



# 17<sup>th</sup> Judicial Circuit Court for the County of Kent

## ADULT ADOPTION CHECKLIST

All adoption forms must be completed and signed legibly either print or type, with complete names (first, middle and last) as listed on the birth certificate(s). Make sure filings are complete. The checklist is intended to outline most of the documents needed. However, the court may require additional materials. Court personnel are unable to provide legal advice. To expedite the filing process, please organize the items below according to this checklist.

**All filings are to be mailed or delivered to: (616) 632-5107 or (616) 632-5108**

Kent County Adoption Department  
180 Ottawa Ave NW, Suite 3500, Grand Rapids, MI 49503

### **GENERAL CONSIDERATIONS:**

- The adoption department cannot process adoptions for petitioner(s) who are not residents of Kent County.
- Certified document(s) required for filing will not be returned to the petitioner(s).
- All adoption court forms recommended for use by the Michigan Supreme Court are available on-line at the State Court Administrative Office to complete and print. (website => courts.mi.gov)
- This checklist provides the corresponding recommended court form number(s) in parentheses.
- The failure to timely submit documentation may result in a dismissal of the case for lack of progress.

### **INITIAL DOCUMENTS REQUIRED:**

#### **PETITION(S) & SUBSEQUENT FILING(S)**

1.  Petition for adoption (PCA 301) (one per child, any name change should be reflected on Petition), Data Entry Sheet, and Cover Letter detailing specifics and/or any special instructions for the filing.

#### **LEGAL PARENT(S)**

(COURT SEAL NEEDED FOR ORDERS OUTSIDE OF KENT COUNTY)

2.  If any court order(s) terminating the parental rights of the legal parent(s) exist, then provide such.
3.  If any parent(s) is/are deceased, then provide a certified copy of the death certificate(s).
4.  It is not required in an Adult Adoption to obtain consent from a parent; however they are considered an interested party in a Petition for an Adult Adoption and **must receive notice**. It is the petitioner's responsibility to obtain a valid address or a Motion for Alternate Service may be required.

#### **ADOPTEE**

5.  Original birth certificate of adoptee. Note: If adoptee was not born in the United States, then residency documentation is required.
6.  Statement from Adoptee stating why they desire the adoption to take place.
7.  Consent to Adoption by Adoptee Form (PCA 307), court will prepare this form and schedule a hearing for the adoptee to consent to their own adoption. Adoptee's 14 years of age or older are required by statute to consent to their own adoption.

#### **ACCOUNTING**

10.  Verified 7-day accounting itemized on the form with receipt(s) attached: (one per child)  
 Petitioner(s) (PCA 347)  Attorney(s) (PCA 346), when applicable

#### **ADOPTIVE PARENT(S)**

11.  Adoptive history report completed. (Kent County Adoption Department form).
12.  Copy of birth certificates of each petitioner.
13.  Copies each petitioner's driver's license or state identification.

- 14.  Copy of current marriage certificate of petitioners, when applicable.
- 15.  Copies of all marriage certificate(s) of each petitioner, when applicable.
- 16.  Copies of all divorce decree(s) of each petitioner, when applicable.
- 17.  Copy of death certificate of a previous spouse, when applicable (Not in lieu of a divorce decree).
- 18.  Copy of court order of legal name change, when applicable.
- 19.  Copy of naturalization papers, when applicable.
- 20.  Copy of guardianship order, when applicable.

**FINALIZATION DOCUMENTS REQUIRED:**

- 24.  Verified (Supplemental/21-day) accounting itemized on the form: (one per child)  
 Petitioner(s) (PCA 347a) (court will prepare)     Attorney(s) (PCA 346), when applicable
- 25.  Report to establish a new MI birth certificate (DCH-0854)( court will prepare) (1 per child)

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**COURT FEES:** (All fees are non-refundable)

**INITIAL FILING FEES**

- \$185 filing fee must accompany each petition for adoption. This fee may be paid by check or money order payable to “17<sup>th</sup> Judicial Circuit Court.”
- \$50 fee to establish a new Michigan birth certificate and \$16 for each additional copy – check or money order (no cash) made payable to “State of Michigan” is due at the time of requesting finalization. Upon finalization of the adoption, if requested, a new birth certificate will be created, and the original birth record will be sealed.

