

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	STATEMENT OF PARENT/GUARDIAN AUTHORIZING TEMPORARY PLACEMENT OF CHILD FOR ADOPTION	FILE NO.
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In the matter of the child _____ Full name of child _____ DOB: _____

1. I have legal and physical custody of the child as mother. father.
 guardian pursuant to an order issued by the _____ court. (copy of order attached)
Name of court

2. I authorize _____, a child placing agency, to make a temporary placement of the child with prospective adoptive parents in accordance with the Michigan Adoption Code and

a. I have read a preplacement assessment of the prospective adoptive parent(s) that was completed or updated less than a year ago and which states that the prospective adoptive parent(s) are suitable to be parent(s) of an adoptee.

OR
 b. I have been informed that the child placing agency must give me an opportunity to review the preplacement assessment of the prospective adoptive parent(s) before any temporary placement.

3. I have been informed that I retain full parental rights to the child and that the agency must file a petition on my behalf if I wish to regain custody of my child during the temporary placement in the adoptive home.

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

Date

Signature of parent/guardian

Name of parent/guardian (print)

Signature of parent/guardian

Name of parent/guardian (print)

Signature of witness

Name of witness (print)

Signature of witness

Name of witness (print)

CERTIFICATION BY PARENT/GUARDIAN OF UNEMANCIPATED MINOR PARENT

I certify that I am the parent legal guardian of _____ who is an unemancipated minor parent of the child. I join with the parent in authorizing the child placing agency to make a temporary placement of the child with the prospective adoptive parents.

Date

Signature of parent/guardian

Name of parent/guardian (print)

Signature of witness

Name of witness (print)

Address City State Zip

Do not write below this line - For court use only