



## Information on Filing Adoptions in the 20<sup>th</sup> Circuit Court – Family Division Provided by Ottawa County Clerk's Office

This packet of information is intended to assist the public with the filing of consensual adoptions. A consensual adoption is an adoption in which all parties involved are in agreement with and consent to the prospective adoption. Please read all of the information contained in this packet, including the directions, to insure that the attached forms are filled out properly. Please be aware that while an attorney may not be required to complete this process, you may still wish to consult legal counsel if you have concerns or questions since clerks and other court personnel are prohibited by law from providing legal advice.

**Petition for Adoption Form** – This form must be signed by both parents and the use of full legal names is required. Please remember to include a daytime telephone number where you can be reached should the Court need to contact you regarding questions. In the case of a step-parent adoption, the biological/custodial parent is considered the adopting parent so that parent's information must be provided in section 1 of the petition form. Please note that in section 6, "the adoptee's parents" refers to the biological parents of the child. Section 14 and 15 will be completed by the Court. Please note the following requirements for the Petition for Adoption Form:

1. The petition form must be completed in its entirety. The petition form must be signed and dated to be considered a valid petition and acceptable for filing.
2. You must file a photocopy of the child's birth certificate with the petition. The Court does not require a certified copy of the birth certificate.
3. You must file a copy of your Judgment of Divorce from the former spouse/biological parent. If no marriage took place, then you must file a copy of the Order of Filiation showing paternity and/or support or an Acknowledgment of Paternity or Affidavit of Parentage with the petition.
4. You must file a copy of the Marriage Certificate with the petition. The Court does not require a certified copy. Please note that the Court will not confirm an adoption unless the petitioners have been married for at least one year.
5. If one or both parents are deceased, you must file a copy of the death certificate(s) with the petition.
6. You must submit a \$150.00 filing fee at the time the petition is filed with the Court. This filing fee is payable by master card, visa or money order made payable to Ottawa County Clerk in the amount of \$150.00. Please note that personal checks will not be accepted by the Ottawa County Clerk's Office. If more than one child is being adopted, separate payment for each child will be required since adoption files are established on an individual basis. Please note this filing fee is non-refundable so if for any reason the adoption does not proceed to finalization, the filing fee will not be refunded. Other fees that could be incurred in conjunction with an adoption action is an \$95.00 fee for the Adoptive Home Study (only one home study fee is required even if there is more than one sibling) and there will be a \$10.00 fee for a certified copy of the Order of Adoption upon finalization of the adoption.

**Consent to Adoption by Adoptee Form** – This form should be used if the child to be adopted is 14 years of age or older. This Consent form **must** be signed in front of the Judge or Referee. Appointments for signing this consent form can be made by calling (616) 786-4109. The adoptee does not need to appear for consent at the same time as the non-custodial biological parent.

**Consent to Adoption by Parent Form** – This form should be used when the biological parent(s) are consenting to the adoption of the child. Please note this consent **must** be signed in front of a Judge or Referee.

**Consent to Adoption by Guardian Form** – This form should be used if there is a current Guardianship in place for the minor child. Please note that this form **must** be signed in front of a Judge or Referee.

**Petitioner's Verified Accounting Forms and Final Order Allowing Fees and Costs** – These forms list and track the financial statement of the costs involved in the total adoption process. These forms must be signed and dated by both petitioners. Please note there are two copies of the Verified Accounting form provided to you since you will be required to submit **both** a seven day verified accounting and a twenty one day verified accounting.

**Order of Adoption Form** – This is the document that the Judge will sign to finalize the adoption. Since this document marks the completion of the adoption process, only the adoptive name will appear on this Order since the prior name will be sealed and no longer applicable. Please note that you do not have to appear before the Court to complete the adoption process. If you wish to have a formal Court hearing you may do so by calling (616) 786-4109. You will need to provide the case number and the name of the adoptive minor child when scheduling the hearing. A fee of \$10.00 applies for a certified copy of the Order of Adoption which will be due at the time the adoption is finalized or you may include this fee at the time of filing the petition for adoption. Please note that if an attorney is involved, a copy of the Order of Adoption will be sent to the attorney's office.

