

<b>STATE OF MICHIGAN</b> <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b> <b>COUNTY</b>	<b>STATEMENT TO ACCOMPANY CONSENT</b> <b>IN DIRECT PLACEMENT</b>	<b>FILE NO.</b>
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In the matter of adoptee \_\_\_\_\_ DOB: \_\_\_\_\_  
Full name of child

1. I am the parent or guardian of the adoptee and I intend to consent to a direct placement of the adoptee.
2. I have received a list of adoption support groups.
3. I am being assisted by a child-placing agency. I have received a copy of the written document described in MCL 722.956(1)(c).
4.  I have received counseling related to this adoption.  
 I waive counseling related to this adoption.
5. I have not received or been promised any money or anything of value for the consent to the adoption, except for lawful payments as itemized on the schedule filed with the consent.
6. The validity and finality of my consent is not affected by any collateral or separate agreement between myself and the adoptive parent.
7. I understand that the welfare of the adoptee is served if the parent keeps the child-placing agency or Michigan Department of Human Services informed of any health problems that the parent develops that could affect the adoptee.
8. I understand that the welfare of the adoptee is served if I keep my address current with the child-placing agency or Michigan Department of Human Services in order to permit a response to any inquiry concerning medical or social history from an adoptive parent of a minor adoptee or from an adoptee who is 18 years or older.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Name of parent or guardian (print)

\_\_\_\_\_  
Address

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

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

Do not write below this line - For court use only