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)

Do not write below this line - For court use only

Petition for Adoption (6/18) Page of	File No		
\Box 7. The adoptee's court-appointed guardian and	conservator is/are (attach copy[ies] of letters of author	ity)	
Name(s) and address(es)			
\square 8. The adoptee has been living with the petition	in their home for months before filing	this petition.	
Human Services or child-placing agency havi	d consent to adopt the child from the court, Michigan Department of Health and having permanent custody, or from the persons to whom the child was released. Thhold consent was arbitrary and capricious is attached.		
\square 10. I am married but my spouse is not joining m	n this petition because: (Attach separate sheet as ne	eded.)	
\square 11. The adoptee is an Indian child as defined in	CR 3.002(12). The identity of the tribe is		
Name of tribe, if known		·	
I REQUEST:			
12. Termination of all existing parental rights income the child with me, and entry of an order of ado13. The adoption be completed immediately be	on with the adoptee's name recorded as stated	in item 4.	
14. The court to waive the required investigation months and a foster family study was comp I declare that the statements above are true to the	ed or updated within the last 12 months.	are with me for at least 12	
Attorney signature	Date		
Attorney name (type or print)	Bar no. Signature of petitioner		
Address	Signature of petitioner		
City, state, zip Tele	ne no. Petitioner telephone no.		
Agency Contact Information:			
Name of agency representative (type or print)	Address		
Agency name	City, state, zip		
Telephone no. E-mail			

Petition	for Adoption (6/18) Page of	File No.
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.