

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION <b>COUNTY</b>	<b>STATEMENT OF SERVICES                  PERFORMED BY AGENCY/                  DEPARTMENT OF HUMAN SERVICES</b> <input type="checkbox"/> 7-DAY <input type="checkbox"/> 21-DAY	<b>FILE NO.</b>
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In the matter of adoptee \_\_\_\_\_ Full name of child                      DOB: \_\_\_\_\_

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 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
<b>SUBTOTAL from 7-Day Statement of Services Performed by Agency</b>		
<b>TOTAL</b>		

The child-placing agency or Michigan Department of 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 Human Services and have authority to make this statement. I declare 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/DHS representative

\_\_\_\_\_  
Name (print or type)

NOTE: Attach this statement to form PCA 347, "Petitioner's Verified Accounting"

\_\_\_\_\_  
Name of agency (print or type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip                      Telephone no.

Do not write below this line - For court use only