**Record Clearance Request Forms** – These forms must be completed by both the adopting mother and the adopting father. Please read and complete these forms in their entirety. These forms must be submitted for filing with all of the other documents in this packet.

**Request for Central Registry Clearance Form** – This form must be completed by both the adopting mother and the adopting father and returned to the Clerk's Office at the time the Petition is submitted to the Court for filing. The Clerk will forward this form to the State of Michigan for processing with the Central Registry. **The results of the Central Registry Clearance will be forwarded directly to the adopting parents. The adopting parents must then forward the results to the Court for filing.**

**Adoptive Home Study** – After the necessary approvals of the biological parent(s) and adoptee, if applicable, have been given and/or the rights of the biological parents are terminated, the Court will order an investigation called an Adoptive Home Study. Ms. Betty Claar will conduct this investigation and will be the person contacting the petitioners by telephone to set up an interview time. You will need to supply three reference letters to the Judge from non-family members

which will be collected by Ms. Claar when she conducts the interview. After the interview takes place and the investigation is complete, Ms. Claar has up to three months to submit a report to the Court. If the report is satisfactory and all of the necessary paperwork has been properly and timely submitted, the Judge will confirm the adoption. This confirmation can be done by mail or with a formal hearing. At a formal confirmation hearing, you may invite family and friends and bring gifts to celebrate the adoption and request that the hearing be recorded for keepsake purposes. If you wish to schedule a formal hearing, please advise Ms. Claar at the time of the interview and she will assist you in scheduling that hearing.

**Adoption Report Required to Establish a New Michigan Birth Record** – The petitioner must complete and sign this form. This form will be used to create a new birth certificate for the child. In order to avoid any misspellings on the new birth record, this form should be typed or clearly printed. The Court will complete the certification portion of this form and forward the original to the State of Michigan or the state where the child was born. A copy of the form will be retained in the Court's adoption file. In Michigan, there is a \$40.00 fee to establish a new birth record. This fee includes the processing and return of one certified copy of the new record.

All of the forms contained within this informational packet must be completed in their entirety or the adoption may not proceed to finalization. Please remember that this packet of information is designed to give you procedural information only and that Clerk staff are prohibited by law from giving you legal advice. You may wish to consult an attorney if you have any questions or wish to insure that all necessary information is filed timely and accurately since the Court will not sign incomplete documents.

Please contact us at the following location if you have any questions or concerns:

Ottawa County Clerk  
12120 Fillmore Street  
West Olive, MI 49460  
Phone: (616) 786-4108  
Fax: (616) 786-4154

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION <b>COUNTY</b>	<b>PETITION FOR ADOPTION</b> <input type="checkbox"/> Stepparent <input type="checkbox"/> Related Within 5th Degree <input type="checkbox"/> Other (Excluding Direct Adoption)	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, adoptee  
Full name of child

I, \_\_\_\_\_, join with my spouse in this petition for adoption (Applicable to stepparent adoption only.)  
Name

	Name	Relationship to Adoptee	Address, City, State, Zip	Date and Place of Birth
<b>Adopting Mother</b>	Maiden:			
<b>Adopting Father</b>				

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 Birth date and time  
\_\_\_\_\_  
City, county, and state of birth  
\_\_\_\_\_  
Present 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:

\_\_\_\_\_  
Father's name Birth date Mother's name (and maiden name) Birth date

\_\_\_\_\_  
Address Address

\_\_\_\_\_  
City, state, zip City, state, zip

unknown because 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

(PLEASE SEE OTHER SIDE)

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. (Applies only to stepparent adoptions.) 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 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.

**I REQUEST:**

11. 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

\_\_\_\_\_ .

12. The adoption be completed immediately because: \_\_\_\_\_

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

13. 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 this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Attorney/Agency signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney/Agency name (type or print) Bar no.

\_\_\_\_\_  
Signature of petitioner mother

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of petitioner father

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
Petitioner telephone no.

