



**STATE OF MICHIGAN
EATON COUNTY TRIAL
COURTS**

56th JUDICIAL CIRCUIT COURT
EATON COUNTY PROBATE COURT
56A DISTRICT COURT

1045 Independence Blvd.
Charlotte, MI 48813
517-543-7500
www.eatoncounty.org

Hon. Janice K Cunningham
Chief Judge, Circuit Court
Judge

Hon. John D. Maurer
Circuit Court Judge

Hon. Thomas K. Byerley
Probate Court Judge

Hon. Julie A. O'Neill
District Court Judge

Hon. Kelly E. Morton
District Court Judge

Amy M. Etzel
Trial Court Administrator

Kathleen M. Brooks
Deputy Trial Court Administrator

Thank you for your recent inquiry about stepparent adoption proceedings in Eaton County. The Court requires that you fully complete all forms, attach all applicable documents listed on page 2 and file the entire packet with the Court. The Court will only accept completed adoption packets. Please note that you and your spouse, if applicable, are considered the "Petitioner(s)", "Adopting Mother/Father" when completing these forms. If you are not filing with a spouse, please leave those portions of the forms blank.

We also require complete information regarding the biological parent whose rights will be terminated. If paternity has not been established, if a parent's whereabouts are unknown or if you know that a parent will **not** consent to the adoption, please indicate this on the last page of the social history paperwork.

The Michigan Adoption Code requires a six-month supervisory period after the termination of parental rights. The Adoption Code does allow Petitioner(s) to file a motion to request a waiver of that supervisory period as long as Petitioner's have been married for at least a year. This will be decided by the Judge on an individual basis at the time of termination. If this is something you are interested in please inquire when you file the completed adoption packet with the Court.

You are not required to retain an attorney for this adoption, but if you choose to do so, your attorney will also need to file a 7-Day Statement of Services Performed by Attorney at the time you finalize the adoption.

If the Court can be of further assistance to you, please do not hesitate to contact our office at 517-543-6003, Ext. 1246 or via email at clima@eatoncounty.org. We look forward to working with you!

Sincerely,

Carmen Lima
Juvenile Deputy Register/Adoption Specialist
Eaton County Juvenile Court

(See Page 2 for the list of required documents)

Eaton County Circuit Court – Family Division, Adoption Services

Stepparent Adoption Filing Requirements

1. \$175.00 check or money order made payable to Eaton County Juvenile Court for the filing fee
2. Adoption Fact Cover Sheet
3. Petition for Adoption
4. Adoptee's Birth Certificate (high quality copy)
5. Petitioners' Birth Certificates (copies only)
6. Petitioner(s) Driver License (copies)
7. Pertinent legal documents regarding the adoptee: Affidavit of Paternity, Order of Filiation, Order to Change Name, previous Order of Adoption, etc. (copies only)
8. Current Custody Order and Support Order regarding the adoptee (copy only)
9. Friend of the Court statement showing current arrearage of non-custodial parent (copy only)
10. Petitioners' Marriage License (copy only)
11. Petitioners' previous Judgment of Divorce for all other marriages (copy only)
12. Copy of Death Certificate (if a biological parent(s) is/are deceased)
13. Reference Letters (3)
14. Social History
15. Consent to Background Checks
16. Petitioner's Verified Accounting
17. Adoption Report Required to Establish New Michigan Birth Record
18. Motion for Early/Immediate Confirmation of Adoption

There is a \$10.00 fee to file the Order of Adoption due prior to the final hearing made payable to Eaton County Juvenile Court. The fee to establish a new Michigan birth record following an adoption is \$50.00 made payable to the State of Michigan.

File #: _____

**Eaton County Circuit Court – Family Division, Adoption Services
Adoption Fact Cover Sheet**

Name of Adoptee: _____ Date of Birth: _____

Name after adoption: _____

Current Address: _____

(Include City, State & Zip Code)

Phone number: _____ Email: _____

Information regarding Proposed Adoptive Father:

Name: _____ Date of Birth: _____

Current Address: _____

(Include City, State & Zip Code)

Phone number: _____ Email: _____

City/County/State of Birth: _____

His/Her Mother's full legal name: _____

(Include Maiden name)

His/Her Father's full legal name: _____

Information regarding Proposed Adoptive Mother:

