Approved, SCAO

JIS CODE: PFR

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION FOR RESCISSION OF ADOPTION AND ORDER	FILE NO.

In the matter of _____ , adoptee
Full name of child at birth

_____ _____
Full name of child immediately after adoption | Birth date

1. I, _____ was adopted by _____ .
Adoptee's present name | Stepparent's name

2. I, _____ , birth parent, had my parental rights terminated by order of this court.
Birth parent's name

3. I desire to rescind the adoption by the stepparent and restore the parental rights of the birth parent.

4. The adoptee's name will be _____ .
First | Middle | Last

5. The adoptee's legal parents are:

Name of natural parent	Name of adoptive stepparent
Address	Address
City, state, zip — Telephone no.	City, state, zip — Telephone no.

I REQUEST the court to conduct a hearing, and an investigation if necessary, and enter an order of rescission of the adoption and restore the parental rights of the petitioner birth parent.

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.

Date

Signature of adoptee petitioner

Address

City, state, zip — Telephone no.

Date

Signature of birth parent petitioner

Address

City, state, zip — Telephone no.

Attorney signature

Attorney name (type or print) — Bar no.

Address — City — State — Zip — Telephone no.

IT IS ORDERED:

☐ 6. The adoption of the adoptee named above by the stepparent named above is rescinded and the parental rights of the birth parent named above are restored.

☐ 7. The petition is denied.

Date

Judge — Bar no.

Do not write below this line - For court use only