

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	STATEMENT OF SERVICES PERFORMED BY ATTORNEY <input type="checkbox"/> 7-DAY <input type="checkbox"/> 21-DAY	FILE NO.
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In the matter of adoptee _____ Full name of child DOB: _____

I am an attorney representing the petitioner(s) for adoption. mother of adoptee. father of adoptee.

I state that the following list itemizes the services performed and any fees, compensation, or other thing of value received by or agreed to be paid to me for, or incidental to, the adoption of the child.

Date	Service Performed	Fee, Compensation, or Other Value
SUBTOTAL FROM 7-Day Statement of Services Performed by Attorney		
TOTAL		

I represent a party in this direct placement adoption. I have not requested or received any compensation for the activities described in MCL 710.54(2).

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

Date

Signature of attorney

Note: Attach this statement to form PCA 347, "Petitioner's Verified Accounting"

Name (print or type) Bar no.

Address

City, state, zip Telephone no.

Do not write below this line - For court use only