Approved, SCAO JIS CODE: POG

STATE OF MICHIGAN

PARENT'S OR GUARDIAN'S VERIFIED

COUNTY	ACCOUNTING FOR ADOPTION RELEASE OR DIRECT PLACEMENT CONSENT		
In the matter ofFull name of child	DOB:		, adoptee
This accounting is a complete itemization paid on my behalf in connection with the	on of all money or things of value that I have been pron his release or consent.	nised or have receive	d or that have been
	ITEM		TOTAL
Attorney Fees (itemized on other side of	f this form)		\$
2. Travel Expenses (itemized on other sid	de of this form)		\$
3. Medical, Hospital, Nursing, or Phar	rmaceutical Expenses (itemized on other side of this form)	\$
4. Counseling Services (itemized on other	er side of this form)		\$
5. Living Expenses (itemized on other side	e of this form)		\$
6. Other (itemized on other side of this form))		\$
IREQUEST that the court approve the	se payments and promises.	TOTAL	\$
Date	Signature of parent or guardia Name (print or type)	an	
Address	City	State Zip	Telephone no.
CERTIFICATION	NBYPARENT/GUARDIAN OF UNEMANCIPATED	MINOR PARENT	
I certify that I am the parent	☐ legal guardian of		,
who is an unemancipated minor paren	t of the child. I have reviewed this accounting and a	gree with the informa	tion.
Date			
Signature of parent/guardian	Signature of witness		
Name of parent/guardian (print)			
Address			
City, state, and zip	ORDER		
The above payments and promises are	e approved with the following exceptions, if any:		
 Date	Judge		Bar no.

MCL 710.29(6), MCL 710.44(5)

ITEMIZED ACCOUNTING OF PAYMENTS/PROMISES

Instructions: The following are types of expenses that must be itemized. Each type of expense is explained. For each type, identify the type by number, list each expense in that type separately, total the amounts, and place the total under the same type number on the front of this form. If the space provided below is not adequate, make copies before writing any information on this form. For each payment or promise made to you or for you, write in the date, the amount, whether the payment was made to you or to someone else, and what the payment or promise was for.

- Type 1. Attorney fees you had in connection with the adoption.
- Type 2. Travel expenses you had in connection with the adoption.
- Type 3. Medical expenses of the birth mother or child for the pregnancy or birth or any illness of the child, which were not covered by your health insurance or Medicaid.
- Type 4. Counseling expenses for you or the child in connection with the adoption.
- Type 5. Living expenses of the birth mother before the child's birth and for no more than six weeks after the birth.
- Type 6. Other: list anything else that you have received, been promised, or which has been paid for you.

TYPE NO.	DATE	AMOUNT	NAME AND ADDRESS OF RECIPIENT	PURPOSE
		\$		
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