

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	STATEMENT OF SERVICES PERFORMED BY AGENCY/DEPARTMENT OF HEALTH AND HUMAN SERVICES <input type="checkbox"/> 7-DAY <input type="checkbox"/> 21-DAY	CASE NO. and JUDGE
Court address		Court telephone no.

In the matter of _____
 Full name of child

I state that the following list itemizes the services performed and any fee, compensation, or other thing of value received by or agreed to be paid to the child-placing agency or the Michigan Department of Health and Human Services for, or incidental to, the adoption of the child. (NOTE: If no fee, compensation, or other thing of value is paid or agreed to be paid, you must write "NONE" in the fee column.)

Date	Service Performed	Fee, Compensation, or Other Value
SUBTOTAL from 7-Day Statement of Services Performed by Agency		
TOTAL		

The child-placing agency or Michigan Department of Health and Human Services has not requested or received any compensation for the activities described in MCL 710.54(2).

I am a representative of the child-placing agency/Michigan Department of Health and Human Services and have authority to make this statement. 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 child-placing agency/MDHHS representative _____
	Name (type or print) _____
NOTE: Attach this statement to form PCA 347, "Petitioner's Verified Accounting"	Name of agency (type or print) _____
	Address _____
	City, state, zip _____ Telephone no. _____