

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>PETITIONER'S VERIFIED ACCOUNTING</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_ DOB: \_\_\_\_\_, adoptee  
Full name of child

I filed a petition to adopt the adoptee. This accounting is a complete itemization of payments/disbursements of money or anything of value made or agreed to be made by me or on my behalf in connection with this adoption as of this date. Form PCA 347a will be submitted to report any additional payments/disbursements of money or anything of value made or agreed to be made by me or on my behalf in connection with this adoption.

EXPENSES	TOTAL
1. Court Filing Fee	
Petition for Adoption ..... \$ _____	
Order of Adoption ..... \$ _____	
Motion for Early Confirmation ..... \$ _____	
Birth Certificate Fee ..... \$ _____	
Other petitions, motions, orders ..... \$ _____	\$ _____
2. Agency/Michigan Department of Health and Human Services Charges (itemized on other side of this form)	\$ _____
3. Attorney Fees (itemized on other side of this form) .....	\$ _____
4. Travel Expenses (itemized on other side of this form) .....	\$ _____
5. Medical, Hospital, Nursing, or Pharmaceutical Expenses (itemized on other side of this form) .....	\$ _____
6. Counseling Services (itemized on other side of this form) .....	\$ _____
7. Living Expenses (itemized on other side of this form) .....	\$ _____
8. Information Gathering Expenses (itemized on other side of this form) .....	\$ _____
9. Other (itemized on other side of this form) .....	\$ _____
<b>I REQUEST</b> that the court approve these payments and disbursements. <span style="float: right;"><b>TOTAL</b></span>	<b>\$ _____</b>

I declare that this accounting and the attachments have been examined by me and that the contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of petitioner

\_\_\_\_\_  
Signature of petitioner

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

**NOTE:** This accounting must be filed at least 7 days before formal placement for adoption.

Do not write below this line - For court use only

