



Hon. William M. Fagerman
CHIEF CIRCUIT COURT JUDGE

Julie A. Vanderheide
CIRCUIT COURT ADMINISTRATOR

Theresa Ladd
COURT FINANCIAL OFFICER

Katherine R. Todd
DEPUTY CLERK

WEXFORD COUNTY

437 E. Division
CIRCUIT COURT

437 E. Division
FAMILY DIVISION
CADILLAC, MICHIGAN 49601

Circuit: 231-779-9490
Family: 231-779-9511

Hon. Kenneth L. Tacoma
PRESIDING JUDGE FAMILY DIVISION

Sandra J. King
JUVENILE COURT ADMINISTRATOR

Randall L. Adlam
JUVENILE OFFICER

Jennifer L. Sackett
DEPUTY JUVENILE OFFICER

Step-Parent Adoption Information

All persons contemplating any legal adoption procedure should be aware that the law regarding adoptions is complicated and frequently changes. Because the results of a mistake in an adoption proceeding can be very serious, all persons are strongly encouraged to consult with an attorney skilled in adoption law and retain legal advice and services in adoption proceedings. **The county clerk staff and court staff are specifically prohibited by law from giving legal advice or assistance in adoption proceedings.** Michigan Compiled Laws 700.1211 clearly states: "Court personnel shall not provide or offer to provide legal advice or legal counsel to a fiduciary or an interested person and shall not complete a form, petition, or document for a fiduciary or an interested person".

All adoption petitioners and their attorneys should be aware of the following general legal requirements and local practices. However, please note that even within these general statements, there are exceptions, and **legal advice should be sought about the particular facts of each case. The county clerk staff and court staff are specifically prohibited by law from giving legal advice or assistance in filling out your paperwork.**

In 2014, the Michigan Supreme Court ruled in a case, *In re AJR*, that unless the Judgment of Divorce or other custody order provides the parent petitioning for a stepparent adoption with sole legal custody, no stepparent adoption by that parent's new spouse is allowed. Therefore, if you have a custody order that provides for joint legal custody or any arrangement other than sole, full legal custody for the petitioner, your case must and will be dismissed.

1. The petitioners seeking to adopt a person must file the petition in the county in which they reside or where the adoptee is found.
2. Michigan Law provides that a single person may adopt a person, but if the adopting parents are married, generally both parents must joint in the petition for adoption. In addition, Judge

Tacoma requires that married petitioners be married at least six months before an adoption petition may be filed. In 2012, effective January 9, 2013, a change in the law was passed by the legislature that allows adoption by only one person of a married couple, but that is in very limited circumstances and you should obtain legal advice before filing this kind of request.

3. The filing fee is ~~\$185.00~~(\$ 175.00 for a new case and \$10.00 for the certified copy of the Order of Adoption after the final hearing). In addition, there may be other fees for publication notices if required, fees for modification of state vital records and statistics information, and/or service of process fees.

4. A Home Study of the proposed adoptive home is required. (MCL 710.46) The petitioner(s) may obtain a home study by contacting and purchasing from a private agency (such as Bethany Christian Services or Child and Family Services of Northwest Michigan), or other similar licensed providers. If the petitioner(s) do not secure a Home Study privately, the required study and report may also be sought and prepared by the Wexford County Juvenile Officer for a fee of \$250.00, payable in advance to Wexford County.

5. All pleading forms must be filled out completely and in compliance with Michigan Court Rules. This requires that they be on clean, good quality paper, either **typewritten or printed in black or blue ink** with the print to be no smaller than 12 point. The clerk is required by MCR 1.109 to reject nonconforming pleadings.

6. All required pleadings, fees and processes must be completed before the case will be scheduled for any hearings. These requirements include:

- *Petition for Adoption-PCA 301;
- *Petitioner's Verified Accounting -7 & 21 day - PCA 347;
- *A certified copy of the adoptee's birth certificate, (this will stay in the file and is not returned, even if the adoption is not confirmed);
- *A copy of the adopting parents' Marriage License (if applicable);
- *A copy of any Affidavit of Parentage, Divorce Decree and/or Support Order including any modifications that show the prior Court files involving the Adoptee;
- *A copy of the Death Certificate (if a biological parent is deceased);
- *A copy of Guardianship Papers (if applicable);
- *Three Reference letters;
- *\$50.00 check or money order made out to the State of Michigan. This is sent to Vital Records after the adoption has been confirmed to issue a new birth certificate (if the child was born in Michigan). If the child was born in another state, the petitioner would need to contact the state of birth on information to correct the birth certificate after the adoption is finalized.

