

STATE OF MICHIGAN
_____**JUDICIAL CIRCUIT-FAMILY DIVISION**
_____**COUNTY**

IN THE INTEREST OF:

CASE NO.:

(DOB:)

HEARING DATE:

Minor Child(ren).

TIME:

DATE OF REPORT:

LAWYER GUARDIAN AD LITEM ADOPTION STATUS REPORT

Check if completed	Task to Complete:	Date Completed
<input type="checkbox"/>	Termination of Parental Rights - date granted? Explain:	
<input type="checkbox"/>	Adoption Package - completed by adoptive parents? Explain:	
<input type="checkbox"/>	Adoption Exchange Number - please list:	
<input type="checkbox"/>	Sibling Separation Staffing - completed if applicable? Explain:	
<input type="checkbox"/>	ICPC - complete/or concerns if applicable? Explain:	
<input type="checkbox"/>	College Tuition Voucher - has one been obtained? Explain:	
<input type="checkbox"/>	Birth Medical Records - have been obtained? Explain:	
<input type="checkbox"/>	Child Psychological Evaluation - has been completed? Explain:	
<input type="checkbox"/>	Child Study - has been completed? Explain:	
<input type="checkbox"/>	Subsidy Packet - has been completed and approved? Explain:	
<input type="checkbox"/>	Adoption Attorney - retained by adoptive parent(s)? Explain:	
<input type="checkbox"/>	Other Issues? Explain:	

SUMMARY:

Respectfully submitted,

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Status Report was provided via U.S. Mail, Facsimile or Hand Delivery to: _____; and the _____ assigned to this case, on the ____ day of _____.
