

ADOPTION FACILITATOR CLEARING HOUSE RECORD NON-CONFIDENTIAL INFORMATION

Michigan Department of Health and Human Services

- See Instructions on Page 4

PRIMARY ADOPTION FACILITATOR:

Counties Served		
Name		
Ombudsman Reg. No.		
Address		
City	State	Zip Code

ADOPTION INFORMATION:

Placement Type <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	Adoption Type <input type="checkbox"/> INTRASTATE <input type="checkbox"/> INTERSTATE <input type="checkbox"/> INTERCOUNTRY
Date of First Contact between Birth Parent and Primary Adoption Facilitator	
Date of First Contact between Adoptive Parent and Primary Adoption Facilitator	
Date of Temporary Placement	
Date of Final Court Order of Adoption	

SERVICES AND COST INFORMATION:

SERVICES PROVIDED	Number of Hours	EXPENSES
Placement Assessment/Family Evaluation (Agency Name)		\$
Performed by (Individual Name)		
Biological Parent Counseling (Agency Name)	Number of Hours	\$
Performed By (Individual Name)		
Biological Parent Counseling (Agency Name)	Number of Hours	\$
Performed By (Individual Name)		
Adoptive Parent Counseling (Agency Name)	Number of Hours	\$
Performed By (Individual Name)		
Adoptive Parent Counseling (Agency Name)	Number of Hours	\$
Performed By (Individual Name)		
Other Agency Provided Services (Agency Name)	Number of Hours	\$
Other Agency Provided Services (Agency Name)		\$
Total medical expenses paid for by an adoptive parent, incurred by a biological parent or the adoptee in connection with the birth or any illness of the adoptee:	▶	\$
Total amount paid by an adoptive parent for biological parent's living expenses:	▶	\$
Total amount paid by an adoptive parent for biological parent's travel expense:	▶	\$
SUB-TOTAL EXPENSES (Also Enter at Top of Page 2)	▶	\$

EXPENSES

SUB-TOTAL EXPENSES
(Enter From the Bottom of Page 1)

\$
\$
\$
\$
\$
\$
\$

SERVICES AND COST INFORMATION (Continued)

Attorney Representing Adoptive Parent (Name)	Number of Hours
Attorney Representing Biological Mother (Name)	Number of Hours
Attorney Representing Biological Father (Name)	Number of Hours

Any Other Expenses Approved by the Court (Adoption Code: Section 54).....

TOTAL ADOPTION EXPENSES

Any Fees or Expenses sought but disallowed by the court \$ _____

EXPLANATION OF ANY SPECIAL CIRCUMSTANCES, FOR HIGHER THAN NORMALLY EXPECTED ADOPTION EXPENSES:

For confidential reasons, PLEASE DO NOT INCLUDE NAMES SHOWN ON PAGE 3

CERTIFICATION

I declare that this public information form has been examined by me and that its contents are true to the best of my information, knowledge, and belief.	Signature of Facilitator	Date
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Michigan Department of Health and Human Services

GENERAL INSTRUCTIONS:

- Complete this form for all adoptions in which consent is required by birth parents or a licensed private child placing agency.

- This form does not apply to:
 - stepparent adoptions
 - adoptions between relatives within the fifth degree of blood, marriage or adoption
 - adoptions in which consent is required by the court or the MCI superintendent

PRIMARY ADOPTION FACILITATOR INSTRUCTIONS:

- Complete this form within ten (10) days of the entry of a final order of adoption and send to county probate court register.

PROBATE COURT REGISTER INSTRUCTIONS:

- This form should be sent to the Michigan Department of Health and Human Services within fifteen (15) days after the entry of the final order of Adoption. Section 58a, P.A. 222 of 1995.)

Send to:
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADOPTION UNIT, SUITE 514
PO BOX 30037
LANSING MI 48909

AUTHORITY: Act 116 of 1973, as amended COMPLETION: Required. PENALTY FOR NON-COMPLETION: Misdemeanor
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Michigan Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an MDHHS office in your area.
