

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	FOLLOWUP REPORT AFTER TEMPORARY PLACEMENT OF CHILD FOR ADOPTION	FILE NO.
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In the matter of _____ Full name of child _____ DOB: _____

NOTE: This report is to be completed within 30 days after the transfer of physical custody of the child. This report is in addition to the report included in the statement transferring custody (either Form PCA 330 or PCA 331).

1. I am the adoption attorney representative of the child placing agency that assisted in the temporary placement of the above named child.

2. On _____ Date _____, for the purpose of adoption, physical custody of the child was transferred to the prospective adoptive parent(s) _____ Name(s) of prospective parent(s) _____ who reside in this county at _____ Street address _____ City _____ Zip _____.

3. The temporary placement was made by _____ Name(s) of parent(s) _____ Street address _____ City _____ State _____ Zip _____.

4. Since the transfer of physical custody, the following has occurred:

- a. a petition for adoption was filed by the prospective adoptive parents in this county on _____.
- b. no petition for adoption was filed and physical custody of the child was returned on _____ Date _____ to _____ Name(s) _____, parent(s). guardian(s). child placing agency.
- c. neither of the above.

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

Date

Signature of adoption attorney

Name (type or print) Bar no.

Firm name

Address

City, state, zip Telephone no.

Date

Signature of agency representative

Name (type or print)

Agency name

Address

City, state, zip Telephone no.

Do not write below this line - For court use only