**IT IS ORDERED:**

14. \_\_\_\_\_  
Court agent or employee, child-placing agency, or Michigan Department of Human Services  
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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge Bar no.

<p align="center"><b>STATE OF MICHIGAN</b>  <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b>  <b>COUNTY</b></p>	<p align="center"><b>CONSENT TO ADOPTION BY ADOPTEE</b></p>	<p><b>FILE NO.</b></p>
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In the matter of \_\_\_\_\_ DOB: \_\_\_\_\_, adoptee  
Full name of child

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 \_\_\_\_\_ .

\_\_\_\_\_  
 Adoptee  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City, state, zip

The court made such investigation as it deemed necessary and after 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 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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<b>STATE OF MICHIGAN</b> <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b> <b>COUNTY</b>	<b>CONSENT TO ADOPTION BY PARENT</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, adoptee  
Full name of child

1. I, \_\_\_\_\_, am the  mother (Date of birth \_\_\_\_\_ )  
Name  father (Date of birth \_\_\_\_\_ )  
of the child named above, who was born \_\_\_\_\_ at \_\_\_\_\_ .  
Date Place

2. A judge or referee of the court, or other authorized person, has fully explained to me my legal rights as a parent and that I do not have to sign this consent to adoption. I understand my parental rights and that if I do sign this consent, I voluntarily give up permanently all of my parental rights to my child for adoptive placement with  
 a. the petitioner(s), who filed a petition for the adoption of the adoptee and whose name(s) is/are unknown because identifying information is not being exchanged.  
 b. \_\_\_\_\_, who filed a petition for adoption of my child.  
Name(s) of petitioner(s)

3. I understand my right to request a rehearing or to appeal within 21 days after an order is entered terminating my parental rights.

4. I have not received or been promised any money or anything of value for the consent to adopt my child except for charges and fees approved by the court.

5. Of my own free will, I give up completely and permanently my parental rights to my child, and I consent to the adoption of my child by the petitioner(s).

6. This consent involves an American Indian child. The explanation given to me was in a language understood by me or interpreted into my own language if I do not speak English. This consent was given more than 10 days after the birth of the child named above.

7. I understand that my parental rights may be reinstated without further hearing if the adoption of the child named above is not confirmed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Address City  parent State Zip

The parent signing this consent is an unemancipated minor. I am the  guardian (copy of letters of authority attached)  
 guardian ad litem (copy of order attached)  
of the minor parent, and I consent to the minor parent signing this consent to adoption.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Address City State Zip

**See second page for certification by judge/referee  
and special acknowledgment for consents by those in the armed services or in prison**

Do not write below this line - For court use only

**CERTIFICATION BY JUDGE/REFEREE**

An investigation of this consent has been made. At a hearing where a verbatim record of testimony was made, I explained to the parent her/his legal rights and that by signing this consent, s/he was voluntarily giving up permanently her/his parental rights to the child for adoption by the petitioner(s). The parent then voluntarily signed this consent before me.

The parent, guardian, or guardian ad litem of the unemancipated minor parent was present during this hearing and voluntarily signed this consent before me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge/Referee

\_\_\_\_\_  
Bar no.

**NOTE:** The following direction is necessary only if the consent is signed before another judge of the family division of the circuit court in Michigan (MCL 710.44[1]). In other cases, see MCL 710.44(2),(4).

I direct that the consent of \_\_\_\_\_ be signed before the judge of \_\_\_\_\_ County, Michigan or his/her designated referee.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge/Referee

\_\_\_\_\_  
Bar no.

In addition to completing the other side of this consent, if the parent signing this consent is in the armed services or is in prison, the following special acknowledgment must be completed by a person authorized by law to administer oaths.

**SPECIAL ACKNOWLEDGMENT**

I certify and acknowledge that \_\_\_\_\_ is personally known to me,  
Name of parent

is presently  confined  stationed at \_\_\_\_\_ located at  
Name of place

\_\_\_\_\_ and stated  
Address City State Zip

that s/he is the  mother  father of the child. I fully explained her/his legal rights as a parent, that s/he did not have to sign this consent to adoption, and that if s/he did sign this consent, s/he would be voluntarily giving up permanently her/his parental rights to the child for purposes of adoption. I also explained her/his right to a rehearing or to appeal within 21 days after an order is entered terminating her/his parental rights. The parent then voluntarily signed this consent.

