Approved, SCAO

STATE OF MICHIGAN

JUDICIAL CIRCUIT - FAMILY DIVISION

COUNTY

SUPPLEMENT TO PETITIONER'S VERIFIED ACCOUNTING

COUNTY	VERM LED AGGGGTTING				
In the matter ofFull name of child	_ DOB: _	, adoptee			
 ☐ Additional payments/disbursements in connection with this adoption after the connection with this adoption after the connection with this adoption after the connection with the connection with the connection of the connection with the connection with	s of money or anything of value made or agreed to be er form PCA 347 was filed with the court. s of money or anything of value made or agreed to be ce I filed form PCA 347 with the court.				
	EXPENSES	TOTAL			
Motion for Early Confirmation Birth Certificate Fee		\$ \$			
2. Agency/Michigan Department of Health and Human Services Charges (itemized on other side of this form)					
3. Attorney Fees (itemized on other si	de 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)	\$			
10. Total of Expenses Reported on PCA 347 (this must always be completed)					
I REQUEST that the court approve the	se payments and disbursements.	TOTAL \$			
I declare that this accounting and the information, knowledge, and belief.	attachments have been examined by me and that	the contents are true to the best of my			
	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 2	21 days before the final order of 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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