

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	MOTION AND AUTHORIZATION/DENIAL	CASE NO. PETITION NO.
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Court address _____ Court telephone no. _____

1. In the matter of
 (name(s), alias(es), DOB)

MOTION

2. The names and addresses of parents, guardians, or legal custodians are:

Father	Address
Mother	Address
Guardian/Legal custodian	Address

3. I request a transfer of this case to the formal calendar review. rehearing. adjournment.
 hearing regarding the agency's notice of intent to return the child home.
 review the initial services plan and/or custody or placement order.
 State reasons below as appropriate

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

 Signature Date Agency/Address

 Name (type or print) City, state, and zip Telephone no.

AUTHORIZATION/DENIAL

4. Transfer is authorized and hearing on the petition of _____ is set for
 _____ at _____ m. at _____.
Date Time Location

5. Review Rehearing Adjournment Hearing on agency's intent to return child home is authorized and
 hearing is set for _____ at _____ m. at _____.
Date Time Location

6. Transfer Review Rehearing Adjournment is denied.

 Date Judge/Referee Bar no.

Do not write below this line - For court use only