

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>OUT-OF-COURT RELEASE          OF CHILD BY PARENT</b>	<b>CASE NO. and JUDGE</b>
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Court address

Court telephone no.

In the matter of \_\_\_\_\_  
Full name of child

**USE NOTE:** This release cannot be signed until at least 72 hours after the birth of the adoptee. This form is not for use in cases involving an Indian child as defined by MCR 3.002(12).

1. I am the  mother  father  
 guardian of mother  guardian of father  guardian appointed under MCL 700.5204

of the child named above. Parent's date of birth is \_\_\_\_\_ .

2. The child named above was born on \_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_ .  
Date of birth Time Place

3. I also state: (Write your initials before each item to show you agree with the statement.)

- \_\_\_\_\_ Initial a. I have read or had read to me each of my rights as a parent that are described in MCL 710.29(5)(c), and I understand these rights.
- \_\_\_\_\_ Initial b. This child is not an Indian child according to MCR 3.002(12) and is not eligible for membership in any Indian tribe.
- \_\_\_\_\_ Initial c. I am signing this out-of-court release as a free and voluntary act and I have been advised that I cannot be forced to sign this out-of-court release for any reason.
- \_\_\_\_\_ Initial d. I have not been given or promised any money or other thing of value in exchange for signing this out-of-court release.
- \_\_\_\_\_ Initial e. If I sign this out-of-court release, I understand that I am giving up all my parental rights and authorizing the court to permanently terminate all my parental rights, unless the court allows me to revoke my out-of-court release.
- \_\_\_\_\_ Initial f. It has been explained to me and I understand all the following:
- i. I am not required to sign an out-of-court release.
  - ii. I may make a temporary placement of my child with the prospective adoptive parent or parents, if I have not already done so, or I may continue the temporary placement I have already made, until I choose to sign a release in court or sign an out-of-court release.
  - iii. My obligation to support the child continues until a court of competent jurisdiction modifies or terminates the obligation, an order of adoption is entered, or the child is emancipated by operation of law.
  - iv. I may request revocation of the out-of-court release I have signed by submitting a timely written request for revocation.
  - v. If I request a revocation of the out-of-court release, I must appear before the court so the court may consider whether to grant the revocation.
- \_\_\_\_\_ Initial g. I have been advised that I may submit a request for revocation in writing to the adoption attorney or child-placing agency that accepted the out-of-court release not more than 5 days, excluding weekends and holidays, after the out-of-court release was signed, or I may petition the court on my own for revocation of the out-of-court release not more than 5 days, excluding weekends and holidays, after the out-of-court release was signed.

3. (continued)

\_\_\_\_\_ h. If I submit a timely request or file a timely petition for revocation, the court may grant the request or deny the  
Initial request depending on my fitness and immediate ability to properly care for the child and whether the best interests of the child would be served by the revocation.

- 4. I relinquish all my parental rights to my child, including, but not limited to:
  - a. The right to have or to seek care and custody of the child.
  - b. The right to have or to seek parenting time with the child.
  - c. The right to inherit from the child or have the child inherit from me.
  - d. The right to services and earnings from the child.
  - e. The right to determine the child's schooling, religious training, and parenting practices.

5. Of my own free will, I give up completely and permanently my parental rights to my child, and I release my child to \_\_\_\_\_ for the purpose of adoption.  
Child-placing agency or Michigan Department of Health and Human Services

6. I acknowledge that I am signing this out-of-court release freely and voluntarily, after my parental rights have been explained to me and any questions I may have about it have been fully answered. I understand the rights I am giving up and that an order terminating my parental rights, when entered by the court, is a permanent termination of all my parental rights.

\_\_\_\_\_  
Date Parent/guardian signature

\_\_\_\_\_  
Parent/guardian name (type or print)

\_\_\_\_\_  
Address City State Zip

The parent signing this release is an unemancipated minor. I am the  parent  guardian (Copy of letters of authority attached.)  guardian ad litem (Copy of order attached.) of the minor parent, and I join with the minor parent in signing this release.

\_\_\_\_\_  
Date Parent/guardian/guardian ad litem of unemancipated minor signature

\_\_\_\_\_  
Address City State Zip

I acknowledge that I have been provided a copy of this form:

\_\_\_\_\_  
Parent/guardian signature

**WITNESS STATEMENT**

This out-of-court release was signed in front of me by the parent/guardian named above and, if this out-of-court release involves a parent who is an unemancipated minor, by the parent/guardian/guardian ad litem of the unemancipated minor:

\_\_\_\_\_  
Adoption attorney signature Adoption agency representative signature

\_\_\_\_\_  
Adoption attorney name (type or print) Name of adoption agency representative (type or print)

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

**CONTACT INFORMATION FOR REQUESTING REVOCATION OF THIS OUT-OF-COURT RELEASE**

A request for revocation of this out-of-court release may be submitted to the adoption attorney that witnessed it or to the child-placing agency that accepted it by mail, fax, or e-mail.

Adoption attorney's contact information: \_\_\_\_\_  
Adoption attorney's name (type or print)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Adoption attorney's e-mail address \_\_\_\_\_ Adoption attorney's fax number \_\_\_\_\_

Child-placing agency contact information: \_\_\_\_\_  
Child-placing agency's name and name of caseworker (type or print)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child-placing agency's e-mail address \_\_\_\_\_ Child-placing agency's fax number \_\_\_\_\_