Name: _____ Date of Birth: _____

Current Address: _____

(Include City, State & Zip Code)

Phone number: _____ Email: _____

City/County/State of Birth: _____

His/Her Mother's full legal name: _____

(Include Maiden name)

His/Her Father's full legal name: _____

Information regarding Biological Father:

Name: _____ Date of Birth: _____

Current Address: _____

(Include City, State & Zip Code – last known if unsure)

Phone number: _____

Information regarding Biological Mother:

Name: _____ Date of Birth: _____

Current Address: _____

(Include City, State & Zip Code – last known if unsure)

Phone number: _____

| | | |
|--|---|-----------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY | PETITION FOR STEPPARENT ADOPTION | FILE NO. |
|--|---|-----------------|

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 |
|---------|-------------------------|---------------------------|-------------------------|
| Maiden: | | | |
| Maiden: | | | |

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. The adoptee is: _____
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. The adoptee's parents are

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

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 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.)

(See additional page)

Do not write below this line - For court use only

9. 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:

10. 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.

11. The adoption be expedited because _____

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.

IT IS ORDERED:

12. _____ 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.

13. The full investigation is waived.

14. 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 Hon. Thomas K. Byerley Bar no.



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ADOPTION REFERENCE LETTER

Name of Adoptee: _____

How long have you known the Petitioner(s) and/or the Adoptee? What is your relationship to this individual(s)?
(friend, family member, co-worker, other):

Please share your feelings regarding this adoption, including your observations of the relationship and
interaction between the Petitioner(s) and the Adoptee:

Do you have any concerns regarding this adoption, or anything else you would like to share?

Date: _____

Signature

Printed Name

Address

City/State/Zip

Phone

*** Please return this form to the Petitioner(s) or the Adult Adoptee as soon as possible. They will submit it to the Court at the time they file their adoption petition. Thank you!

| | | |
|--|---|----------|
| STATE OF MICHIGAN CIRCUIT/FAMILY COURT JUVENILE DIV - EATON COUNTY | SOCIAL HISTORY FOR STEPPARENT ADOPTION | FILE NO. |
|--|---|----------|

In the matter of: _____ Date of Birth: _____
 (Current name of child to be adopted)

It is the policy of this Court to complete a criminal/driving history check and a Children's Protective Services Central Registry check on all Petitioners in adoption cases. The information completed below will be used for that purpose but will not be made a part of a legal file. It will be used for Court purposes only.

Information Regarding Petitioners (Biological Parent and Stepparent)

Petitioner(s) Name(s): _____

Address: _____

City, state zip: _____

Phone number (father): _____ Phone number (mother): _____

Email address (father): _____ Email address (mother): _____

Date of current marriage: _____

County/State where you were married: _____

List ALL children and adults living in the home (except for Adoptee and Petitioner(s) already listed above):

| | | | | | |
|---------------|----------------|-----------------------|---------------|----------------|-----------------------|
| _____ Name | _____ D/O/B | _____ Relationship | _____ Name | _____ D/O/B | _____ Relationship |
| _____ Name | _____ D/O/B | _____ Relationship | _____ Name | _____ D/O/B | _____ Relationship |
| _____ Name | _____ D/O/B | _____ Relationship | _____ Name | _____ D/O/B | _____ Relationship |

Do you rent or own your home? _____ If own, date of purchase: _____

Monthly payment: \$ _____

Describe the neighborhood where you live: _____

Describe the methods of discipline used in your home and who assumes the major responsibility for disciplining the child(ren) in the home: _____

Describe the factors you both consider to be important to the success of your marriage: _____

Describe the relationship that each of you has with the child(ren) in your home: _____

Describe why each of you want this adoption to occur (attach additional pages, if necessary): _____

Petitioning Father:

Full Legal Name: _____
First Middle Last Suffix

Other Name(s) Previously Used: _____

Relationship to Adoptee: _____

Date of Birth: _____ City/County/State of birth: _____

Ethnic and racial heritage: _____

Hair color: _____ Eye Color: _____ Height: _____ Weight: _____

Please provide a copy of your driver's license or state ID card.

