STATE OF MICHIGAN 16TH CIRCUIT COURT MACOMB COUNTY	MOTION TO WITHDRAW PETITION FOR ADOPTION	FILE NO.: JUDGE:

In the matter of _____ DOB: _____

The ☐ Petitioner(s), ☐ child placing agency, and/or ☐ attorney for Petitioner(s), request(s) to withdraw the adoption petition in the above captioned matter for the following reason(s):

I/We declare under the penalties of perjury that the information contained in this motion to withdraw the petition for adoption has/have been examined by me/us and that the contents thereof are true to the best of my/our information, knowledge and belief.

_____ _____
Petitioner signature Date

_____
Petitioner printed name

_____
Address

_____
Address

Telephone:_____

_____ _____
Petitioner signature Date

_____
Petitioner printed name

_____
Address

_____
Address

Telephone:_____

_____ _____
Caseworker signature Date

_____
Caseworker printed name

_____
Address

_____
Address

Telephone:_____

_____ _____
Attorney signature Date

_____
Attorney printed name

_____
Address

_____
Address

Telephone:_____

Revised 4/3/20 MP