7. If the child must be made legally available for adoption by termination of a biological parent's rights the following additional petitions or pleadings may be required, along with an

additional \$20.00 filing fee for each Supplemental Petition:

PCA302 - Supplemental Petition and Affidavit to Terminate Parental Rights of Noncustodial Parent (father's or mother's) for failure to pay support **and** failure to exercise parenting time for two years. This would be used in the case where the biological parent is known, but the non-custodial parent has not exercised parenting time or paid support for two years. **Both of these conditions must exist for this Petition to be filed.** Even if the non-custodial parent has paid support, but not visited within the last two years, both conditions must exist in order to use this form. **This form also needs to be notarized.**

PCA310 - Petition for Hearing to Identify Father and Determine or Terminate his Rights. You need to read this form to see if it fits the situation. Not all of the boxes need to be checked, but if any of them fit the situation, this form may be used to determine who the father is and to terminate his rights.

PCA315 - If the father is not known (no one listed on the birth certificate; there is no support or custody order in place and no acknowledgment of paternity), then the mother must file a form called Declaration of Inability to Identify/Locate Father.

8. The petitioner is responsible for proper and timely service of notice of the proceeding to all parties that are required by law to be served. Proof of proper and timely service must be made in the court file as required by the Michigan Court Rules.

In special circumstances, there may be other forms that are required. Again, it is stressed that the Clerk's Office is not responsible for assuring that the correct forms are selected or filed, and if the incorrect forms are filed or are not correctly filled out, the case may be delayed or dismissed. It is the petitioner's responsibility to do everything correctly, so assistance by an attorney is strongly recommended.

Revised: February, 2015

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

In the matter of _____, adoptee
Full name of child

I, _____, join with my spouse in this petition for adoption. (Applies only to stepparent adoptions.)
Name (*see note below)

The petitioners are:

| Name | Relationship to Adoptee | Address, City, State, Zip | Date and Place of Birth |
|--|-------------------------|---------------------------|-------------------------|
| <input type="checkbox"/> Adopting mother | | | |
| Maiden: | | | |
| <input type="checkbox"/> Adopting father | | | |

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 _____

*USE NOTE: Enter the name of the biological, legal, or custodial parent.

(SEE SECOND PAGE)

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. The noncustodial 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.)

10. 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.

11. I am married but my spouse is not joining me in this petition because _____
Attach separate sheet as needed

12. The adoptee is an Indian child as defined in MCR 3.002(12). The identity of the tribe is _____
Name of tribe, if known

IREQUEST:

13. 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.

14. The adoption be completed immediately because _____

15. 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 mother

Address

Signature of petitioner father

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:

16. _____ 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

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

18. 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) (use form PCA 352).

Date

Judge

Bar no.

Approved, SCAO

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

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 \$ _____ | |
| Birth Certificate Fee \$ _____ | |
| Other petitions, motions, orders \$ _____ | \$ 0.00 |
| 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 | \$ 0.00 |

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 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 | SUPPLEMENT TO PETITIONER'S VERIFIED ACCOUNTING | FILE NO. |
|--|--|-----------------|

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

- Additional payments/disbursements of money or anything of value made or agreed to be made by me or on my behalf were made in connection with this adoption after form PCA 347 was filed with the court.
- No further payments/disbursements of money or anything of value made or agreed to be made by me or on my behalf were made in connection with this adoption since I filed form PCA 347 with the court.

| EXPENSES | TOTAL |
|--|-----------------------------|
| 1. Court Filing Fee Order of Adoption \$ _____ Motion for Early Confirmation \$ _____ Birth Certificate Fee \$ _____ Other petitions, motions, orders \$ _____ | \$ 0.00 |
| 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) | \$ _____ |
| 10. Total of Expenses Reported on PCA 347 (this must always be completed) | \$ _____ |
| I REQUEST that the court approve these payments and disbursements. | TOTAL \$ 0.00 |

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 | 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 21 days before the final order of adoption.

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)

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 | | | | | | |
|--|---------------|--------|------|---------------|--------|------|
| Child's Name | First | Middle | Last | | | |
| PARENT(S) INFORMATION* | MOTHER | | | FATHER | | |
| Current Legal Name ** | First | Middle | Last | First | Middle | Last |
| Name Before First Married | First | Middle | Last | | | |
| Date of Birth ** | Month | Day | Year | Month | Day | Year |
| State of Birth (Or country, if not USA) | | | | | | |
| * <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: | | | | | | | | | | | |
| Daytime phone to contact you: | Area Code & Number | | | | | | | | | | |

| | | |
|---|------------------|----------|
| 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 | \$ 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 Husband, Wife or Other Person Adopting |

INFORMATION NEEDED TO IDENTIFY ORIGINAL BIRTH RECORD

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

COURT CERTIFICATION

The Family Division of Circuit Court of Wexford 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. _____

Kenneth L. Tacoma Judge P31194

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