

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

- Additional payments/disbursements of money or anything of value made or agreed to be made by me or on my behalf were made in connection with this adoption after form PCA 347 was filed with the court.
- No further payments/disbursements of money or anything of value made or agreed to be made by me or on my behalf were made in connection with this adoption since I filed form PCA 347 with the court.

EXPENSES	TOTAL
1. Court Filing Fee	
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) .....	\$ _____
10. Total of Expenses Reported on PCA 347 ( <b>this must always be completed</b> ) .....	\$ _____
<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

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

\_\_\_\_\_  
Address

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

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

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

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

\_\_\_\_\_  
Address

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

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

**NOTE:** This accounting must be filed 21 days before the final order of adoption.

Do not write below this line - For court use only