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_  
Date County and state

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date

Notary public, State of Michigan, County of \_\_\_\_\_

Notary Public: \_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip



**CERTIFICATION BY JUDGE/REFEREE**

An investigation of this consent has been made. At a hearing where a verbatim record of testimony was made, I explained to

- a. the guardian of the child his/her legal rights and that by signing this consent, the guardian was voluntarily giving up permanently his/her rights to the child for adoption by the petitioner(s).
  
- b. the guardian of the parent the parent's legal rights and that by signing this consent, the guardian was voluntarily giving up permanently, on behalf of the parent, his/her parental rights to the child for adoption by the petitioner(s).

The guardian then voluntarily signed this consent before me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge/Referee

\_\_\_\_\_  
Bar no.

**NOTE:** The following direction is necessary only if the consent is signed before another judge of the family division of the circuit court in Michigan [MCL 710.44(a)]. In other cases see MCL 710.44(2),(4).

I direct that the consent of \_\_\_\_\_ be signed before the judge of  
Name of guardian  
\_\_\_\_\_ County, Michigan or his/her designated referee.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge/Referee

\_\_\_\_\_  
Bar no.

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>PETITIONER'S VERIFIED ACCOUNTING</b> <input type="checkbox"/> 7-DAY <input type="checkbox"/> 21-DAY	<b>FILE NO.</b>
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In the matter of adoptee \_\_\_\_\_ Full name of child \_\_\_\_\_ DOB: \_\_\_\_\_

I filed a petition to adopt the adoptee. This accounting, and any previously filed 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.

Except for those payments or disbursements listed in my 7 day accounting, no other payments or disbursements have been made or agreed to be made by me in connection with this adoption. (If this box is checked, write NONE in TOTAL below and date and sign the form.)

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 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. Total of Expenses Reported on 7-Day Accounting .....	\$
<b>I REQUEST</b> court approval of 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

\_\_\_\_\_  
Telephone no.                      City, state, zip

\_\_\_\_\_  
Telephone no.

**NOTE:** This petition must be filed at least 7 days before formal placement and 21 days before the final order of adoption.

Do not write below this line - For court use only



<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>PETITIONER'S VERIFIED ACCOUNTING</b> <input type="checkbox"/> 7-DAY <input type="checkbox"/> 21-DAY	<b>FILE NO.</b>
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In the matter of adoptee \_\_\_\_\_ Full name of child \_\_\_\_\_ DOB: \_\_\_\_\_

I filed a petition to adopt the adoptee. This accounting, and any previously filed 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.

Except for those payments or disbursements listed in my 7 day accounting, no other payments or disbursements have been made or agreed to be made by me in connection with this adoption. (If this box is checked, write NONE in TOTAL below and date and sign the form.)

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 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. Total of Expenses Reported on 7-Day Accounting .....	\$
<b>I REQUEST</b> court approval of these payments and disbursements. <span style="float: right;"><b>TOTAL</b></span>	<b>\$</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

\_\_\_\_\_  
Telephone no.                      City, state, zip

\_\_\_\_\_  
Telephone no.

**NOTE:** This petition must be filed at least 7 days before formal placement and 21 days before the final order of adoption.

Do not write below this line - For court use only





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

<b>STATE OF MICHIGAN</b> <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b> <b>COUNTY</b>	<b>ORDER OF ADOPTION</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_ DOB: \_\_\_\_\_ , adoptee

**THE COURT FINDS:**

1. A petition for an order of adoption has been filed.
2. All necessary orders terminating parental rights have been entered.
3. The adoptee  was  was not \_\_\_\_\_ made a ward of this court.
4. The adoption of the adoptee by petitioner(s) is desirable and in the best interest of the adoptee.

