Approved, SCAO JISCODE:CTC

## **STATE OF MICHIGAN**

## STATEMENT OF CHILD-PLACING AGENCY

FILE NO.

	COUNTY	TRANSFERRING PHYSICAL CUSTODY OF CHILD FOR ADOPTION				
In t	he matter of Full name of child		DOB:			
	I am a representative of the child-placing agency and make this statement on behalf of the agency.					
2	The agency is making a temporary p	me as authorized l	by the pare	ent(s) or		
Q	guardian(s) of the child. (copy of au	thorization attached)				
3. (	On	, for the purpose of adoption, physical custo	ody of the child wa	ıs transferr	ed to the	
ŗ	prospective adoptive parent(s) Name	(s) of parent(s)		who	reside(s) in	
_	County at _	Street address	City		 Zip	
r	The parent(s) or guardian(s) having legal custody of the child retain full parental rights to the child. This temporary placement may be revoked by the agency filing a petition in this court on behalf of the parent(s) or guardian(s) requesting that the child be returned to the parent(s) or guardian(s).					
t	5. The agency has read the preplacement assessment of the prospective adoptive parent(s) that was completed or updated less than a year ago and that states that the prospective adoptive parent(s) are suitable to be adoptive parent(s). The child-placing agency has given the parent or guardian who authorized temporary placement an opportunity to review the preplacement assessment.					
6	The names and addresses of the mo	other and father are:				
ſ	Mother: Name	Street address	City	State	Zip	
	☐ She is a minor. The name and ac	ddress of the minor mother's parent or guardian wh	o agreed with the p	placement	are	
	Name(s)					
	Street address	City	State	Zip	·	
F	Father: Name	Street address	City	State	Zip	
ŀ	He is a ☐ legal ☐ putative fa	ther of the child.				
[	He is a minor. The name and address of the minor father's parent or guardian who agreed with the placement are					
	Name(s)					
	Street address	City	State	Zip		
		(SEE SECOND PAGE)				

Do not write below this line - For court use only

6. continued			
$\Box$ The name and address of each other possible p	utative father is		
	·		
Date			
Signature of agency representative	Signature of witness  Name of witness (print)		
Name of agency representative (print)			
REPORT TO COURT	FOLLOWING TEMPORARY PLACEMENT		
	orized to make this report. The agency has been authorized by the parent child in the home of the prospective adoptive parent(s) set forth in the above		
statement. The statement of prospective adoptive pa	arent(s) evidencing transfer of physical custody of the child to them and the		
authorization (form PCA 329) is attached.			
I declare that the statement in this report has been extensively and belief.	xamined by me and that its contents are true to the best of my information		
Midwiedge, and belief.			
Date	Signature of agency representative		
Name of agency representative (print)	Address		
Name of agency	Oits, state and sin		
realine of agency	City, state, and zip		