

STATE OF MICHIGAN THIRD CIRCUIT COURT WAYNE COUNTY	AGENCY PETITION FOR ADOPTION PACKET COVER SHEET	FILE NO.
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The screening process is intended to expedite the petition. Please advise the Court of any concerns or issues that could inhibit, hinder, or delay the judicial finding that this adoption is in the adoptee's best interest. Please use additional sheets of paper if necessary, including to address any other issues of which the Court should be aware.

Child _____ Child's D.O.B. _____ Age: _____ Relationship of Child to Petitioner(s) _____ Petitioner 1: _____ Petitioner 2: _____	Agency _____ Worker Name: _____ Worker Phone: _____ Worker Email: _____ Agency Requests <input type="checkbox"/> Immediate Confirmation <input type="checkbox"/> Supervision Months in Home: _____
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1. Has a request for an appeal ever been filed by a birth parents? For termination that occurred in Wayne County, please verify by calling: (313) 833-1597 (Administration – County Clerk Appeals)	<input type="checkbox"/> No Note: You must contact both the Michigan Court of Appeals and the county where parental rights were terminated. <input type="checkbox"/> Yes by the <input type="checkbox"/> Mother <input type="checkbox"/> Father Court of Appeals Docket Number _____ Status: <input type="checkbox"/> Pending <input type="checkbox"/> Closed
2. Is there a support order for any biological or Adopted children of the adoptive petitioner(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes Is Support current? <input type="checkbox"/> Yes <input type="checkbox"/> No Arrears: \$ _____ Account #: _____
<i>If there is a current support order it must be submitted.</i>	
3. Are there any concerns shown on the medical/health appraisals for any person living in the adoptive home?	<input type="checkbox"/> No <input type="checkbox"/> Yes List Concerns: _____
4. Is there an active guardianship?	<input type="checkbox"/> No <input type="checkbox"/> Yes County: _____ File #: _____
5. Is this a licensed foster home? (If so, attach most recent annual report)	<input type="checkbox"/> No <input type="checkbox"/> Yes Agency: _____
<i>If this is a licensed foster home, the most recent annual report must be submitted.</i>	
6. Has/Have the petitioner(s) adopted before? Any prior adoptions set for court due to concerns?	<input type="checkbox"/> No <input type="checkbox"/> Yes Date(s) of previous adoption(s): _____ <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If there are prior adoptions, all previous home investigations must be submitted at the time of filing, from all involved agencies.</i>	
7. Do any adults in the adoptive home have criminal history, or does any minor in the adoptive home have a juvenile record?	<input type="checkbox"/> No <input type="checkbox"/> Yes Offender: _____ Date of Conviction: _____ Court of Conviction: _____
<i>Active warrants must be resolved prior to filing the Petition for Adoption. A clearance from the court of conviction must be obtained stating that all requirements have been met and that all fines have been paid.</i>	
8. Have any of the adults in the adoptive home ever had protective service involvement? If a foster parent, have there been any complaints/special investigations?	<input type="checkbox"/> No <input type="checkbox"/> Yes Adult's Name: _____ Investigation Date(s): _____ Total # of Complaints/Special Investigations: _____ Result(s): _____
<i>If there are complaints, special evaluations, and/or corrective action plans, ALL must be submitted at the time of filing.</i>	
9. Has another family been denied the Consent to Adoption by the MCI or a Court?	<input type="checkbox"/> No <input type="checkbox"/> Yes Name of Competing Party: _____ County of Termination: _____

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

Adoption Worker

Date

Adoption Supervisor

Date