**NOTE:** Birth certificates are amended in the adoptee’s state of birth. Fees and required documentation vary from state to state. If the adoptee was born in a state outside of Michigan, then it is the responsibility of Petitioner(s) to submit to our department the appropriate fees and document(s) required by that state’s respective vital records department to create a new birth record resulting from an adoption.

**ADDITIONAL FEES:**

- Each subsequent petition, motion, etc. \$20

**Any questions concerning these procedures, please contact your attorney, or the  
Kent County Adoption Department at 616-632-5107, 616-632-5108**

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**17<sup>th</sup> JUDICIAL CIRCUIT COURT, FAMILY DIVISION ADOPTION DATA ENTRY SHEET**  
**THIS FORM MUST BE FILLED IN LEGIBLY, COMPLETELY AND ACCURATELY**

ADOPTEE INFORMATION			
Birth Name or Current Legal	Last Name	First	Middle
Adopted (Name to be)	Last Name	First	Middle
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthplace (City, County and State)		Date of Birth
Race <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other or Bi-Racial (please specify)			
Adoptee's School District:			

ADOPTIVE PETITIONER/S INFORMATION						
Petitioner #1:	Last Name	First	Middle	DOB	SS#	Race
	Maiden/Original					
Petitioner #2 Parent or Custodial Parent	Last Name	First	Middle	DOB	SS#	Race
	Maiden/Original					
Email for adoptive family						
Address (No. and Street)			County		Marriage Date	
City		State	Zip	Phone		

ATTORNEY FOR PETITIONER/S IF APPLICABLE			
Attorney Name	First	Last	Bar No: P-

**(PLEASE NOTE: NOTICE MUST BE SENT TO BIOLOGICAL PARENTS) – (NOT APPLICABLE FOR DELAYED REGISTRATION OF FOREIGN BIRTH)**

BIRTH PARENT INFORMATION (NOT REQUIRED FOR DELAYED REGISTRATION OF FOREIGN BIRTH)						
Birth Mother	Last Name	First	Middle	DOB	Race	
	Maiden/Original					
Address (No. and Street)		City	State	Zip	Phone:	
					Email:	
Birth Father	Last Name	First	Middle	DOB	Race	
Address (No. and Street)		City	State	Zip	Phone:	
					Email:	
Will Non-Custodial Parent be willing to consent to this adoption? <input type="checkbox"/> YES or <input type="checkbox"/> NO						
Will an interpreter be Needed for any parties? <input type="checkbox"/> YES or <input type="checkbox"/> NO If yes, What language? _____						

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION <b>COUNTY</b>	<b>PETITION FOR ADOPTION</b> <input type="checkbox"/> <b>Related Within 5th Degree</b> <input type="checkbox"/> <b>Other (Excluding Direct Adoption)</b>	<b>FILE NO.</b>
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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 (MM/DD/YYYY) 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 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 position 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 to 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

P-

\_\_\_\_\_  
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 Court agent or employee, child-placing agency, or Michigan Department of Health and Human Services and report its findings in writing to this court, within 3 months of this order, in accordance with the provisions of MCL 710.46.
- 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.

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>PETITIONER'S VERIFIED ACCOUNTING</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, Full name of child DOB: \_\_\_\_\_, adoptee

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 ..... \$ _____	
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) .....	\$
<b>I REQUEST</b> that the court approve these payments and disbursements.	<b>TOTAL</b> \$

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	City, state, zip
Telephone no.	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





# ADOPTIVE HISTORY REPORT

## KENT COUNTY ADOPTION DEPARTMENT

This form is to be completed and signed legibly in black ink or typed, with complete names (FIRST, MIDDLE and LAST) as listed on the respective birth certificates. If a certain area does not apply, write or type N/A.

