JIS Code: PCS, TCS, and MiCOURT - PSN

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION FOR PLACEMENT ORDER OF SURRENDERED NEWBORN CHILD	CASE NO. and JUDGE
Court address		Court telephone no.

In the matter of _____ , a surrendered newborn child

1. I am an employee of _____ (Name of agency) , a child-placing agency that assumed temporary protective custody of the newborn child named above. The child was surrendered on _____ (Date) .
2. The newborn child is believed to have been born at _____ (Location of birth) .
3. Mother of newborn is: _____ (Name)

   _____ (Street address, city, state, zip, and county)

   Father of newborn is: _____ (Name)

   _____ (Street address, city, state, zip, and county)
4. The date of birth for the child, mother, father, are provided on a personal identifying information form (MC 97).
5. On _____ (Date) petitioner temporarily placed the newborn with prospective adoptive parent(s), _____ (Name(s)) residing at _____ (Address) within this county. Their preplacement assessment has been approved by the agency.
6. ☐ a. The emergency service provider gave information (as required by MCL 712.3) to the parent surrendering the newborn.

   The information was ☐ written (attached). ☐ verbal and is as follows: _____

   _____

   ☐ b. The parent surrendering the newborn gave the emergency service provider information. The information was

   ☐ written (attached). ☐ verbal and is as follows: _____

   _____

   ☐ c. Neither the emergency service provider or the parent surrendering the newborn exchanged written or verbal information because: _____

   _____

I**I REQUEST** that the court authorize the:

7. Placement of the child with the prospective adoptive parent(s).

8. Child-placing agency and prospective adoptive parent(s) to provide care for the newborn.

9. Prospective adoptive parent(s) to consent to all medical, surgical, dental, optical, psychological, educational, and related services while having custody of the newborn.

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

Date

Attorney signature

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

Signature of petitioner

Name (type or print)

Address

City, state, zip Telephone no.

Agency Contact Information:

Name of agency representative (type or print)

Agency name

Telephone no.

Address

City, state, zip

Email