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| STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY | PETITION FOR DIRECT PLACEMENT ADOPTION | FILE NO. |
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In the matter of _____, adoptee
Full name of child

The petitioners are:

| | Name | Relationship to Adoptee | Address, City, State, Zip | Date and Place of Birth |
|------------------------|---------|-------------------------|---------------------------|-------------------------|
| Adopting Mother | Maiden: | | | |
| Adopting Father | | | | |

Each adopting petitioner states:

- 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 _____, was assigned to Judge _____, and remains is no longer pending.
- 2. The adoptee was born on _____ at _____.
Birth date and time City, county, and state of birth parent/guardian.
- 3. The adoptee was temporarily placed in my home on _____ by a child-placing agency.
Date
- 4. The adoptee will be my heir at law. not be changed.
- 5. The adoptee's name will be changed to _____.
First Middle Last
- 6. The adoptee's property is _____.
- 7. The parties to this adoption have elected not to exchange identifying information. A separate verified statement of the identifying information is attached.

NOTE: Do not complete items 8. and 9. if item 7. is checked.

8. The adoptee is:

Full name of child

Present residential address (if known)

The adoptee's parents are:

Father's name Birth date Mother's name (and maiden name) Birth date

Address Address

City, state, zip City, state, zip

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

9. The adoptee's court-appointed guardian and/or conservator is/are _____
Name(s) and address(es)

10. I have received a copy of the reasonably obtainable nonidentifying information required for a placement of the child for adoption. A copy is attached.

11. I have been informed of the availability of counseling services. I have have not received counseling.

12. No preplacement assessments have been completed on us other than those attached.

Preplacement assessments have been started but not completed as follows:

13. The adoptee is an Indian child as defined in MCR 3.002(5). The identity of the tribe is _____
Name of tribe, if known

The appropriate consents have been executed pursuant to 25 USC 1913(a) and the Michigan Adoption Code.

I REQUEST:

14. Termination of all existing parental rights inconsistent with the order of adoption, entry of an order approving placement of the child with me, and entry of an order of adoption with the adoptee's name recorded as

15. The adoption to be completed immediately because _____

16. The court to waive the required investigation because the adoptee has been placed in foster care with me for at least 12 months and a foster family study was completed or updated within the last 12 months.

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Attorney/Agency signature

Date

Attorney/Agency name (type or print) Bar no.

Signature of petitioner mother

Address

Signature of petitioner father

City, state, zip Telephone no.

Petitioner telephone no.

IT IS ORDERED:

17. The preplacement assessment filed with the petition has been reviewed by the court and

a. it is a sufficient investigation of the adoptive home, and no further investigation is required.

b. _____
Court agent or employee, child-placing agency
is directed to conduct an additional investigation and report its findings in writing to this court, within 3 months of this order, in accordance with the provisions of section 46 of the Michigan Adoption Code.

18. The full investigation is waived. The petitioners shall file a copy of the most recent foster family study as updated and supplemented.

19. The petitioners shall give notice of this petition to the persons prescribed in MCR 3.800(B) in accordance with MCR 3.802(A)(3) (use form PCA 352).

Date

Judge Bar no.