

## RELATIVE ADOPTION

Use this packet if:

Petitioner(s) are related to child by blood

Child is 17 years of age or younger

**and**

Biological parents are deceased or willing to consent to the adoption.

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Please read through these instructions carefully so that you have all required documents with you when you file the petition. These instructions are provided by the court so that you will know the steps involved in a Relative Adoption. These instructions are not a full explanation of the law and this packet is not meant to teach you the law. The Circuit Court cannot give you legal advice or help you fill out the forms. If you do not understand these instructions or are not able to fill out the Petitions and other forms by yourself, you should consult an attorney

### **Please complete all forms by typing or neatly printing using black ink**

Petitioner brings the following documents to the Family Court Records office when ready to file:

- Completed Petition for Adoption form (PCA 301). Petitioner(s) must be related to the adoptee within at least the fourth degree of affinity or consanguinity.
- Certified copy of the adoptee's birth certificate (*issued within the last six months*)
- The required fees totaling \$361.00 which will cover the \$175.00 filing fee, \$125.00 fee for the home study, \$11.00 certification fee for the Order of Adoption and the cost of the new birth certificate, which is \$50.00 if born in Michigan. (If the adoptee was born in another State, please ask the staff for that birth certificate amount as the fee will change accordingly.)
- Petitioner(s) file a certified copy of death certified for deceased parent(s) if applicable.
- Documentation showing how the child is related to the petitioner (birth certificates and/or marriage license)
- A copy of any court order issued regarding the child (paternity, custody, support, etc.).
- Completed Petitioner's Verified Accounting (PCA 347) signed by petitioner(s)
- Adoption Report required to establish a new Michigan Birth Record, signed by petitioners

### **Additional forms within the packet that will (or may) be used during the proceedings (also bring with you when you file the petition):**

**PCA 307** -- If the Adoptee is 14 years or older, he/she must also appear before the Judge to give his/her consent to the adoption. The form Consent to Adoption by Adoptee (PCA 307) is used for this purpose. If it does not apply in your situation, please discard. Please complete this form

to the best of your ability. This hearing will be scheduled by the court.

**PCA 308** – Consent to Adoption By Parent will be signed during a hearing arranged by the Court. Please complete the child's information.

**PCA 341** -- At least 21 days prior to the adoption being confirmed, the Final Order Allowing Fees and Costs form (PCA 341) must be filed. Please complete the child information portion of the form.

After filing the Petition and paying the fees, a copy of the petition with the assigned case number will be given to you. The relative(s) wanting to adopt then must have fingerprints taken. The copy of the filed petition will be needed for that purpose (see additional special instruction sheet attached). **The court will not proceed on your Petition for Adoption until a subsequent fingerprint report is received from the Michigan State Police.**

After the fingerprint report is received by the court, the Judge will sign the Order for the home investigation. The adopting relative(s) will be contacted by the home investigator for a home visit in approximately 3 to 4 weeks after that.

The final hearing to confirm the adoption will be scheduled by the court after allowing for the appropriate time for appeal by the noncustodial parent.

The Court will prepare the Order of Adoption and when it has been signed, a certified copy is mailed to the adopting parents. The Adoption Report form previously signed by both adopting parents must be reviewed and will be used to create the new birth certificate. The new birth certificate will be mailed directly to you by the Vital Statistics Office.

## **SPECIAL INSTRUCTIONS FOR STEP-PARENT, RELATIVE, AND GUARDIAN ADOPTIONS**

**Every person requesting to adopt must follow these instructions before the Court can act on the petition, in reference to the Michigan Adoption Code, 710.22a.**

**Every person requesting to adopt must have one (1) complete set of fingerprints taken at the Grand Traverse County Jail. Those fingerprints will be used by the Michigan State Police to check criminal records. The Michigan State Police will send a report to the Court regarding criminal records.**

### **INSTRUCTIONS:**

1. File the Petition for Adoption (PCA 301) with the Circuit Court Records-Family Division and pay the applicable fee.
2. Obtain one (1) copy of the completed Petition for Adoption.
3. Contact Grand Traverse County Jail and ask to be fingerprinted on a Michigan Applicant Fingerprint card (RI-8). They may only process this request on specific dates and times so contact them by phone to obtain current date and time. Complete the fingerprint card entirely (you may be required to **type** the fingerprint card. If you do not have access to a typewriter, many of the local libraries have typewriters available for public use.)

After you have had your fingerprints taken, mail or deliver the copy of the Petition to Adopt, the fingerprint card(s) and the \$30.00 fee (made payable to State of Michigan) to:

Michigan State Police  
CJIC  
PO Box 30266  
Lansing, MI 48909

4. The Michigan State Police will review their criminal records and send a report to you. Please bring or mail the original of the report to the Court.
5. After the Court receives the required report from the Michigan State Police, the court can then proceed on your Petition for Adoption.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

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

<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

**NOTE:** If the child is an Indian child, use form PCA 308-I.

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 and permanently give up all 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. 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

\_\_\_\_\_  
Parent name (type or print)

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

The parent signing this consent is an unemancipated minor. I am the  parent  
 guardian (Copy of letters of authority attached.)  
 guardian ad litem (Copy of order attached.)  
of the minor parent, and I join with the minor parent in signing this consent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian/guardian ad litem of unemancipated minor 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

**NOTE:** Before taking the consent, the court shall obtain from the parent(s) all the nonidentifying information required by MCL 710.27.

**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 and permanently giving up 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 and permanently giving up 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



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

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 \_\_\_\_\_ .

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Adoptee signature

\_\_\_\_\_  
 Adoptee name (type or print)

\_\_\_\_\_  
 Address

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

After the court made the investigation it deemed necessary, 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 consenting 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> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>ORDER TERMINATING PARENTAL RIGHTS/          RIGHTS OF PERSON IN LOCO PARENTIS          AFTER RELEASE OR CONSENT</b>	<b>FILE NO.</b>
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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(12) and the court has considered the application of the Indian Child Welfare Act and the Michigan Indian Family Preservation Act in this matter.

**IT IS ORDERED:**

5. The rights of the parent(s) or the person in loco parentis \_\_\_\_\_ are terminated.  
Name(s)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Judge

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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 \_\_\_\_\_ Full name of child      DOB: \_\_\_\_\_

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> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>PETITIONER'S VERIFIED ACCOUNTING</b>	<b>FILE NO.</b>
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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) .....	\$
<b>I REQUEST</b> that the court approve these payments and disbursements.	<b>TOTAL</b>
	<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 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		
<b>PARENT(S) INFORMATION*</b>					
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	
<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	County of Residence
Daytime phone to contact you	Area Code & Number

<b>PAYMENT</b> - 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. <b>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.</b>	
Establish New Birth Record Following an Adoption (Fee includes one (1) certified copy of the record)	\$ 50.00
_____ Additional Certified Copies	\$ 16.00 Each
Rush Fee (2-3 weeks processing)	\$ 25.00
<b>TOTAL ENCLOSED:</b>	<b>\$</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.
_____ 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	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**