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|--|--|---------------------------------------|
| <p align="center"><b>STATE OF MICHIGAN</b><br/>JUDICIAL CIRCUIT - FAMILY DIVISION<br/>COUNTY</p> | <p align="center"><b>PETITION FOR PLACEMENT ORDER<br/>OF SURRENDERED NEWBORN CHILD</b></p> | <p align="center"><b>CASE NO.</b></p> |
|--|--|---------------------------------------|

In the matter of \_\_\_\_\_, a surrendered newborn child  
Full name of child

1. I am an employee of \_\_\_\_\_, a child-placing agency that assumed  
Name of agency  
temporary protective custody of the newborn child named above. The child was surrendered on \_\_\_\_\_ .  
Date

2. The newborn child is believed to have been born on \_\_\_\_\_ at \_\_\_\_\_  
Date of birth Location of birth

3. Mother of newborn is: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Name  
Street address, city, state, zip and county

Father of newborn is: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Name  
Street address, city, state, zip and county

4. On \_\_\_\_\_ petitioner temporarily placed the newborn with prospective adoptive parent(s),  
Date  
\_\_\_\_\_ residing at \_\_\_\_\_  
Name(s) Address  
within this county. Their preplacement assessment has been approved by the agency.

5.  a. The emergency service provider gave information (as required by MCL 712.3) to the parent surrendering the newborn.  
The information was  written (attached).  verbal and is as follows: \_\_\_\_\_  
\_\_\_\_\_

b. The parent surrendering the newborn gave the emergency service provider information. The information was  
 written (attached).  verbal and is as follows: \_\_\_\_\_  
\_\_\_\_\_

c. Neither the emergency service provider or the parent surrendering the newborn exchanged written or verbal information  
because: \_\_\_\_\_  
\_\_\_\_\_

(SEE SECOND PAGE)

Do not write below this line - For court use only

**I REQUEST** that the court authorize the:

6. Placement of the child with the prospective adoptive parent(s).
7. Child-placing agency and prospective adoptive parent(s) to provide care for the newborn.
8. Prospective adoptive parent(s) to consent to all medical, surgical, dental, optical, psychological, educational, and related services while having custody of the newborn.

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

|  |  |                        |   |  |
|--|--|------------------------|---|--|
| _____<br>/s/<br>Attorney signature     |  | _____<br>Date          | _____<br>/s/<br>Signature of petitioner |  |
| _____<br>Attorney name (type or print) |  | _____<br>Bar no.       | _____<br>Name (type or print)           |  |
| _____<br>Address                       |  | _____<br>Address       |   |  |
| _____<br>City, state, zip              |  | _____<br>Telephone no. | _____<br>City, state, zip               |  |
|  |  |                        | _____<br>Telephone no.                  |  |

**Agency Contact Information:**

|  |                 |                           |  |  |
|--|-----------------|---------------------------|--|--|
| _____<br>Name of agency representative (type or print) |                 | _____<br>Address          |  |  |
| _____<br>Agency name                                   |                 | _____<br>City, state, zip |  |  |
| _____<br>Telephone no.                                 | _____<br>E-mail |                           |  |  |