STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY

STATEMENT OF CHILD-PLACING AGENCY TRANSFERRING PHYSICAL CUSTODY OF CHILD FOR ADOPTION

CASE NO. and JUDGE

Court telephone no.

In the matter of ______

Court address

1. I am a representative of the child-placing agency and make this statement on behalf of the agency.

2. The agency is making a temporary placement of the child in a prospective adoptive home as authorized by the parent(s) or guardian(s) of the child. (Copy of authorization attached.)

3.	On Date	, for the purpose of adoption, physical custody of the child was transferred to the				Э
	prospective adoptive parent(s)	Name(s) of parent(s)			_ who resid	de(s) in
	Cοι	Inty at Street address		City	State	Zip

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- 4. The parent(s) or guardian(s) having legal custody of the child retain full parental rights to the child. This temporary placement may be revoked by the agency filing a petition in this court on behalf of the parent(s) or guardian(s) requesting that the child be returned to the parent(s) or guardian(s).
- 5. The prospective adoptive parent(s) may consent to
 - □ all medical, surgical, psychological, educational, and related services for the child during the temporary placement. □ the following services for the child during the temporary placement:
- 6. The agency has read the preplacement assessment of the prospective adoptive parent(s) that was completed or updated less than a year ago and that states that the prospective adoptive parent(s) are suitable to be adoptive parent(s). The child-placing agency has given the parent or guardian who authorized temporary placement an opportunity to review the preplacement assessment
- 7. The names and addresses of the mother and father are:

Mother:		Street address	City	State	Zip .
			,		•
□ Sne is a minor. The r	name and addr	ess of the minor mother's	parent or guardian \	who agreed with th	le placement are
Name(s)					
Street address		City		State	 Zip
		Oity		Oldie	Σip
Father:					
Name		Street address	City	State	Zip
He is the 🛛 legal	putative	father of the child.			
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orm PCA 331 Rev 9/23					

JIS Code: CTC

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7. continued.

□ He is a minor. The name and address of the minor father's parent or guardian who agreed with the placement are

Name(s)			
Street address	City	State	Zip
The name and address of each ot	her possible putative fa	her is	
ature of agency representative	Sig	nature of witness	
e of agency representative (type or print)	Na	me of witness (type or print)	

REPORT TO COURT FOLLOWING TEMPORARY PLACEMENT

I report that I am a representative of the agency authorized to make this report. The agency has been authorized by the parent or guardian to make the temporary placement of the child in the home of the prospective adoptive parent(s) set forth in the above statement. The statement of prospective adoptive parent(s) evidencing transfer of physical custody of the child to them and the authorization (form PCA 329) is attached.

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

Date	Signature of agency representative	
Name of agency representative (type or print)	Address	
Name of agency	City, state, zip	