



Hon. Janice K Cunningham
Chief Judge, Circuit Court
Judge

Hon. John D. Maurer
Circuit Court Judge

Hon. Thomas K. Byerley
Probate Court Judge

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. 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 adult 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.

As part of the adult adoption process, a pre-adoptive investigation will be conducted and a hearing scheduled for the purpose of the adult adoptee consenting to the adoption. This will be done at the same time as the finalization of the adoption. Although the biological parents are not required to consent to the adoption, the Court is required by law to notify them of these proceedings.

You are not required to retain an attorney. 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 theisler@eatoncounty.org. We look forward to working with you!

Sincerely,

Tauna Heisler
Juvenile Deputy Register/Adoption Specialist

(See Page 2 for the list of required documents)

Eaton County Circuit Court – Family Division, Adoption Services

Adult 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. Adoptee's Marriage License (copy only – if applicable)
6. Adoptee's Judgement of Divorce (copy only – if applicable)
7. Petitioner(s) Birth Certificate(s) (copies only)
8. Petitioner(s) Marriage License (copy only)
9. Divorce Judgement(s) from any previous marriage(s) for Petitioner(s) (copy only)
10. Pertinent legal documents regarding the Adoptee: Affidavit of Paternity, Order of Filiation, Order to Change Name, previous Order of Adoption, etc. (copies only)
11. Copy of Death Certificate (if biological parent(s) is/are deceased)
12. Current Custody Order and Support order regarding the Adoptee (copy only)
13. Friend of the Court statement showing current arrearage, if any, of non-custodial parent (copy only)
14. Reference Letters (2)
15. Social History
16. Consent to Background Checks (Petitioner(s))
17. Consent to Background Checks (Adult Adoptee)
18. Petitioners' Verified Accounting
19. Adoption Report Required to Establish a New Michigan Birth Record

****At the time of finalization there is a \$10.00 fee to file the Order of Adoption fee and, if applicable, it is \$50.00 to have a new Birth Record created with the State of Michigan – not due at the time of filing the above****

File #: _____

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

Name of Adult Adoptee: _____ Date of Birth: _____

Maiden name, if married: _____

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: _____

56th JUDICIAL CIRCUIT - FAMILY DIVISION EATON COUNTY	PETITION FOR ADOPTION <input type="checkbox"/> Related Within 5th Degree <input type="checkbox"/> Other (Excluding Direct Adoption)	FILE NO.
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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 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 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.
- ☐ 10. I am married but my spouse is not joining me in this petition 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 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

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
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).

P28937

Date

Judge

Bar no.

STATE OF MICHIGAN CIRCUIT/FAMILY COURT JUVENILE DIV - EATON COUNTY	SOCIAL HISTORY FOR ADULT ADOPTION	FILE NO.
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In the matter of: _____ Date of Birth: _____
(Current name of adult to be adopted)

Information Regarding Petitioner(s)

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 anyone – adults and children – living in the home (except for 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: _____

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 adoptee:

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: _____

List any current life insurance policies with beneficiaries: _____

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: _____

List any current life insurance policies with beneficiaries: _____

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: _____

Information Regarding Adult Adoptee

Current Full Legal Name: _____
First Middle Last Suffix

Adoptive Name Requested: _____
First Middle Last Suffix

Name(s) Previously Used: _____

Relationship to Petitioners: _____

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: _____

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

List any current life insurance policies with beneficiaries: _____

Describe any physical and/or mental health issues:

Are you currently married? Were you previously married? Please include dates of current and/or previous marriages and the names and dates of birth of any children born of those marriage(s); any support arrangements involving those children:

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 JUVENILE COURT - ADOPTION DIVISION

CONSENT FOR CHILD PROTECTIVE AND CRIMINAL HISTORY
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)

(Name - First, Middle, Last)

(Maiden Name)

(Previous Married Name/s)

(Date of Birth)

(Social Security Number)

(Driver's License/State ID Number)

(Street Address)

(City, State, ZIP Code)

(Signature)

(Date)

PETITIONING FATHER:
(Please print below information clearly)

(Name - First, Middle, Last)

(Date of Birth)

(Social Security Number)

(Driver's License/State ID Number)

(Street Address)

(City, State, ZIP Code)

(Signature)

(Date)

Court Adoption File #: _____

EATON COUNTY JUVENILE COURT - ADOPTION DIVISION

CONSENT FOR CRIMINAL HISTORY BACKGROUND CHECKS
(ADULT ADOPTEE)

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

I, the undersigned, hereby consent to allow the Eaton County Juvenile Court – Adoption Division to use my Social Security number 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 on my for purposes of an adult adoption.

ADULT ADOPTEE:
(Please print below information clearly)

(Name - First, Middle, Last)

(Maiden Name)

(Previous Married Name/s)

(Date of Birth)

(Social Security Number)

(Driver's License/State ID Number)

(Street Address)

(City, State, ZIP Code)

(Signature)

(Date)

Court Adoption File #: _____



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STATE OF MICHIGAN
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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!

Approved, SCAO

STATE OF MICHIGAN
56th JUDICIAL CIRCUIT - FAMILY DIVISION
EATON COUNTY

PETITIONER'S VERIFIED ACCOUNTING**FILE NO.**

In the matter of _____, 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

ITEMIZED ACCOUNTING OF PAYMENTS/DISBURSEMENTS

Instructions: The following are types of expenses that must be itemized. Each type of expense is explained. For each type, identify the type by number, list each expense in that type separately, total the amounts, and place the total under the same type number on the front of this form. If the space provided below is not adequate, make copies before writing any information on this form. Write in the date for each payment made, the amount of that payment, who that payment was made to, and the purpose of the payment for the following types. **You must attach a receipt for each payment/disbursement.**

- and the following types of fees and expenses:
- Type 2. Agency Charges - fees and expenses charged by and to be paid to the agency.
 - Type 3. Attorney Fees - fees and expenses charged by and to be paid to the attorney.
 - Type 4. Travel Expenses - expenses associated with travel that are necessary to the adoption.
 - Type 5. Medical Expenses - expenses connected with the birth of the child or illness of the child not covered by the birth parent's health care benefits or Medicaid.
 - Type 6. Counseling Expenses - expenses for counseling related to the adoption for the parent, guardian, or adoptee.
 - Type 7. Living Expenses - expenses of the mother before the birth of the child and for no more than six weeks after the birth.
 - Type 8. Information Gathering Expenses - expenses for getting required information about the adoptee and the adoptee's biological family.
 - Type 9. Other - includes copy costs, process server fees, etc.

[illegible]

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
Name Before First Married (If Applicable)	First	Middle	Last
Date of Birth **	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		
<div style="border: 1px solid black; padding: 5px;"> 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. </div>			
Establish New Birth Record Following an Adoption (Fee includes one (1) certified copy of the record) _____ Additional Certified Copies Rush Fee (2-3 weeks processing)		\$ 50.00 \$ 16.00 Each \$ 25.00	\$ 50.00 \$ \$
TOTAL ENCLOSED:			\$
<div style="border: 1px solid black; padding: 5px;"> 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) _____ </div>			

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	County	
Name of Birthing Hospital (If Available)			
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