STATE OF MICHIGAN			FILE NO.	FILE NO.	
JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY		RT AFTER TEMPORARY HILD FOR ADOPTION			
In the matter of		DOB		, adoptee	
NOTE: This report is to be completed wi report included in the statement transferr			ne child. This report is	in addition to the	
1. I am the adoption attorney the child named above.] representative of the chi	ild-placing agency that	assisted in the tempo	rary placement of	
2. On Date	, for the purpose	of adoption, physical cus	tody of the child was t	ransferred to the	
prospective adoptive parent(s) $\frac{1}{Name}$	(s) of prospective parent(s)			who reside(s) in	
County at	Street address	City	State	 Zip	
3. The temporary placement was mad		Gity	State		
Street address C		ity	State	Zip ·	
4. Since the transfer of physical custo	dy, the following has occ	curred			
\Box a. a petition for adoption was filed by the prospective adoptive parents in				County.	
b. the child was returned to Name				,	
☐ parent(s). ☐ guardian(s). 🗌 child-placing age	incy.			
Date		Date			
Signature of adoption attorney		Signature of agency repres	entative		
Name (type or print)	Bar no.	Name (type or print)			
Firm name		Agency name			
Address		Address			
City, state, zip	Telephone no.	City, state, zip		Telephone no.	

Approved, SCAO

Do not write below this line - For court use only

JISCODE: FTP