

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION FOR HEARING TO IDENTIFY FATHER AND DETERMINE OR TERMINATE HIS RIGHTS	FILE NO.
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In the matter of _____, adoptee
Full name of child

1. I am the mother of the adoptee named above who was born out of wedlock on _____ at _____
Date
_____. The adoptee resides at _____
City, county, and state
_____.
Address City State Zip

2. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

3. I plan to sign a release consent giving up my parental rights to the child.

4. I have joined with my husband in a petition for adoption.

5. The putative father of my child is _____
Name (type or print) Birthdate (if unknown, state if over 18 years old)
_____.
Address City State Zip

6. For part or all of the time from conception to the date the child was born, I was married to _____
Name (type or print)
_____ whose last-known address is _____
_____. He is not the father of the child.

7. **I request** the court to hold a hearing to determine the identity of the father of my child and to determine or terminate his parental rights.

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

_____ <small>Attorney signature</small>	_____ <small>Date</small>
_____ <small>Attorney name (type or print) Bar no.</small>	_____ <small>Signature of petitioner</small>
_____ <small>Address</small>	_____ <small>Name (type or print)</small>
_____ <small>City, state, zip Telephone no.</small>	_____ <small>Address</small>
_____ <small>City, state, zip Telephone no.</small>	_____ <small>City, state, zip Telephone no.</small>

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