

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ADVICE OF RIGHTS AFTER ORDER TERMINATING PARENTAL RIGHTS AND REQUEST FOR COURT-APPOINTED ATTORNEY (Juvenile Code)	CASE NO. PETITION NO. JUDGE
Court address		Court telephone no.

In the matter of _____
First and last name(s), alias(es)

1. On _____ an order was entered terminating your parental rights to the child(ren) named above.
Date
2. You have a right to appeal the order terminating your parental rights to the Court of Appeals for the State of Michigan. An appeal of right must be filed within 21 days of an order terminating parental rights. MCR 7.204(A)(1). An application for leave to appeal must be filed within 63 days after entry of an order denying reconsideration or rehearing as provided by MCR 3.993(C)(3). MCR 7.205(A)(3).
3. You may file a motion for a new trial, rehearing, reconsideration, or other postjudgment relief within 14 days after the date of the order terminating your parental rights. **Note:** A motion will not be considered unless it presents a matter not previously presented to the court, or presented, but not previously considered by the court, which if true, would cause the court to reconsider the case.
4. You have a right to an attorney. If you want an attorney but cannot afford one, the court will appoint one for you. To request a court-appointed attorney, you must complete the second page of this form and return it to the court. **Note: Requests for appointment of appellate counsel** must be made within 21 days after notice of the order is given or an order is entered denying a timely filed postjudgment motion.
5. If the court appoints an attorney to perfect your appeal, the court will furnish the attorney with the complete transcript and record of all proceedings.
6. Your obligation to support the child(ren) 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.
7. You have a right to control the release of identifying information about yourself under the adoption laws of this state as follows:
 - a. You may file with the Central Adoption Registry of the Michigan Department of Health and Human Services, at any time, a form called "Parent's Consent/Denial to Release Information to Adult Adoptee." With this form (copies available at all circuit courts or Michigan Department of Health and Human Services offices) you can consent to or deny the release of the following identifying information:
 - your name at the time of termination of your parental rights.
 - your most recent name and address which is on file with the Central Adoption Registry.
 You can use this form any time you change your mind about consenting to or denying the release of identifying information.
 - b. You may keep your name and address current with the Central Adoption Registry by sending this information to them in writing.

Note: If you do not file a "Parent's Consent/Denial to Release Information to Adult Adoptee", or if you revoke a previously filed denial, then the identifying information stated in item 7 will be released upon request of each child after reaching the age of 18. If the other former parent has filed a denial of release of identifying information which has not been revoked, the identifying information about that parent will not be released.

 Date of mailing/service

(See next page for Request for Court-Appointed Attorney)

REQUEST FOR COURT-APPOINTED ATTORNEY

I request a court-appointed attorney to appeal or request a rehearing of the order terminating my parental rights.

I am unable to pay for the services of an attorney and request that one be appointed by the court. I have completed the financial schedule below. I authorize the court to investigate and obtain relevant information from my employer, creditors, and others who have knowledge of my financial circumstances for purposes of aiding the court in determining my eligibility for the appointment of an attorney.

Signature

Name (type or print)

Address

City, state, zip

Telephone no.

FINANCIAL SCHEDULE

1. RESIDENCE <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with relative(s) <input type="checkbox"/> Room/Board	
2. MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Dependents: _____ Number	
3. INCOME a. Employer name and address	b. Length of employment
	c. Average take-home pay \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> every two weeks
d. Other income State monthly amount and source (MDHHS, VA, rent, pensions, spouse, unemployment, etc.).	
4. ASSETS State value of car, home, bank deposits, inmate accounts, bonds, stocks, etc.	
5. OBLIGATIONS Itemize monthly rent, installment payments, mortgage payments, child support, etc.	
6. ATTORNEY COSTS I understand that a decision will be made on whether I can afford an attorney. I understand that I may be required to contribute to the cost of an attorney. I understand that I may contest my ability to pay any ordered costs if the court attempts to collect any costs for an attorney, and the court must determine whether and how much, if any amount, I would be required to pay based on my ability to pay at that time.	

I declare under the penalties of perjury that the above information is true to the best of my information, knowledge, and belief.

Date

Signature