

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	SUPPLEMENTAL PETITION AND AFFIDAVIT TO TERMINATE PARENTAL RIGHTS (STEPPARENT ADOPTION)	FILE NO.
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In the matter of _____, Full name of child DOB: _____, adoptee
 adoptee is an Indian child

SUPPLEMENTAL PETITION

I, _____, Name of petitioning parent, request that the parental rights of _____, the other parent of the child, be terminated because of lack of support of and parenting time with the child.

_____, Date _____, Signature of petitioning parent

AFFIDAVIT

1. I have joined in a petition with _____, Name (type or print) whom I married on _____, Date requesting the adoption of the child named above and the termination of the parental rights of the other parent named above.
2. I have custody of the child according to a court order. A copy of all court orders regarding custody are attached.
3. a. A support order has been entered and the other parent has failed to substantially comply with the order for a period of two years or more before the petition for adoption was filed. **Note:** If a support order of \$0.00 was entered, check 3b.
 b. A support order has not been entered and the other parent, having the ability to support the child, has failed or neglected to provide regular and substantial support for two years or more before the petition for adoption was filed.
4. The other parent has had the ability to visit, contact, and communicate with the child and has regularly and substantially failed or neglected to do so for a period of two years or more before the petition for adoption was filed.
5. The last-known address of the other parent is _____

(SEE SECOND PAGE)

Do not write below this line - For court use only

- 6. a. The other parent is living at the above address.
- b. The other parent is not living at the above address, and I have taken the following steps to locate him/her:

Attorney signature

Date

Attorney name (type or print) Bar no.

Signature of petitioning parent

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Date Signature: _____
Notary public/Deputy clerk

Notary public, State of Michigan, County of _____