STATE OF MICHIGAN	RI
16TH CIRCUIT COURT	
MACOMB COUNTY	

Court(s)

In the matter of:

Child's Name

DOB:

I represent that the records of

<u>NOTE</u>: Please include the specific date(s) you contacted the Michigan Appellate Court or Michigan Supreme Court (when applicable); and the name of the court personnel spoken to regarding the matter. If the appellate court sends an email response, then please include such email response with the form.

I have diligently searched and no appeal or request for rehearing has been filed or is pending with respect to any release, consent or court order filed with the documentation for this adoption. The following steps were taken to verify this information: [Use Tab button after each line to go to the next line]

I have diligently searched and an appeal or request for rehearing has been filed or is pending with respect to a release, consent or court order filed with the documentation for this adoption as follows: [Use Tab button after each line to go to the next line]

Date Petitic	ner, Department, Child Placing Agency Directo	or, Attorney or Court Caseworker
Attorney, Child Placing Agency or Department		
Address		
City, State, Zip	Telephone	
Subscribed and sworn to before me on Date	,	County, Michigan
My commission expires:	Signature:	public
Notary public, State of Michigan, County o	of	
Report on Appeals and Rehearings revised (2/2	0) MP	