



STEP-PARENT ADOPTION

37th CIRCUIT COURT
FAMILY DIVISION
CALHOUN COUNTY

PLEASE READ CAREFULLY

- You **MUST** be a resident of Calhoun County.
- You **MUST** be married to the legal/biological parent of the Adoptee(s).
- The attached forms must be typed or clearly printed.

DOCUMENTS

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

- Adoption Petition ([PCA 301](#))
- Adoptee's birth certificate.
- Birth Certificate of Petitioner(s).
- Marriage License of Petitioner(s).
- Judgment of Divorce OR Order of Filiation OR Acknowledgement of Paternity.
- Court order in which custody was awarded.
- Most recent child support order.
- If a biological parent is deceased - a copy of their Death Certificate.
- Adoption Questionnaire with reference letters attached.
- Consent to Adopt Form if adoptee is 14 years or older ([Consent Form](#))
- 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 at the end of the adoption process.

INVESTIGATION

Pursuant to the Adoption Code MCL 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) and non-custodial parent 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.**

ADOPTION QUESTIONNAIRE
CALHOUN COUNTY CIRCUIT COURT – FAMILY DIVISION

Name of child(ren):

Name AFTER adoption:

First Middle Last Date of Birth

First Middle Last Date of Birth

First Middle Last Date of Birth

First Middle Last

First Middle Last

First Middle Last

BIRTH MOTHER INFORMATION:

First Middle Last Date of Birth

Custodial Parent: YES NO

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

Driver's license number: _____

Contact Information: Home#: _____ Cell#: _____ Work#: _____

Email address: _____

Employer's Name/Address: _____

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

If unemployed, source of income: _____

BIRTH FATHER INFORMATION:

First Middle Last Date of Birth

Custodial Parent: YES NO

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

Driver's license number: _____

Contact Information: Home#: _____ Cell#: _____ Work#: _____

Email address: _____

Employer's Name/Address: _____

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

If unemployed, source of income: _____

CUSTODIAL PARENT INFORMATION---IF DIFFERENT THAN BIRTH PARENT:

Female Male

First Middle Last Date of Birth

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

Driver's license number: _____

Contact Information: Home#: _____ Cell#: _____ Work#: _____

Email address: _____

Employer's Name/Address: _____

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

If unemployed, source of income: _____

PROPOSED ADOPTIVE PARENT(S) INFORMATION:

#1: _____ Female Male

First Middle Last Date of Birth

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

Driver's license number(s): _____

Contact Information: Home#: _____ Cell#: _____ Work#: _____

Email address: _____

Employer's Name/Address: _____

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

If unemployed, source of income: _____

#2: _____ Female Male

First Middle Last Date of Birth

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

Driver's license number(s): _____

Contact Information: Home#: _____ Cell#: _____ Work#: _____

Email address: _____

Employer's Name/Address: _____

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

If unemployed, source of income: _____

