

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	EX PARTE PETITION REGARDING VOLUNTARY FOSTER CARE AGREEMENT	FILE NO.
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In the matter of _____
Name of youth

DOB	Race	Gender	Current address
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1. On _____, the Department of Human Services and the youth named above signed a voluntary
Date foster care agreement in compliance with MCL 400.651 to extend foster care services to the youth. A report prepared pursuant to MCL 400.655, which includes a copy of the voluntary foster care agreement, is attached.
2. The name(s), date(s) of birth, and residence address(es) of the youth's parent(s) or legal custodian is/are: (Complete only if parental rights have not been terminated. Otherwise, enter "parental rights have been terminated.")
3. The name(s) and address of the youth's foster parent(s), if any, is/are:
4. The youth has been notified of the right to request a hearing regarding continuing foster care.
5. Jurisdiction of the _____ court over the youth, case number _____ ,
was terminated on _____ .
Date
6. Other:

I REQUEST that the court determine whether continuing in voluntary foster care is in the youth's best interests.

I declare that the statements in this petition are true to the best of my information, knowledge, and belief.

Date

Signature of petitioner

Name (type or print)

Address

City, state, zip Telephone no.

Do not write below this line - For court use only