



# 17<sup>th</sup> Judicial Circuit Court for the County of Kent

## DIRECT PLACEMENT ADOPTION CHECKLIST

All adoption forms must be completed and signed legibly either print or type, with complete names (first, middle and last) as listed on the birth certificate(s). Make sure filings are complete. The checklist is intended to outline most of the documents needed. However, the court may require additional materials. Court personnel are unable to provide legal advice. To expedite the filing process, please organize the items below according to this checklist and provide a Cover Letter detailing any special circumstances surrounding the adoption.

**All filings are to be mailed or delivered in-person to: (616) 632-5107 or (616) 632-5108**

Kent County Adoption Department  
180 Ottawa Ave NW, Suite 3500, Grand Rapids, MI 49503

### GENERAL CONSIDERATIONS:

- An attorney cannot represent both the petitioners and the birthparents.
- Proper venue is in the county of residence of the adoptive parent(s); where the adoptee is found; or where the parent’s parental rights were terminated or are pending termination. MCL 710.24
- Certified document(s) required for filing will not be returned to the petitioner(s).
- All adoption court forms recommended for use by the Michigan Supreme Court are available on-line at the State Court Administrative Office to complete and print. (website => courts.mi.gov)
- This checklist provides the corresponding recommended court form number(s) in parentheses.
- The failure to timely submit documentation may result in a dismissal of the case for lack of progress.

### **48 HOUR DOCUMENT(S) REQUIRED:** [Must be submitted within 48 hours of temporary Placement along with a complete Data Entry Form – Kent County Form]

#### 1. Transfer of custody of child: **Either**

##### Birth parent(s) to agency to petitioner(s):

- Parent/Guardian statement of temporary placement of child for adoption (PCA 329)
- Statement of agency transferring custody of child with petitioner(s) (PCA 331)

**OR**

##### Parent(s) directly to petitioner(s):

- Parent/Guardian statement transfer physical custody of child for adoption (PCA 330)
- 2.  Statement of prospective adoptive parent receiving physical custody of child (PCA 332) or (PCA 332a if applicable)
- 3.  Statement of not sharing identifying information, when applicable (PCA 340)
- 4.  Non-identifying and identifying information & social/medical history of child and birth family MCL 710.27
  - Birth Mother       Birth Father       Child
- 5.  Verification of all medical & social history of birth parents shared with petitioner(s).
- 6.  Attorney letter of shared information, when applicable
- 7.  Pre-placement assessments/home study within 1 year of filing MCL 710.23(f)(5) and MCL 710.24(4)
- 8.  Any and all previous adoptive family assessment(s), home studies, reassessment(s) or addendum(s)
- 9.  If the child placing agency is from out of state, then a copy of its current license with expiration date
- 10.  ICPC: Interstate Compact on Placement of Children, when applicable
- 11.  Verification of adoptee’s birth from hospital. Original birth certificate is required prior to confirmation.
- 12.  Medical report of adoptee

**30 DAY DOCUMENT(S) REQUIRED: (Report after temporary placement of child)**

**[Must be submitted within 30 days of the temporary placement of child]**

Note: If the child has been returned to the parent or other person having legal custody, or a petition for adoption filing is delayed, then the agency/attorney must make a written report to the court on the current status of the child.

13.  Follow-up report after temporary placement of child for adoption, when applicable (PCA 333)

**45 DAY DOCUMENT(S) REQUIRED: (Adoption Petition)**

**[Must be submitted within 45 days of temporary placement]**

Note: If within 45 days, the child has not been returned to the parent or other person having legal custody, or a petition for adoption was not filed, then the matter will be immediately referred to the prosecutor's office.

**PETITION(S) AND SUBSEQUENT FILING(S)**

14.  If adoptee's birth parent(s) is/are deceased, then provide a certified copy of the death certificate(s)  
15.  Petition for adoption (PCA 301a) (one per child, any name change should be reflected on petition)

**APPEALS**

16.  Report on Appeals and Rehearing's (Kent County Adoption Department form)  
17.  Any appellate court decision(s), when applicable  
18.  Report on pending or potential appeal/rehearing, when applicable (PCA 325)

**CRIMINAL & CENTRAL REGISTRY**

Petitioner(s) and any adult(s) residing in the home:

19.  Criminal background check(s) and central registry clearance(s) (DHS 612-CH)

**ADOPTEE**

20.  Original birth certificate of adoptee  
Note: if the adoptee was not born in the United States, then citizenship documentation is required  
21.  Adoptee immunization record

**ACCOUNTING**

22.  Verified 7-day accounting **itemized** on the form with receipt(s) attached: (one per child)  
 Petitioner(s) (PCA 347)  Agency (PCA 345)  
 Attorney(s) (PCA 346), when applicable  Parent/Guardian (PCA 348), when applicable

**AGENCY SUPERVISORY REPORT(S)**

23.  Agency supervisory report(s) (minimal of 2 – one initially after temporary placement – one after formal placement prior to finalizing with a recommendation to finalize by the supervising agency)

