

STATE OF MICHIGAN 16TH CIRCUIT COURT MACOMB COUNTY	REPORT ON REQUEST FOR REVOCATION OF AN OUT OF COURT RELEASE/CONSENT	CASE NO.
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In the matter of: _____ Child's Date and Time of Birth: _____
Child's Name

An out of court release/consent to adoption was executed by: _____
Name(s) of Person(s) releasing/consenting

The out of court release/consent was executed on: _____
Date and Time

I, the adoption attorney supervisor for the child placing agency identified to receive requests for revocation in the above-referenced out of court release/consent, declare that:

- Five days, excluding weekends and holidays, have passed since the consenting party signed the above-referenced out of court release/consent for this specific child.
- I have thoroughly checked all locations where a request for revocation may be submitted (postal mailing address, overnight carrier address, fax number, and electronic mail address), and I have not received a request for revocation during the five days, excluding weekends and holidays, following the execution of the out of court release/consent.
- I have verified with all persons having access to correspondence at the locations provided in the out of court release/consent (postal mailing address, overnight carrier address, fax number, and electronic mail address) that no request for revocation has been received during the five days, excluding weekends and holidays, following the execution of the out of court release/consent.
- I, as a supervisor for the identified child placing agency, have verified that NO CASEWORKER within the child placing agency has received a request for revocation during the five days, excluding weekends and holidays, following the execution of the out of court release/consent.
- All methods of communication outlined in the out-of-court release/consent (mailing address, overnight carrier address, facsimile number and electronic mail address) were in full service, without interruption or malfunction, during the five days, excluding weekends and holidays, following the execution of the out of court release/consent.
- I, or personnel at my office, have received a request for revocation; however, the request was made on _____, which is more than five days, excluding weekends and holidays, from the execution of the out of court release/consent.
- Since the date of execution, I, or my office/agency, have received communication from the person or persons who executed the out-of-court release/consent via telephone, text message, electronic mail, mail, or facsimile. [Please use a separate sheet of paper and describe in detail the type and content of each of the communications and attach such communication(s), if possible]:

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

Signature

Printed Name

Mailing Address

Overnight Carrier Address

Telephone

Fax

Date

E-mail

Please note that the Court will not proceed until a signed copy of this Report is received from both the adoption attorney and child placing agency supervisor identified in the above-referenced out of court release/consent.