



ADULT ADOPTION CHECKLIST
37th JUDICIAL CIRCUIT COURT
FAMILY DIVISION
CALHOUN COUNTY

PLEASE READ CAREFULLY

- The Petitioner **MUST** be a resident of Calhoun County.
- All required forms must be typed or clearly printed.
- The biological/legal parents are required to get notice of the proceedings in this matter. Please provide current name and addresses on the petition for adoption.

DOCUMENTS

The following must be filed with the adoption petition, if applicable:

- Adoption Petition ([PCA 301](#))
- Certified copy of Adoptee's birth certificate. Must be at least 18 years old
- Copies of birth certificate of Petitioner(s).
- Marriage license of Petitioner(s).
- Marriage license of Adoptee if applicable
- Copies of any Judgments of Divorce for prior marriages for both petitioners and adoptee
- Copies of any Judgments of Name Change for Adoptee
- If a biological/legal parent is deceased - a copy of their death certificate.
- Consent to Adoption by Adoptee ([PCA 307](#))
- Adoption Questionnaire with reference letters attached
- Adoption Report for the new Michigan birth certificate. Please type or print clearly and sign where indicated.

(If adoptee was born out of state there will be additional paperwork towards the end of the adoption process.)

INVESTIGATION

Pursuant to the Adoption Code 710.46 the court is required to conduct a full investigation. This will be completed by a court investigator. The investigator has up to 3 months to complete their investigation and file their Investigation Report with the court. The investigator will contact the petitioner(s) to schedule those appointments once your case has been opened.

FEES

\$ 175.00 Petition for Adoption Filing Fee (per petition)
\$ 300.00 Investigation Fee (per family)
\$ 11.00 Certified copy of the Order of Adoption if requested

All above fees shall be submitted by Check or Money Order made payable to: 37th Circuit Court

\$ 50.00 If a new birth certificate is requested and you were born in Michigan

Check or Money Order made out to: STATE OF MICHIGAN. Please note: out-of-state birth fee may vary by states

Circuit Court Clerk's Office Contact Information:

Calhoun County Clerk's Office – Circuit Court
Attn.: Adoptions
161 E. Michigan Avenue
Battle Creek, MI 49014

Business Hours:
Monday through Friday, 8:00 a.m. to 5:00 p.m.

Phone Number: 269-969-6769
Email: kthomas@calhouncountymi.gov

**PLEASE NOTE:
COURT PERSONNEL
CANNOT GIVE
LEGAL ADVICE**

**Please contact an attorney
with any legal questions.**

ADULT ADOPTION QUESTIONNAIRE
CALHOUN COUNTY CIRCUIT COURT – FAMILY DIVISION

Name of Adult Adoptee:

Name AFTER adoption:

First Middle Last

First Middle Last

Date of birth: _____

BIRTH MOTHER INFORMATION:

First Middle Last Name before 1st Marriage
(If applicable) Date of Birth State of Birth

Present address: _____
No. Street Apt # City State Zip Code

BIRTH FATHER INFORMATION:

First Middle Last Date of Birth Place of Birth

Present address: _____
No. Street Apt # City State Zip Code

PROPOSED ADOPTIVE PARENT(S) INFORMATION:

#1: _____ Female Male
First Middle Last Date of Birth

Present address: _____
No. Street Apt # City State Zip Code

Contact information: Home#: _____ Cell#: _____ Work#: _____

Email address: _____

Employer's Name/Address: _____

Job title: _____

If self-employed, name and type of business: _____

If unemployed, source of income: _____

#2: _____
First Middle Last Date of Birth

Female Male

Present address: _____
No. Street Apt # City State Zip Code

Contact information: Home#: _____ Cell#: _____ Work#: _____
Email address: _____

Employer's Name/Address: _____

Job title: _____

If self-employed, name and type of business: _____

If unemployed, source of income: _____

Have either of the proposed adoptive parent(s) had any contact with Children's Protective Services? yes no

If yes, Date: _____ Name of Children's Protective Services worker: _____

Have either of the proposed adoptive parents ever been convicted in a criminal proceeding, imprisoned, or placed on probation or parole? yes no If yes, give details including date, place, nature offense/disposition: _____

Brief reason for adoption: _____

REFERENCES: The letters MUST be attached to this questionnaire

Please list individuals (not relatives) who have known you well enough to write a letter to the court on your behalf.

1. Name: _____ Phone Number: _____
Present address: _____
No. Street Apt # City State Zip Code

2. Name: _____ Phone Number: _____
Present address: _____
No. Street Apt # City State Zip Code

I HAVE EXAMINED THIS ADOPTION QUESTIONNAIRE AND THE CONTENTS ARE TRUE. THIS FORM AND LETTERS MUST BE SUBMITTED TO THE COURT WITH THE PETITION FOR ADOPTION.

Date

Signature of Adult Adoptee

Date

Signature of proposed adoptive parent

Date

Signature of proposed adoptive parent