Number | | | | | | | | | | | | | | | | | | | | |
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| PAYMENT - The fee for establishing a new Michigan birth record following an adoption is \$50.00 and includes one copy of the new record. Additional copies of the new record are available for \$16.00 each when ordered at the same time. Payment must be made by check or money order and made payable to the State of Michigan. The new birth record will not be created until the recording fee has been paid. | |
|---|---------------|
| Establish New Birth Record Following an Adoption (Fee includes one (1) certified copy of the record) | \$ 50.00 |
| _____ Additional Certified Copies | \$ 16.00 Each |
| Rush Fee (2-3 weeks processing) | \$ 25.00 |
| TOTAL ENCLOSED: | \$ |

| SIGNATURE(S) |
|---|
| Personal data of adoptive parents and child's name after adoption should be reviewed and signed before the section for Information Needed to Identify Original Birth Record is completed. The form should be signed by the adoptive parent(s). The adoptive parent(s) should verify information listed for the adoptee. |
| _____ Signature of Person Adopting |
| _____ Signature of Other Person Adopting (If Applicable) |

INFORMATION NEEDED TO IDENTIFY ORIGINAL BIRTH RECORD

| | | | |
|---|-------------------------------|---------------------------------|------|
| Childs Name at Birth | First | Middle | Last |
| Childs Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | |
| Childs Date of Birth | Month | Day | Year |
| Childs Place of Birth | City | County | |
| Name of Birthing Hospital (If Available) | | | |
| Biological Mothers Name Before First Married | First | Middle | Last |

COURT CERTIFICATION

The Family Division of Circuit Court of _____ County, Michigan

I hereby certify that the child named above was adopted in accordance with Michigan law on _____
(Month, Day, Year)
by the person(s) listed as the parent(s) for the adoptive birth record, as set forth in the final decree of adoption.

CASE NO. _____

Judge

By _____
Clerk of the Court

SEAL

For additional information:

Vital Records Changes
(517) 335-8660
Mon-Fri 8:00 am - 5:00 pm ET

MAIL REPORT AND PROPER FEE TO:

Vital Records Changes
P.O. Box 30721
Lansing MI 48909