JIS Code: NPA

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	NOTICE TO ADOPTING PARENTS ON PENDING OR POTENTIAL APPEAL/REHEARING	CASE NO. and JUDGE
Court address		Court telephone no.

In the matter of _____
Full name of child

1. This notice is being given to you, the adopting parents, because this child is being placed with you

   ☐ before the period specified for filing a petition for rehearing or claim of appeal has expired.

   ☐ while a decision on a petition for rehearing or appeal as of right is pending.

2. You are notified that if a petition for rehearing or claim of appeal is or has been filed, an adoption will not be ordered until one of the following occurs.

   a. The petition for rehearing is granted, and at the rehearing the order terminating parental rights is not modified or set aside, and subsequently the period for appeal as of right to the Court of Appeals has expired without an appeal being filed.

   b. The petition for rehearing is denied and the period for appeal as of right to the Court of Appeals has expired without an appeal being filed.

   c. There is a decision of the Court of Appeals affirming the order terminating parental rights, the time to seek a rehearing in the Court of Appeals has expired, no rehearing or motion for rehearing is pending in the Court of Appeals, and either of the following apply.

      i. The time for appeal to the Supreme Court has expired and no appeal is pending.

      ii. The Supreme Court has affirmed the decision of the Court of Appeals or has denied leave to appeal, the time to seek a rehearing in the Supreme Court has expired, and no rehearing or motion for rehearing is pending in the Supreme Court.

3. You are advised that if the appeal or rehearing results in the order terminating parental rights being set aside, any orders entered that resulted in the placement with you shall be canceled.

CERTIFICATE OF SERVICE

I declare under the penalties of perjury that on this date a copy of this notice was served on the adopting parents ☐ personally. ☐ by first-class mail.

_____
Date

_____
Signature of agency or MDHHS representative/Deputy clerk

_____
Name (type or print)

_____
Name of agency or Michigan Department of Health and Human Services