

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY</b>	<b>PARENT'S OR GUARDIAN'S VERIFIED ACCOUNTING FOR ADOPTION RELEASE OR DIRECT PLACEMENT CONSENT</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_ DOB: \_\_\_\_\_, adoptee  
Full name of child

This accounting is a complete itemization of all money or things of value that I have been promised or have received or that have been paid on my behalf in connection with this release or consent.

ITEM	TOTAL
1. Attorney Fees (itemized on other side of this form) .....	\$
2. Travel Expenses (itemized on other side of this form) .....	\$
3. Medical, Hospital, Nursing, or Pharmaceutical Expenses (itemized on other side of this form) .....	\$
4. Counseling Services (itemized on other side of this form) .....	\$
5. Living Expenses (itemized on other side of this form) .....	\$
6. Other (itemized on other side of this form) .....	\$
<b>REQUEST</b>	<b>TOTAL</b>
	<b>\$</b>

I declare that this accounting and any attachments have been examined by me and that the contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

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

\_\_\_\_\_  
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 accounting and agree with the information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Name of parent/guardian (print)

\_\_\_\_\_  
Name of witness (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, and zip

**ORDER**

The above payments and promises are approved with the following exceptions, if any:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Bar no.

