

<p align="center"><b>STATE OF MICHIGAN</b>  <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b>  <b>COUNTY</b></p>	<p align="center"><b>PETITION FOR HEARING TO IDENTIFY  FATHER AND DETERMINE OR  TERMINATE HIS RIGHTS</b></p>	<p align="center"><b>FILE NO.</b></p>
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In the matter of \_\_\_\_\_, adoptee  
Full name of child

1. I am the mother of the adoptee named above who was born out of wedlock on \_\_\_\_\_ at \_\_\_\_\_  
Date  
\_\_\_\_\_. The adoptee resides at \_\_\_\_\_  
City, county, and state  
\_\_\_\_\_.  
Address City State Zip

2. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in \_\_\_\_\_ Court, Case Number \_\_\_\_\_, was assigned to Judge \_\_\_\_\_, and  remains  is no longer pending.

3. I plan to sign a  release  consent giving up my parental rights to the child.

4. I have joined with my husband in a petition for adoption.

5. The child is an Indian child as defined in MCR 3.002(12). The identity of the tribe is \_\_\_\_\_  
Name of tribe, if known

6. The putative father of my child is:

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

\_\_\_\_\_  
Birthdate (if unknown, state if over 18 years old)

\_\_\_\_\_  
Address

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

7. For part or all of the time from conception to the date the child was born, I was married to \_\_\_\_\_  
Name (type or print)  
\_\_\_\_\_ whose last-known address is \_\_\_\_\_  
\_\_\_\_\_. He is not the father of the child.

(SEE SECOND PAGE)

Do not write below this line - For court use only

8. **I request** that the court hold a hearing to determine the identity of the father of my child and to determine or terminate his parental rights.

_____	_____	_____	_____
Attorney signature		Signature of petitioner	
_____	_____	_____	_____
Attorney name (type or print)	Bar no.	Name (type or print)	
_____	_____	_____	_____
Address		Address	
_____	_____	_____	_____
City, state, zip	Telephone no.	City, state, zip	Telephone no.

**Agency Contact Information:**

_____	_____
Name of agency representative (type or print)	Address
_____	_____
Agency name	City, state, zip
_____	_____
Telephone no.	E-mail

**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 petition and agree with it.

_____	_____
Date	
_____	_____
Signature of parent/guardian	Signature of witness
_____	_____
Name of parent/guardian (print)	Name of witness (print)
_____	
Address	
_____	
City, state, and zip	