**ADOPTIVE PARENT(S) INFORMATION:**

**Petitioner #1**

**Petitioner #2 or Custodial Parent**

Name (First, Middle, Last)		
Maiden Name		
Relationship to Adoptee		
Length of Petitioner's Relationship		
Dating & marriage, also describe your marriage and how you handle conflict.		
Driver's License Number		
Address, City State, Zip		
Telephone Number		
Email		
Race/Nationality		
Military History		
Education Level		
Name of High School, year graduated		
Name of College, year graduated		
Employer		
Occupation		
Length of Employment		
Income (Monthly)		
Hobbies/Interests		
Religious Preferences		
If Married – License #		
Previous Marriage (Date & Place)		

Divorce (Date & Place)		
Support Order/Amount		
Previous Marriage (Date & Place)		
Divorce (Date & Place)		
Support Order/Amount		

**ADOPTIVE PARENT(S) INFORMATION CONTINUED:**

Custodial Parent has  Joint or  Sole – Physical Custody (and)  Joint or  Sole – Legal Custody

Have petitioning parent(s) been convicted of a criminal proceeding, imprisoned, and placed on probation and/or parole (including DUI)?  No  Yes; If yes, described in detail, the date, place, nature of offense and outcome (If need more space, please attach addendum): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you owe restitution & or court fee's?  No  Yes If Yes, balance \$ \_\_\_\_\_

Has any petitioning parent had any contact with Children's Protective Services?  No  Yes

Name of CPS Worker \_\_\_\_\_ Phone: \_\_\_\_\_

If yes, describe in detail, the CPS contact including the parties involved, the nature of the petitioner's involvement, specifics of the circumstances, and outcome: (If more space is needed, please attach an addendum)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has any member of the household ever been listed on the Central Registry  No  Yes If yes, describe in detail, the Central Registry contact including the context of the person(s) named on the registry, the specifics of the circumstances that led to being placed on the Central Registry and if the person's name was taken off (expunged):

(If more space is needed, please attach an addendum)

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Do you  Own  Rent your home? Is there ample room for household members? Please describe:

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Are there any water hazards near the premises?  No  Yes. If yes, please describe how the petitioner(s) safeguard child(ren) around them (Water hazards include pools, ponds, etc.): \_\_\_\_\_

Are there any weapons in the home?  No  Yes. If yes, please describe the type and how they are stored:

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Does any Petitioner have a diagnosed medical or mental health condition by a licensed professional that may impact the ability to care for a child?  No  Yes; If yes, describe your treatment plan including medications prescribed and your ability to meet the needs of the child(ren) \_\_\_\_\_

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Please describe your family's strengths, traditions, & activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOUSEHOLD MEMBERS INFORMATION: (Including adult children not residing in the home, such as attending college, armed forces, etc.):**

**Name** (*First, Middle, Last*) \_\_\_\_\_  
**Relationship to Adoptee** \_\_\_\_\_  
**Birth Date** \_\_\_\_\_  
**Driver's License Number** \_\_\_\_\_

**Name** (*First, Middle, Last*) \_\_\_\_\_  
**Relationship to Adoptee** \_\_\_\_\_  
**Birth Date** \_\_\_\_\_  
**Driver's License Number** \_\_\_\_\_

**Name** (*First, Middle, Last*) \_\_\_\_\_  
**Relationship to Adoptee** \_\_\_\_\_  
**Birth Date** \_\_\_\_\_  
**Driver's License Number** \_\_\_\_\_

**Name** (*First, Middle, Last*) \_\_\_\_\_  
**Relationship to Adoptee** \_\_\_\_\_  
**Birth Date** \_\_\_\_\_  
**Driver's License Number** \_\_\_\_\_

**BIRTH PARENTS INFORMATION:**

**BIRTH MOTHER**

**BIRTH FATHER**

NAME ( <i>First Middle, Last</i> )		
DOB		
Address		
Nationality/Race		
Native American Indian Heritage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, the name of the Tribe/Band		
Name and Relationship of relative w/Indian Heritage		
Place of Birth		
Religion		
Eye Color		
Hair Color		
Complexion		
Education		
Occupation		
Allergies		
If deceased, date & cause of death		
Medical History and any diagnosis		
Armed Forces/Branch		
Hobbies/Interests		

**Are birth parents aware of the Central Adoption Registry whereby a birth parent may submit a written Consent or Denial as to the Release of Identifying Information about oneself to an Adult Adoptee that may at a later date seek out such information about his/her birth parents:**