**ADOPTIVE PARENT(S)**

24.  Copy of birth certificate for each petitioner  
25.  Copies of each petitioner's driver's license or state identification.  
26.  Copy of current marriage certificate of petitioners, when applicable  
27.  Medical report for each petitioner current within 1 year of filing (DHS-3190).  
28.  Copies of all marriage certificate(s) of petitioner(s), when applicable  
29.  Copies of all divorce decree(s) of petitioner(s), when applicable  
30.  Copy of death certificate of a previous spouse, when applicable (Not in lieu of a divorce decree).  
31.  Copy of court order of legal name change, when applicable  
32.  Copy of naturalization papers, when applicable  
33.  Copy of guardianship order, when applicable

**VITAL RECORDS**

34.  Request for verification of notice of intent to claim paternity, when applicable (DCH 0569)

**INVESTIGATION(S)/COMPLAINT(S)**

35.  Any and all complaint(s)/investigation(s), when applicable (DHS 154).
36.  Any and all child protective services report(s) related to the complaint(s)/investigation(s), when applicable Note: If children protective services does not initiate an investigation report but instead screens out the investigation due to insufficient evidence of abuse and/or neglect via a written report, please provide such report. If no investigative report or screening out report is generated, then obtain a letter from children’s protective services indicating the results of the investigation.
37.  Any and all corrective action plan(s) signed and dated by prospective adoptive parent(s) and agency personnel and documentation whether the corrective action plan was completed, when applicable

**FINALIZATION DOCUMENT(S):**

38.  Motion to waive supervision period after formal placement, when applicable
39.  Supervisory report from child placing agency requesting finalization of adoption
40.  Letter from petitioner(s) requesting finalization – only if no motion to waive supervision period is filed
41.  Verified (Supplemental/21-day) accounting itemized on the form with receipts attached: (one per child)
- |                                                                 |                                                                     |
|-----------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Petitioner(s) (PCA 347a)               | <input type="checkbox"/> Agency (PCA 345)                           |
| <input type="checkbox"/> Attorney(s) (PCA 346), when applicable | <input type="checkbox"/> Parent/Guardian (PCA 348), when applicable |
42.  Report to establish a new MI birth certificate (DCH-0854) (1 per child)
43.  Adoption facilitator clearing house record non-confidential information (DHS 4746)

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**COURT FEES:** (All fees are non-refundable)

- \$185 filing fee must accompany each petition, (includes order placing child w/petitioner, order(s) terminating parental rights, final order allowing fees and costs, and adoption order). This fee may be paid by check or money order payable to “17<sup>th</sup> Judicial Circuit Court.”
- \$50 fee to establish a new Michigan birth certificate and \$16 for each additional copy – check or money order (no cash) made payable to “State of Michigan” is due at the time of requesting finalization. Upon finalization of the adoption, if requested, a new birth certificate will be created, and the original birth record will be sealed.

**NOTE:** Birth certificates are amended in the adoptee’s state of birth. Fees and required documentation vary from state to state. If the adoptee was born in a state outside of Michigan, then it is the responsibility of Petitioner(s) to submit to our department the appropriate fees and document(s) required by that state’s respective vital records department to create a new birth record resulting from an adoption.

**ADDITIONAL FEES**

- Each subsequent petition, motion, etc. \$20

**Any questions concerning these procedures, please contact your attorney, agency representative or the Kent County Adoption Department at 616-632-5107, 616-632-5108**

**17<sup>th</sup> JUDICIAL CIRCUIT COURT, FAMILY DIVISION  
ADOPTION DATA ENTRY SHEET**

**THIS FORM MUST BE FILLED IN AND RETURNED TO THE COURT ALL INFORMATION MUST BE ACCURATE**

AGENCY/ATTORNEY INFORMATION	
Home Assessment/Placing Agency	Caseworker and/or Attorney: Email Address:

CHILD INFORMATION		
Adopted Last Name	First	Middle
Biological or (Current Legal) Last Name	First	Middle
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthplace (City, County and State)	Date of Birth
Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Unknown (used for multi-racial and other)		
Child's Legal Status Prior to Adoption <input type="checkbox"/> Agency <input type="checkbox"/> Court Ward <input type="checkbox"/> MCI Ward <input type="checkbox"/> MI-DHHS (treated like MCI Ward) <input type="checkbox"/> Non-ward <input type="checkbox"/> Guardian		
Last Placement Type Prior to Adoption <input type="checkbox"/> Adoptive Home <input type="checkbox"/> Foster Home <input type="checkbox"/> Home <input type="checkbox"/> Institution <input type="checkbox"/> Relative <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Other (please specify)		
Previous Adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what county?	Case #?

ADOPTION PETITIONER INFORMATION					
AD Petitioner 1 Last Name	First	Middle	DOB	SS#	Race
Maiden/Original Name:					
AD Petitioner 2 Last Name	First	Middle	DOB	SS#	Race
Maiden/Original Name:					
Address (No. and Street)		City		Marriage Date	
State	Zip	County		Telephone	

BIRTH PARENT INFORMATION			
Mother's Last Name	First	Middle	DOB
Race <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other (please specify)			
Father's Last Name	First	Middle	DOB
Race <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other (please specify)			