**IT IS ORDERED:**

5. From and after this date the parent(s) of the adoptee is/are \_\_\_\_\_ and \_\_\_\_\_ .  
Name Name
6. The name of the adoptee is \_\_\_\_\_ .
7. The adoptee, if a ward of this court, is discharged.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge Bar no.

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		
<b>PARENT(S) INFORMATION*</b>	<b>MOTHER</b>			<b>FATHER</b>	
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									
<b>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.</b>									
Name(s):									
Mailing Address:									
City/State/Zip:									
Daytime phone to contact you:	Area Code & Number								

<b>PAYMENT</b> - The fee for establishing a new Michigan birth record following an adoption is \$40.00 and includes one copy of the new record. Additional copies of the new record are available for \$12.00 each when ordered at the same time. <b>Payment must be made by check or money order and made payable to the "State of Michigan."</b> 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)	\$ 40.00	\$ 40.00
_____ Additional Certified Copies	\$ 12.00 Each	\$
<b>TOTAL ENCLOSED:</b>		\$

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.
<div style="border-top: 1px solid black; margin-top: 20px;">  Signature of Person Adopting                 </div>
<div style="border-top: 1px solid black; margin-top: 20px;">  Signature of Husband, Wife or Other Person Adopting                 </div>

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 _____ 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  
DEPARTMENT OF HUMAN SERVICES  
LANSING



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

**REQUEST FOR CENTRAL REGISTRY CLEARANCE**

**INSTRUCTIONS:** Complete the following information and submit request to your "**LOCAL**" Department of Human Services Office.

I am requesting that DHS provide me with a Central Registry Clearance on myself.

Today's Date		
Name		
Birthdate	Social Security Number	
Current Mailing Address (Street No. and Name)		
City	State	Zip Code
Current Phone Number		
Other Names By Which Known		
_____		
_____		

**IF YOU WANT THE RESULTS MAILED TO YOU, PLEASE SUBMIT ALONG WITH THIS FORM A COPY OF YOUR CURRENT PICTURE IDENTIFICATION. DUE TO CONFIDENTIALITY RESTRICTIONS, A COPY OF THE RESULTS WILL BE MAILED ONLY TO THE ADDRESS ON YOUR PICTURE IDENTIFICATION.**

Signature of Requestor	Signature of DHS Staff Person Completing Request

<p>AUTHORITY: State P.A. 238 of 1975, 722.627, Sec. 7(f) RESPONSE: Voluntary PENALTY: Inappropriate release of this information is a misdemeanor.</p>	<p>Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.</p>
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DEPARTMENT OF HUMAN SERVICES  
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# LICENSING RECORD CLEARANCE REQUEST STATE OF MICHIGAN

Department of Human Services  
Bureau of Children and Adult Licensing

<b>DIRECTIONS FOR COMPLETING FORM:</b> <ul style="list-style-type: none"> <li>Please read the accompanying instructions before completing this form.</li> <li>Please type or print CLEARLY so that the information completed can be read.</li> <li>Mail completed form to BCAL Central office.</li> </ul>	<b>LIVESCAN FINGERPRINT REQUEST</b> <i>This section for day care only.</i>
<b>SECTION I: REQUESTOR INFORMATION</b> (Must be completed by licensing consultant/worker)	Agency ID: 10971L  TCN# _____ (MUST BE FILLED IN PRIOR TO RETURNING)  Date Fingerprinted: _____  Type of Picture I.D. presented: _____  <b>DCL(Day Care License)</b>
Licensing Consultant/Worker Name, Address and Phone Number <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                     Department of Human Services                      Bureau of Children and Adult Licensing                      7109 W. Saginaw, 2nd Floor                      P. O. Box 30650                      Lansing, MI 48909-8150                 </div>	

LICENSEE/APPLICANT NAME	County	LICENSE NUMBER (If assigned)
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LICENSE/APPLICATION TYPE

Family/Group Child Care Home     
  Child Care Center     
  Institution/Agency     
  Camp

THE PERSON BEING CLEARED IS:

Adult Member of Household (specify relationship to licensee):  
 Applicant   
  Licensee/Licensee Designee   
  Administrator   
  Responsible Person (In charge of daily operations)   
  Director/Program Director

**SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a BCAL-1326)**

NAME (Last, First, Middle Jr., II, etc.)		SEX	BIRTH DATE		SOCIAL SECURITY NUMBER	
MARITAL STATUS <input type="checkbox"/> SGL <input type="checkbox"/> MAR <input type="checkbox"/> DIV		ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))			MICHIGAN DRIVERS LICENSE NUMBER	
ADDRESS (Street Number and Name)				HOW LONG HAVE YOU LIVED IN THIS STATE?	COUNTY?	RACE
CITY	COUNTY	STATE	ZIP CODE	PHONE NUMBER	HEIGHT	WEIGHT

- I am aware that Michigan Department of State Police records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute.
- I am aware that the Department of Human Services Central Registry will be checked for information concerning substantiated child abuse and neglect.
- I certify that the information I have given on the form is, to the best of my ability, true and correct.
- The Department may perform this check at any time while I am licensed.

HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR?

NO       YES (If yes, explain)  
 Type, Location, and Date of Conviction(s)

SIGNATURE OF PERSON TO BE CLEARED	DATE
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**SECTION III: CENTRAL RECORDS CLEARANCE (BCAL Use Only)      SECTION IV: CONVICTION CLEARANCE**

PREVIOUS LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES	LICENSE NUMBER	INITIALS/CLEARANCE DATE	
IS PROTECTIVE SERVICES INFORMATION ON FILE? <input type="checkbox"/> NO <input type="checkbox"/> YES		INITIALS/CLEARANCE DATE	
IS MICHIGAN PUBLIC SEX OFFENDER REGISTRY (PSOR) INFORMATION ON FILE? <input type="checkbox"/> NO <input type="checkbox"/> YES		INITIALS/CLEARANCE DATE	
Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc. are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason.			

## LICENSING RECORD CLEARANCE REQUEST INSTRUCTIONS

There are four purposes to this form:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Department of Human Services Central Registry File check regarding the possible existence of a substantiated child abuse or neglect record.
3. Produce a BCAL Files check against current or previous licensee status of the applicant in any county of the state.
4. **Day Care Applicants Only:** Live Scan Fingerprint Request is required for applicant, licensee, and/or program director. Refer to enclosed information regarding locations to conduct fingerprinting. The Licensing Record Clearance (BCAL-1326) must be taken with you at the time the FBI fingerprint is conducted. **Note: The TCN# will be filled in by the Fingerprint Specialist and must be inserted prior to submitting application to BCAL.**

The existence of a conviction record or a substantiated child abuse or neglect record does not necessarily disqualify an applicant for licensure. However, it does provide the Agency with information, which will be carefully evaluated by licensing staff.

**A failure on the part of an applicant to provide BCAL with the information and authorization requested on this form may be sufficient cause to deny issuance of a license.**

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COMPLETION:	Required	
CONSEQUENCE:	Licensure may be denied.	

# LICENSING RECORD CLEARANCE REQUEST STATE OF MICHIGAN

Department of Human Services  
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COMPLETION:	Required	
CONSEQUENCE:	Licensure may be denied.	

<p align="center"><b>STATE OF MICHIGAN</b>  <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b>  <b>COUNTY</b></p>	<p align="center"><b>ORDER TERMINATING PARENTAL RIGHTS</b>  <b>AFTER RELEASE OR CONSENT</b></p>	<p><b>FILE NO.</b></p>
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In the matter of \_\_\_\_\_ DOB: \_\_\_\_\_, adoptee  
Full name of child

1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_  
Bar no.

**THE COURT FINDS:**

2. A release of the child has been executed according to law by \_\_\_\_\_  
Name(s)

3. The consent to the adoption is genuine and is given by the person(s) having legal authority to sign the consent and the best interests of the adoptee will be served by the adoption.

4. The adoptee is an Indian child as defined in MCR 3.002(5) and the court has considered the application of the Indian Child Welfare Act in this matter.

**IT IS ORDERED:**

5. The parental rights of \_\_\_\_\_ are terminated.  
Name(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

Do not write below this line - For court use only