

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION OF PARENT FOR CUSTODY OF SURRENDERED NEWBORN CHILD	CASE NO. AND JUDGE
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Court address _____ Court telephone no. _____

In the matter of _____
First, middle, and last name of surrendered newborn child

1. I am the mother father of the above named newborn child born on _____
Date of birth
 at _____
Location of birth

2. The newborn was surrendered to _____, an emergency services
Name of emergency services provider (indicate if unknown)
 provider located at _____
Street address, city, and county of emergency services provider

The surrender was made by the mother father on _____, less than 28 days from
Date
 filing this petition.

3. The newborn is located in _____ County, Michigan.
 I do not know where the child is presently located.

4. Mother of newborn: _____ Date of birth: _____
Name

Street address, city, state, zip and county

Father of newborn: _____ Date of birth: _____
Name

Street address, city, state, zip and county

5. I wish to revoke surrender of my child and release of parental rights, if any.

I REQUEST:

- 6. That I be given custody of the child.
- 7. That blood or tissue typing be ordered if required by law.
- 8. Other:

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.

_____ <small>Signature of petitioner</small>	_____ <small>Date</small>
_____ <small>Name (type or print)</small>	_____ <small>Signature of petitioner</small>
_____ <small>Bar no.</small>	_____ <small>Name (type or print)</small>
_____ <small>Address</small>	_____ <small>Address</small>
_____ <small>City, state, zip</small>	_____ <small>City, state, zip</small>
_____ <small>Telephone no.</small>	_____ <small>Telephone no.</small>