

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	STATEMENT OF PARENT/GUARDIAN TRANSFERRING PHYSICAL CUSTODY OF CHILD FOR ADOPTION	FILE NO.
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In the matter of the _____ Full name of child DOB: _____

1. I am a parent guardian with legal and physical custody of the child and am being assisted in the temporary placement of the child by _____ . (Attach copy of current letters of authority.)
Name of adoption attorney or agency

2. On _____ , for the purpose of adoption, physical custody of the child was transferred to:
Date

a. prospective adoptive parent(s) _____ who reside(s) in _____
Name(s) of parent(s)
 _____ County at _____
Street address City Zip

b. Unknown to me because full identifying information is not being exchanged.

3. I understand that I retain full parental rights to my child. I agree that the prospective adoptive parent may consent to all medical, surgical, psychological, educational, and related services for my child during the temporary placement.

4. I understand that this temporary placement may be revoked by me by filing a petition in this court requesting that my child be returned to me.

5. I have read a preplacement assessment of the prospective adoptive parent(s) that was completed or updated less than a year ago and which states that the prospective adoptive parent(s) are suitable to be parents of an adoptee.

6. The names and addresses of the mother and father are:

Mother: _____
Name Street address City State Zip

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

Name(s)

Street address City State Zip

Father: _____
Name Street address City State Zip

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

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

6. continued.

The name and address of each other possible putative father is _____

Date

Signature of parent/guardian/agency official

Signature of witness

Name of parent/guardian/agency official (print)

Name of witness (print)

Signature of parent/guardian/agency

Signature of witness

Name of parent/guardian/agency official (print)

Name of witness (print)

CERTIFICATION BY PARENT/GUARDIAN OF UNEMANCIPATED MINOR PARENT

I certify that I am the parent legal guardian of _____,
Name of parent of child
who is an unemancipated minor parent of the child. I have reviewed this statement and agree with the temporary placement.

Date

Signature of parent/guardian

Signature of witness

Name of parent/guardian (print)

Name of witness (print)

Address

City, state, and zip

REPORT TO COURT FOLLOWING TEMPORARY PLACEMENT

I report that I am assisting in the temporary placement of a child who was placed for purposes of adoption in the home of adoptive parents as set forth in this statement. The statement of the prospective adoptive parents evidencing transfer of physical custody of the child to them is attached.

The parent(s) and prospective adoptive parent(s) have elected not to exchange full identifying information. The name(s) and address(es) of the prospective adoptive parent(s) are

Name(s)

Street address City State Zip

Date

Signature of attorney or agency representative

Name of attorney or agency representative (print)

Address

Name of firm or agency

City, state, and zip