

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION <b>COUNTY</b>	<b>EX PARTE PETITION REGARDING          VOLUNTARY FOSTER          CARE AGREEMENT</b>	<b>CASE NO. and JUDGE</b>
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Court address

Court telephone no.

In the matter of \_\_\_\_\_

First, middle, and last name of youth

DOB	Race	Gender	Current Address
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- On \_\_\_\_\_, the Michigan Department of Health and Human Services and the youth  
Date  
named above signed a voluntary foster care agreement in compliance with MCL 400.651 to extend foster care services to the youth. A report prepared pursuant to MCL 400.655, which includes a copy of the voluntary foster care agreement, is attached.
- The name(s), date(s) of birth, and residence address(es) of the youth's parent(s) or legal custodian is/are:  
(Complete only if parental rights have not been terminated. Otherwise, enter "parental rights have been terminated.")
- The name(s) and address of the youth's foster parent(s), if any, is/are:
- The youth has been notified of the right to request a hearing regarding continuing foster care.
- Jurisdiction of the \_\_\_\_\_ court over the youth,  
case number \_\_\_\_\_, was terminated on \_\_\_\_\_.  
Date
- Other:

**I REQUEST** that the court determine whether continuing in voluntary foster care is in the youth's best interests.

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 \_\_\_\_\_

Signature of petitioner \_\_\_\_\_

Name (type or print) \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_ Telephone no. \_\_\_\_\_