

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION FOR PLACEMENT ORDER OF SURRENDERED NEWBORN CHILD	CASE NO.
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In the matter of _____, a surrendered newborn child
Full name of child

1. I am an employee of _____, a child placing agency that assumed
Name of agency
 temporary protective custody of the above named newborn child on _____.
Date

2. The newborn child is believed to have been born on _____ at _____
Date of birth Location of birth

3. Mother of newborn is: _____ Date of birth: _____
Name

Street address, city, state, zip and county

Father of newborn is: _____ Date of birth: _____
Name

Street address, city, state, zip and county

4. On _____ petitioner temporarily placed the newborn with prospective adoptive parent(s),
Date
 _____ residing at _____
Name(s) Address
 within this county. Their preplacement assessment has been approved by the agency.

5. a. The emergency service provider gave information (as required by MCL 712.3) to the parent surrendering the newborn.
 The information was written (attached). verbal and is as follows: _____

b. The parent surrendering the newborn gave the emergency service provider information. The information was
 written (attached). verbal and is as follows: _____

c. Neither the emergency service provider or the parent surrendering the newborn exchanged written or verbal information
 because: _____

(SEE OTHER SIDE)

Do not write below this line - For court use only

I REQUEST the court to authorize the:

6. Placement of the child with the prospective adoptive parent(s).
7. Child placing agency and prospective adoptive parent(s) to provide care for the newborn.
8. Prospective adoptive parent(s) to consent to all medical, surgical, dental, optical, psychological, educational, and related services while having custody of the newborn.

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Attorney signature

Attorney name (type or print)

Bar no.

Address

City, state, zip

Telephone no.

Date

Signature of petitioner

Name (type or print)

Address

City, state, zip

Telephone no.