JIS CODE: PCS and MiCOURT - PVA TCS - PVA7

Approved, SCAO

STATE OF MICHIGAN
JUDICIAL CIRCUIT - FAMILY DIVISION
COUNTY

PETITIONER'S VERIFIED ACCOUNTING

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COUNTY				
In the matter ofFull name of child		DOB:		, adoptee
I filed a petition to adopt the adoptee. The of value made or agreed to be made by be submitted to report any additional part or on my behalf in connection with this	me or on my behalf in c syments/disbursements	onnection with this adoption	on as of this date. Fo	orm PCA 347a will
	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 Hea	alth and Human Services	Charges (itemized on other	er side of this form)	\$
3. Attorney Fees (itemized on other sid	le of this form)			\$
4. Travel Expenses (itemized on other	side of this form)			\$
5. Medical, Hospital, Nursing, or Pharr	naceutical Expenses (ite	mized on other side of this	s 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 (ite	mized on other side of t	his form)		\$
9. Other (itemized on other side of this	form)			\$
I REQUEST that the court approve thes	e payments and disburs	ements.	TOTAL	\$
I declare that this accounting and the a information, knowledge, and belief.	ttachments have been e	examined by me and that t	he contents are true	to the best of my
Signature of petitioner		Signature of petitioner		
ame (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 a	t least 7 days before forn	nal 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.

- 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.

TYPE NO.	DATE	AMOUNT	NAME AND ADDRESS OF RECIPIENT	PURPOSE
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