**Birth Mother**  Yes  No  Unknown

**Birth Father**  Yes  No  Unknown

**ADOPTEE INFORMATION:**

Current Legal Name: (*First, Middle, Last*) \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Time of Birth: \_\_\_\_\_ am/pm Sex:  Female  Male

Hospital of Birth: \_\_\_\_\_

Place of Birth: (*county, city, state, country*) \_\_\_\_\_

Gestational Age: \_\_\_\_\_ Weeks Birth Weight: \_\_\_\_\_ Pounds \_\_\_\_\_ Ounces Length: \_\_\_\_\_ Inches

Neonatal Drug Exposure: \_\_\_\_\_ Prenatal Care:  Yes  No

Medication Used in Delivery: \_\_\_\_\_ Type of Delivery  Natural  Cesarean

Length of Stay in the Hospital: \_\_\_\_\_

Pregnancy/delivery complications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was the birth mother married to someone else (not the biological father) at the time of conception?

Yes  No If yes, name & contact information of spouse: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Adoptee's overall medical health: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Adoptees performance in school, educational testing results & special education needs, hobbies/special interests, highest grade completed/college degree, occupation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How does the child feel about being adopted? Does the child know they are being adopted? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SIBLINGS OF ADOPTEE:** (No need to name siblings previously listed under household members)

Name: *(First, Middle, Last)* \_\_\_\_\_ DOB \_\_\_\_\_  
 Gender:  Male  Female      Step:  Yes  No      Hobbies/Special Interests: \_\_\_\_\_

Name: *(First, Middle, Last)* \_\_\_\_\_ DOB \_\_\_\_\_  
 Gender:  Male  Female      Step:  Yes  No      Hobbies/Special Interests: \_\_\_\_\_

Name: *(First, Middle, Last)* \_\_\_\_\_ DOB \_\_\_\_\_  
 Gender:  Male  Female      Step:  Yes  No      Hobbies/Special Interests: \_\_\_\_\_

Name: *(First, Middle, Last)* \_\_\_\_\_ DOB \_\_\_\_\_  
 Gender:  Male  Female      Step:  Yes  No      Hobbies/Special Interests: \_\_\_\_\_

**ADOPTEE'S HEALTH & GENETIC MATERNAL HISTORY:**

**Maternal Grandmother**

**Maternal Grandfather**

NAME <i>(First Middle, Last)</i>		
DOB		
Address		
Nationality/Race		
Native American Indian Heritage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, the name of the Tribe/Band		
Name and Relationship of relative w/Indian Heritage		
Place of Birth		
Religion		
Eye Color		
Hair Color		
Complexion		
Education		
Occupation		
Allergies		
If deceased, date & cause of death		
Medical History and any diagnosis		
Armed Forces/Branch		
Hobbies/Interests		

**ADOPTEE'S HEALTH & GENETIC PATERNAL HISTORY:**

**Paternal Grandmother**

**Paternal Grandfather**

NAME ( <i>First Middle, Last</i> )		
DOB		
Address		
Nationality/Race		
Native American Indian Heritage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, the name of the Tribe/Band		
Name and Relationship of relative w/Indian Heritage		
Place of Birth		
Religion		
Eye Color		
Hair Color		
Complexion		
Education		
Occupation		
Allergies		
If deceased, date & cause of death		
Medical History and any diagnosis		
Armed Forces/Branch		
Hobbies/Interests		

Does the adoptee have any contact with members of his/her biological family? If so, with whom:

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Please indicate if there is any information you do not want discussed in front of your child(ren) at the home visit:

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**REPRESENTED BY AN ATTORNEY:**

Name of Attorney: \_\_\_\_\_ Bar No: \_\_\_ P- \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**THIS ADOPTION QUESTIONNAIRE HAS BEEN EXAMINED BY ME AND THE CONTENTS ARE TRUE TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF. ANY FALSIFICATION OF INFORMATION MAY RESULT IN THE DENIAL OF THE ADOPTION.**

Petitioner 1/Adoptive Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Petitioner 2/Adoptive Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attorney Signature (when applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**\*IF THE PERSON THAT IS BEING ADOPTED IS AN ADULT – PLEASE ATTACH A SEPARATE TYPED/ WRITTEN STATEMENT INDICATING THE REASON FOR THE ADOPTION.**