Education: Grade Completed: _____ Year Graduated: _____

Name/Location of School: _____

Employment: Current Employer: _____
Employer Address: _____
Current Position: _____ Length of Employment: _____
Annual Income: _____

Please describe any physical or mental health problems that you have had in the past or currently have:

Were you married previously? No Yes If yes, please give the date(s) of the marriage(s) and county/state where the divorce(s) took place; the names and dates of birth of any children born of those marriage(s); any support arrangements involving those children:

Have you ever had any contact with the following? If yes you will be asked for details during the investigation.

Police: _____

Child Protective Services: _____

Therapy or Counseling: _____

Petitioning Mother:

Full Legal Name: _____
First Middle Last Suffix

Name(s) Previously Used (Maiden/Previous Married Names):

Relationship to Adoptee: _____

Date of Birth: _____ City/County/State of birth: _____

Ethnic and racial heritage: _____

Hair color: _____ Eye Color: _____ Height: _____ Weight: _____

Please attach a copy of your driver's license or state ID card.

Education: Grade Completed: _____ Year Graduated: _____

Name/Location of School: _____

Employment: Current employer: _____

Employer Address: _____

Current Position: _____ Length of Employment: _____

Annual Income: _____

Please describe any physical or mental health problems that you have had in the past or currently have:

Were you married previously? No Yes If yes, please give the date(s) of the marriage(s) and the date(s) and county/state where the divorce(s) took place, the names and dates of birth of any children born of those marriage(s); any support arrangements involving those children:

Have you ever had any contact with the following? If yes you will be asked for details during the investigation.

Police: _____

Child Protective Services: _____

Therapy or Counseling: _____

Date of Birth: _____ County/State of birth: _____

Ethnic and racial heritage: _____

Hair color: _____ Eye color: _____ Height: _____ Weight: _____

Education (Schools attended, locations, highest grade completed, etc.): _____

If this parent has any known physical and/or mental health issues, please describe: _____

Please indicate any significant health/medical history: _____

Names and ages of this parent's mother, father, siblings, if known: _____

Is this parent presently married? _____ Yes _____ No If yes, name of their spouse: _____

Does this parent have any other children besides the one(s) involved in this adoption? _____ Yes _____ No

If yes, please provide name(s) and age(s) of these other children: _____

Please indicate this parent's occupation or job history: _____

Please indicate any significant health/medical history: _____

Names and ages of this parent's mother, father, siblings, if known: _____

Is this parent presently married? _____ Yes _____ No If yes, name of their spouse: _____

Does this parent have any other children besides the one(s) involved in this adoption? _____ Yes _____ No

If yes, please provide name(s) and age(s) of these other children: _____

Please indicate this parent's occupation or job history: _____

If this parent provides insurance for the child(ren) involved in this adoption, please indicate what type:

Describe the relationship that this parent has with the child(ren) involved in this adoption (include visitations, time they may have lived together, telephone contact, etc.): _____

Please describe any recreational interests and hobbies of this parent, if known: _____

Any other information you would like the Court to be aware of in considering this adoption: _____

Please include in the space below or attached on a separate sheet the reason each person (petitioning mother, petitioning father and adult adoptee) would like this adoption to take place.

Eaton County Circuit Court – Family Division, Adoption Services

CONSENT FOR CRIMINAL HISTORY and DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) BACKGROUND CHECKS

PETITIONERS

In the matter of: _____ DOB: _____
(Name of Adoptee)

We the undersigned, hereby consent to allow the Eaton County Juvenile Court – Adoption Division to use our Social Security numbers for the purpose of and to obtain information from the Department of Health and Human Services (DHHS) regarding child protective services contact(s) and to complete a criminal record (LEIN) check for each adoptive petitioner.

PETITIONING MOTHER:
(Please print below information clearly)

PETITIONING FATHER/PARENT:
(Please print below information clearly)

(Name - First, Middle, Last)

(Name - First, Middle, Last)

(Maiden Name)

(Previous Married Name/s)

(Date of Birth)

(Date of Birth)

(Social Security Number)

(Social Security Number)

(Driver's License/State ID Number)

(Driver's License/State ID Number)

(Street Address)

(Street Address)

(City, State, ZIP Code)

(City, State, ZIP Code)

(Signature)

(Signature)

(Date)

(Date)

Court Adoption File #: _____

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

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

**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 |

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 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 | | |
| Name of Birthing Hospital (If Available) | County | | |
| 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