

**Washtenaw County Trial Court
Adoption Face Sheet**

Washtenaw County Trial Court – Juvenile Division
Adoption Unit
101 E Huron – PO Box 8645
Ann Arbor, MI 48107-8645
(734) 222-6938

| | | | |
|---|--------------------------|---|--------------------------|
| Agency – Attorney Names: | | | |
| Section I – ADOPTIVE FAMILY | | | |
| Adoptive Parent Full Legal Name: | | Maiden Name: | |
| Adoptive Parent Full Legal Name: | | | |
| Address (Number and Street): | | | |
| City: | State: | Zip Code: | County: |
| Date and Place of Present Marriage: | | Telephone No.: | |
| PERSONAL CHARACTERISTICS AND BACKGROUND OF PETITIONERS | | | |
| Adoptive Parent Name: | | Adoptive Parent Name: | |
| Date of Birth: | Social Security Number: | Date of Birth: | Social Security Number: |
| Race: | Birth Place: | Race: | Birth Place: |
| Highest Level of Education: | Religion: | Highest Level of Education: | Religion: |
| Occupation: | Employer: | Occupation: | Employer: |
| Income: | Work Telephone No.: | Income: | Work Telephone No.: |
| Previous Marriage: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Previous Marriage: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If Yes, Date of Marriage and Name of Previous Spouse: | | If Yes, Date of Marriage and Name of Previous Spouse: | |
| Date Marriage Terminated: | How Marriage Terminated: | Date Marriage Terminated: | How Marriage Terminated: |
| Names/Birthdates of Children From Former Relationships: | | Names/Birthdates of Children from Former Relationships: | |
| Children Presently in Household | | | |
| Name: | | Date of Birth: | |
| Other Persons Living In the Household | | | |
| Name: | Relationship: | Date of Birth: | |

| Section II – CHILD TO BE ADOPTED | | | |
|--|-----------------|-------------------------|------------|
| Full Legal Name of Child: | | To Be Changed To: | |
| Date of Birth: | Place of Birth: | Race: | Gender: |
| Is Child a Member or Eligible for Membership in a Native American Indian Tribe or Band? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Relationship of Child to Petitioner(s): | | | |
| Is Child Subject to the Continuing Jurisdiction of Another Court? | | If yes, county: | Case No.: |
| MCI Ward <input type="checkbox"/> Yes <input type="checkbox"/> No | | County of Jurisdiction: | |
| Siblings of Child (Half or Full Sib-ship) | | | |
| Name: | | Date of Birth: | Placement: |
| | | | |
| SECTION III – BIRTH FAMILY INFORMATION | | | |
| Name of Legal Parent: | | Current Address: | |
| Race: | DOB: | | |
| Name of Legal Parent: | | Current Address: | |
| Race: | DOB: | | |
| Name of Putative Father: | | Current Address: | |
| Race: | DOB: | | |