JIS Code: SAR

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	STATEMENT TO ACCOMPANY RELEASE	CASE NO. and JUDGE
Court address		Court telephone no.

In the matter of _____ DOB: _____
Full name of child

1. I am the parent or guardian of the adoptee and I intend to sign a release of the child for purposes of adoption.
2. I have received a list of adoption support groups.
3. ☐ I intend to release the child to a child-placing agency. I have received a copy of the written document described in MCL 722.956(1)(c).
4. ☐ I have received counseling related to this adoption. ☐ I waive counseling related to this adoption.
5. I have not received or been promised any money or anything of value for the release of the child, except for lawful payments as itemized on the verified accounting filed with the release.
6. The validity and finality of my release is not affected by any collateral or separate agreement between myself and the adoptive parent(s), nor between myself and the agency to whom the child is to be released.
7. I understand that the welfare of the adoptee is served if the parent keeps the child-placing agency or Michigan Department of Health and Human Services informed of any health problems that the parent develops that could affect the adoptee.
8. I understand that the welfare of the adoptee is served if I keep my address current with the child-placing agency or Michigan Department of Health and Human Services in order to permit a response to any inquiry concerning medical or social history from an adoptive parent of a minor adoptee or from an adoptee who is 18 years or older.

I declare under the penalties of perjury that this statement has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____
Date

_____
Signature of parent or guardian

_____
Name of parent or guardian (print)

_____
Address

_____
City, state, zip Telephone no.

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 release.

_____
Date

_____ _____
Signature of parent/guardian Signature of witness

_____ _____
Name of parent/guardian (print) Name of witness (print)

_____
Address

_____
City, state, and zip