

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY</b>	<b>PARENT'S OR GUARDIAN'S VERIFIED ACCOUNTING FOR ADOPTION RELEASE OR DIRECT PLACEMENT CONSENT</b>	<b>FILE NO.</b>
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In the matter of adoptee \_\_\_\_\_ Full name of child DOB: \_\_\_\_\_

This accounting is a complete itemization of all money or things of value which I have been promised or have received or which have been paid on my behalf in connection with this release or consent.

ITEM	TOTAL
1. Attorney Fees (itemized on other side of this form) .....	\$
2. Travel Expenses (itemized on other side of this form) .....	\$
3. Medical, Hospital, Nursing, or Pharmaceutical Expenses (itemized on other side of this form) .....	\$
4. Counseling Services (itemized on other side of this form) .....	\$
5. Living Expenses (itemized on other side of this form) .....	\$
6. Other (itemized on other side of this form) .....	\$
<b>I REQUEST</b> court approval of these payments and promises.	<b>TOTAL</b> \$

I declare that this accounting and any attachments have been examined by me and that the contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone no.

**ORDER**

The above payments and promises are approved with the following exceptions, if any:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Bar no.

Do not write below this line - For court use only

