

<b>STATE OF MICHIGAN</b> <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b> <b>COUNTY</b>	<b>PETITION FOR RESCISSION OF</b> <b>ADOPTION AND ORDER</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, adoptee  
Full name of child at birth

\_\_\_\_\_  
Full name of child immediately after adoption Birth date

1. I, \_\_\_\_\_ was adopted by \_\_\_\_\_.  
Adoptee's present name Stepparent's name

2. I, \_\_\_\_\_, birth parent, had my parental rights terminated by order of this court.  
Birth parent's name

3. I desire to rescind the adoption by the stepparent and restore the parental rights of the birth parent.

☐ 4. A copy of my new live birth certificate is attached.

5. The adoptee's name will be \_\_\_\_\_.  
First Middle Last

6. The adoptee's legal parents are:

\_\_\_\_\_  
Name of natural parent Name of adoptive stepparent

\_\_\_\_\_  
Address Address

\_\_\_\_\_  
City, state, zip Telephone no. City, state, zip Telephone no.

7. **I REQUEST** that the court conduct a hearing, and an investigation if necessary, and enter an order of rescission of the adoption and restore the parental rights of the petitioner birth parent.

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

\_\_\_\_\_  
Date /s/  
Signature of adoptee petitioner

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
Date /s/  
Signature of birth parent petitioner

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

/s/ \_\_\_\_\_  
Attorney signature Attorney name (type or print) Bar no.

\_\_\_\_\_  
Address City State Zip Telephone no.

(SEE SECOND PAGE)

Do not write below this line - For court use only

**IT IS ORDERED:**

- ☐ 8. The adoption of the adoptee named above by the stepparent named above is rescinded. The parental rights of the birth parent named above are restored.
- ☐ 9. The petition is denied.

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Date

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Judge

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Bar no.