STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITIONER'S VERIFIED ACCOUNTING ☐ 7-DAY ☐ 21-DAY	FILE NO.

In the matter of adoptee _____ DOB: _____
Full name of child

I filed a petition to adopt the adoptee. This accounting, and any previously filed 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. Except for those payments or disbursements listed in my 7-day accounting in the amount of $ _____ , no other payments or disbursements have been made or agreed to be made by me in connection with this adoption.

EXPENSES	TOTAL
1. Court Filing Fee Petition for Adoption ..... $ _____ Order of Adoption ..... $ _____ Motion for Early Confirmation ..... $ _____ Other petitions, motions, orders ..... $	$ 0.00
2. Agency/Michigan Department of 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)	$
I REQUEST court approval of these payments and disbursements. **TOTAL**	**$** 0.00

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 and 21 days before the final order of adoption.

Do not write below this line - For court use only

ITEMIZED ACCOUNTING OF PAYMENTS/DISBURSEMENTS

Instructions: The following are types of expenses that must be itemized. Each type of expense is explained. For each type, identify the type by number, list each expense in that type separately, total the amounts, and place the total under the same type number on the front of this form. If the space provided below is not adequate, make copies before writing any information on this form. Write in the date for each payment made, the amount of that payment, who that payment was made to, and the purpose of the payment for the following types. **You must attach a receipt for each payment/disbursement.**

Type 2. Agency Charges - fees and expenses charged by and to be paid to the agency.
Type 3. Attorney Fees - fees and expenses charged by and to be paid to the attorney.
Type 4. Travel Expenses - expenses associated with travel that is necessary to the adoption.
Type 5. Medical Expenses - expenses connected with the birth of the child or illness of the child not covered by the birth parent's health care benefits or Medicaid.
Type 6. Counseling Expenses - expenses for counseling related to the adoption for the parent, guardian, or adoptee.
Type 7. Living Expenses - expenses of the mother before the birth of the child and for no more than six weeks after the birth.
Type 8. Information Gathering Expenses - expenses for getting required information about the adoptee and the adoptee's biological family.
Type 9. Other - includes copy costs, process server fees, etc.

TYPE NO.	DATE	AMOUNT	NAME AND ADDRESS OF RECIPIENT	PURPOSE
		$		
		$		
		$		
		$		
		$		
		$		
		$		
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