

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	AFFIDAVIT OF SERVICE PERFORMED BY LAWYER-GUARDIAN AD LITEM	CASE NO. PETITION NO. JUDGE
Court address		Court telephone no.

In the matter of _____
 First and last name(s), alias(es)

I affirm:

1. I have met with or had contact with the child as required by ☐ the court. ☐ MCL 712A.17d(1)(d).
 (specify)

☐ I did not meet with or observe the child because:

2. I have reviewed the agency case file.

3. Consistent with the Michigan Rules of Professional Conduct, I have consulted with the child's parent(s) and/or guardian(s), foster care provider(s), and case worker(s).

☐ 4. I am a substitute for the appointed lawyer-guardian ad litem, I have consulted and discussed with the appointed lawyer-guardian ad litem his/her visit with the child, review of the agency case file, and any discussions with the child's parent(s), guardian(s), foster care provider(s), and case worker(s).

I understand that I will be paid for the services performed only if I have met with or observed the child before every proceeding or hearing as required by law.

Affiant signature	Address	
Affiant name (type or print)	City, state, zip	Telephone no.

Subscribed and sworn to before me on _____
 Date

Deputy clerk/Notary public signature

My commission expires on _____
 Name (type or print)

Notary public, State of Michigan, County of _____ ☐ Acting in the County of _____
☐ This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.