

<p align="center">STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY</p>	<p align="center">AFFIDAVIT OF SERVICE PERFORMED BY LAWYER-GUARDIAN AD LITEM</p>	<p align="center">CASE NO. PETITION NO.</p>
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Court address

Court telephone no.

1. In the matter of
name(s), alias(es), DOB

I affirm:

2. I have met with or had contact with the child as required by the court. MCL 712A.17d(1)(d).
(specify)

I did not meet with or observe the child because:

3. I have reviewed the agency case file.

4. Consistent with the Michigan Rules of Professional Conduct, I have consulted with the child's parent(s) and/or guardian(s), foster care provider(s), and case worker(s).

5. I am a substitute for the appointed lawyer-guardian ad litem, I have consulted and discussed with the appointed lawyer-guardian ad litem his/her visit with the child, review of the agency case file, and any discussions with the child's parent(s), guardian(s), foster care provider(s), and case worker(s).

I understand that I will be paid for the services performed only if I have met with or observed the child before every proceeding or hearing as required by law.

Affiant signature

Address

Affiant name (type or print)

City, state, zip Telephone no.

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Signature: _____
Date Deputy clerk/Notary public

Notary public, State of Michigan, County of _____

NOTE: In order to receive payment, this affidavit must be prepared and attached to form MC 221, Statement of Service and Order for Payment of Court Appointed Representative.

Do not write below this line - For court use only