

<p align="center">STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY</p>	<p align="center">PETITION FOR HEARING TO IDENTIFY FATHER AND DETERMINE OR TERMINATE HIS RIGHTS</p>	<p>FILE NO.</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 spouse 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	_____ Date	_____ 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 witness
_____ Signature of parent/guardian	_____ Name of witness (print)
_____ Name of parent/guardian (print)	
_____ Address	
_____ City, state, and zip	