Approved, SCAO

| STATE OF MICHIGAN<br>6th JUDICIAL CIRCUIT - FAMILY DIVISION<br>Oakland COUNTY | STATEMENT OF SERVICES PERFORMED BY ATTORNEY<br>☐ 7 DAY ☐ 21 DAY | FILE NO. |
|---|---|---|

In the matter of adoptee _____ DOB: _____
Full name of child

I am an attorney representing the ☐ petitioner mother ☐ petitioner father ☐ mother of adoptee ☐ father of adoptee
I state that the following itemizes the services performed and any fees, compensation, or other thing of value received by or agreed to be paid to me for, or incidental to, the adoption of the child.

| Date | Service Performed | Fee, Compensation, or Other Value |
|---|---|---|
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| | | |
| SUBTOTAL from 7 Day Statement of Services Performed by Attorney | | |
| | **TOTAL** | $0.00 |

☐ I represent a party in this direct placement adoption. I have not requested or received any compensation for the activities described in MCL 710.54(2); MSA 27.3178(555.54)(2).

I delcare 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 attorney

_____
Name (print or type)

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

_____
Address

_____
City, state, zip

Telephone no.

Do not write below this line - For court use only