

<b>STATE OF MICHIGAN</b> <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b> <b>COUNTY</b>	<b>ADVICE OF RIGHTS AFTER</b> <b>ORDER TERMINATING</b> <b>PARENTAL RIGHTS</b> <b>(Juvenile Code)</b>	<b>CASE NO.</b> <b>PETITION NO.</b> <b>JUDGE</b>
Court address		Court telephone no.

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

1. On \_\_\_\_\_ an order was entered terminating your parental rights to the child(ren) named above.  
 Date
2. **You have the right to**
  - a. file a motion for rehearing with this court within 14 days after the date of the order terminating your parental rights, or appeal the order terminating your parental rights within 21 days to the Court of Appeals for the State of Michigan.\*
  - b. an attorney for appeal/rehearing purposes, and if you cannot afford an attorney, the court will appoint one for you. If you desire a court-appointed attorney, you must file the request on page 2 of this form within 14 days after the date of personal service or mailing of service of the order terminating your parental rights or within 14 days after an order denying a timely filed postjudgment motion.
3. If the court appoints an attorney to perfect your appeal, the court will furnish the attorney with the portions of the transcripts and court records the attorney requires for the appeal.
4. Your obligation to support the child(ren) continues until a court of competent jurisdiction modifies or terminates the obligation, an order of adoption is entered, or the child is emancipated by operation of law.
5. **In addition to the above rights** you have the right to control the release of identifying information about yourself under the adoption laws of this state as follows:
  - a. You may file with the Central Adoption Registry of the Michigan Department of Health and Human Services, at any time, a form called "Parent's Consent/Denial to Release Information to Adult Adoptee." With this form (copies available at all circuit courts or Michigan Department of Health and Human Services offices) you can consent to or deny the release of the following identifying information:
    - your name at the time of termination of your parental rights.
    - your most recent name and address which is on file with the Central Adoption Registry.
 You can use this form any time you change your mind about consenting to or denying the release of identifying information.
  - b. You may keep your name and address current with the Central Adoption Registry by sending this information to them in writing.

**Note:** If you do not file a "Parent's Consent/Denial to Release Information to Adult Adoptee", or if you revoke a previously filed denial, then the identifying information stated in item 5 will be released upon request of each child after reaching the age of 18. If the other former parent has filed a denial of release of identifying information which has not been revoked, the identifying information about that parent will not be released.

**\*Note:** A motion for a new trial, rehearing, reconsideration, or other postjudgment relief in a case that involves termination of parental rights must be filed within 14 days after the date of the order terminating parental rights. MCR 3.992. An appeal of right must be filed within 21 days of an order terminating parental rights. MCR 7.204(A)(1). An application for leave to appeal must be filed within 63 days after entry of an order denying reconsideration or rehearing as provided by MCR 3.993(C)(2). MCR 7.205(A)(3).

**(Please see next page for Request for Court-Appointed Attorney)**

\_\_\_\_\_  
 Date of mailing/service

Approved, SCAO

Form JC 44, Rev. 1/21

MCL 710.27a, MCL 712A.21, MCR 3.977(J), MCR 3.992, MCR 3.993,

MCR 7.204(A)(1)(c), MCR 7.205(A)(3)

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### REQUEST FOR COURT-APPOINTED ATTORNEY

I request a court-appointed attorney to appeal or request a rehearing of the order terminating my parental rights.

I am unable to pay for the services of an attorney and request that one be appointed by the court. I have completed the financial schedule below. I understand that I may be ordered to repay the court for all or part of the attorney fees. I authorize the court to investigate and obtain relevant information from my employer, creditors, and others who have knowledge of my financial circumstances for purposes of aiding the court in determining my eligibility for the appointment of an attorney.

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

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

**Complete this Financial Schedule if you are seeking a court-appointed attorney.**

#### FINANCIAL SCHEDULE

<b>1. RESIDENCE</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with parents <input type="checkbox"/> Room/Board	
<b>2. MARITAL STATUS</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Dependents: _____ Number	
<b>3. INCOME</b> a. Employer name and address	b. Length of employment
	c. Average pay <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> every two weeks Gross: \$ _____ Net: \$ _____
d. Other income (state monthly amount and source [MDHHS, VA, rent, pensions, spouse, unemployment, child support, etc.])	
<b>4. ASSETS</b> State value of car, home, bank deposits, bonds, stocks, etc.	
<b>5. OBLIGATIONS</b> Itemize monthly rent, installment payments, mortgage payments, child support, etc.	
<b>6. REIMBURSEMENT</b> I understand that I may be ordered to reimburse the court for all or part of my attorney and defense costs.	

I declare under the penalties of perjury that the above information is true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature