

STATE OF MICHIGAN 6th CIRCUIT COURT – FAMILY DIVISION OAKLAND COUNTY	NOTICE OF HEARING TO IDENTIFY FATHER AND DETERMINE OR TERMINATE HIS RIGHTS	FILE NO.
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In the matter of _____, adoptee

TO:

TAKE NOTICE: On _____ at _____, in the _____ courtroom

Building _____ Address _____ City _____ State _____

before _____, _____ a hearing

Name Title

will be held to determine the identity of the father of the child named above who was born _____

Date

at _____ to _____

City, county, and state

Mother's name

who has signed or intends to sign a release or consent relinquishing permanently her parental rights to the child.
 joined with her husband in a petition for adoption.

At the hearing the rights of the father shall be determined or terminated. **YOUR FAILURE TO APPEAR AT THIS HEARING SHALL CONSTITUTE A DENIAL OF YOUR INTEREST IN THE CUSTODY OF THE CHILD, WHICH SHALL RESULT IN THE COURT'S TERMINATION OF YOUR PARENTAL RIGHTS TO THE CHILD.**

If you choose to attend this hearing and you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Attorney name and bar no./Agency/Michigan Department of Human Services

Date

Address

Deputy clerk

City, state, zip Telephone no.

Do not write below this line – For court use only