

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 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

_____ <small>Father's name (type or print)</small>	_____ <small>Birth date</small>	_____ <small>Mother's name and maiden name (type or print)</small>	_____ <small>Birth date</small>
_____ <small>Address</small>		_____ <small>Address</small>	
_____ <small>City, state, zip</small>		_____ <small>City, state, zip</small>	

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 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. The other parent has failed to provide support or comply with a support order and failed to visit or contact the adoptee for a period of 2 years or more. (Attach form PCA 302, Supplemental Petition and Affidavit to Terminate Parental Rights of Noncustodial Parent.)

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

I REQUEST:

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

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:

- 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 Hon. Thomas K. Byerley Bar no.