

ADULT ADOPTION

Facts situation:

Petitioners may or may not be related to adoptee

And

Adoptee is an adult and will consent to this 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 an Adult 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.

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

Adult and Petitioner bring the following documents to the Family Court Records office when ready to file:

- Completed Petition for Adoption form (PCA 301) which must be signed by the party(s) filing the petition.
- A certified copy of the adoptee's birth certificate (*issued within the last six months*)
- 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 adoptee 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 the party(s) filing the petition
- Adoption Report required to establish a new Michigan Birth Record, signed by the party(s) filing the petition

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

ALL FORMS MUST BE SUBMITTED WITH ADOPTEE'S NAME AND DATE OF BIRTH FILLED IN:

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 307 – Consent to Adopt by Adoptee. A hearing date will be scheduled and the adult adoptee must appear before the Judge to consent to the adoption. Please complete this form to the best of your ability.

If the adoptee doesn't live in this county, the consent will be taken according to the law in that state. The Court will schedule that hearing accordingly

PC 562 – Notice of Hearing. Each of the biological parents, if living, must receive notification of this hearing. Once you obtain a hearing date from the Court, complete the Notice of Hearing form. A copy of this form must be mailed to each biological parent. The original of this form plus a completed Proof of Service (**PCA 564**) are then filed with the Court. The Judge cannot proceed with the hearing if you haven't completed the notice requirements

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.

05/16

**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																				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>																				

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

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION FOR ADOPTION <input 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: _____
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. 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.

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

Do not write below this line - For court use only

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

Do not write below this line - For court use only

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

NOTICE OF HEARING

FILE NO.

In the matter of _____
First, middle, and last name

TAKE NOTICE: A hearing will be held on _____ at _____,
Date Time

at _____ before Judge _____
Location Bar no.

for the following purpose(s): (state the nature of the hearing)

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Date

Attorney name Bar no.

Petitioner name

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

USE NOTE TO COURT: If this hearing is for a guardianship matter involving an Indian child as defined in MCR 3.002(12), you must comply with MCR 5.109(2).

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PROOF OF SERVICE	FILE NO.
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In the matter of _____

1. Titles of the papers served or mailed: _____

2. According to court rule, I served by first-class mail registered mail (copy of return receipt attached)
 certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	TOTAL FEE
\$		\$	\$

Date

Signature

Name (type or print)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

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

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