

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	STATEMENT OF SERVICES PERFORMED BY AGENCY/ FAMILY INDEPENDENCE AGENCY <input type="checkbox"/> 7 DAY <input type="checkbox"/> 21 DAY	FILE NO.
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In the matter of adoptee _____ Full name of child _____ DOB: _____

I state that the following itemizes the services performed and any fee, compensation, or other thing of value received by or agreed to be paid to the child placing agency or the Michigan Family Independence Agency for, or incidental to, the adoption of the child. (NOTE: If no fee, compensation, or other thing of value is paid or agreed to be paid, you must write "NONE" in the fee column.)

Date	Service Performed	Fee, Compensation, or Other Value
SUBTOTAL from 7 Day Statement of Services Performed by Agency		
TOTAL		

The child placing agency or Michigan Family Independence Agency has not requested or received any compensation for the activities described in MCL 710.54(2); MSA 27.3178(555.54)(2).

I am a representative of the child placing agency/Michigan Family Independence Agency and have authority to make this statement. I declare 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 child placing agency/FIA representative

Name (print or type)

Name of agency (print or type)

Address

City, state, zip

Telephone no.

NOTE: Attach this statement to Form PCA 347, "Petitioner's Verified Accounting"

Do not write below this line - For court use only