Approved, SCAO JIS CODE: APF STATE OF MICHIGAN FILE NO. PETITION FOR ADOPTION JUDICIAL CIRCUIT - FAMILY DIVISION □ Related Within 5th Degree COUNTY Other (Excluding Direct Adoption) Note: For stepparent adoptions, use form PCA 301b. In the matter of Full name of child ____ , adoptee The petitioners are: Relationship **Date and Place** to Adoptee Address, City, State, Zip of Birth Name Adopting parent Maiden: Adopting parent
 Maiden: Each adopting petitioner states: \square 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 ____ ☐ remains is no longer assigned to Judge ______, and pending. 2. I desire to adopt: Birth date and time Full name of child (type or print) City, county, and state of birth Current residential address (if known) 3. The adoptee will be my heir at law. not be changed. be changed to First 4. The adoptee's name will Middle 5. The adoptee's property is ___ 6. \square 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)

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\square 7. The adoptee's court-appointed guardian and/or conser	rvator is/are (attach copy[ies] of letters of authority)
Name(s) and address(es)	
\square 8. The adoptee has been living with the petitioners in the	ir home for months before filing this petition.
	dopt the child from the court, Michigan Department of Health and nent custody, or from the persons to whom the child was released. was arbitrary and capricious is attached.
$\hfill\square$ 10. I am married but my spouse is not joining me in this μ	petition because: (Attach separate sheet as needed.)
\square 11. The adoptee is an Indian child as defined in MCR 3.0	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 child with me, and entry of an order of adoption with 13. The adoption be completed immediately because 	
14. The court to waive the required investigation because months and a foster family study was completed or used to declare that the statements above are true to the best of months.	
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	

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IT IS C	RDERED:	
☐ 15.	Court agent or employee, child-placing agency, or Michigan Department of Health and Human Services	is directed to fully investigate and
	report its findings in writing to this court, within 3 months of this order, in accordance	e with the provisions of MCL 710.46.
☐ 16.	The full investigation is waived. The petitioner(s) shall file a copy of the most recent supplemented.	foster family study as updated and
☐ 17.	The petitioner(s) shall give notice of this petition to the persons prescribed in MCR 3.802(A)(3) and MCR 3.807(B), if applicable (use form PCA 352).	3.800(B) in accordance with MCR
Date		Bar no.