

STATE OF MICHIGAN PROBATE COURT MACOMB COUNTY	PETITION AND ORDER FOR AUTHORITY TO ADOPT	FILE NO.
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40 N. Main St. Mt. Clemens, MI 48043

586-469-5290

In the matter of: _____

- I am interested in the estate and make this petition as GUARDIAN.
- I became full guardian on _____
Date

- The interested persons are as follows:

NAME	RELATIONSHIP	ADDRESS
	Mother	
	Father	

- I REQUEST** that the authority to adopt the above named minor be granted subject to the Michigan Adoption Code, the authority to consent to the adoption of the above named minor be granted and that the guardianship be terminated upon entry of the final order of adoption.

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

Date_____
Attorney Signature_____
Petitioner Signature_____
Name (type or print)_____
Name (type or print)_____
Address_____
Address_____
City, state, zip_____
Telephone No._____
City, state, zip_____
Telephone No.**ORDER**

This matter having been brought before the Court, a hearing having been held and testimony having been taken:

IT IS ORDERED that the petition is:

- Granted. Petitioner is granted the authority to adopt the above named minor subject to the Michigan Adoption Code and the authority to consent to the adoption of the minor
- Denied.
- Granted in part as follows: _____

IT IS FURTHER ORDERED that this order authorizing the guardian(s) to file a petition for adoption and consent to the adoption of the minor expires one year from the date of the Order indicated below.

Date_____
, Probate Judge P