Approved, SCAO

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY

STATEMENT OF SERVICES PERFORMED BY AGENCY/ DEPARTMENT OF HUMAN SERVICES 21-DAY

FILE NO.

7-DAY

DOB:

In the matter of adoptee ________Full name of child

I state that the following list itemizes the services performed and any fee, compensation, or other thing of value received by or agreed to be paid to the child-placing agency or the Michigan Department of Human Services for, or incidental to, the adoption of the child. (NOTE: If no fee, compensation, or other thing of value is paid or agreed to be paid, you must write "NONE" in the fee column.)

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

The child-placing agency or Michigan Department of Human Services has not requested or received any compensation for the activities described in MCL 710.54(2).

I am a representative of the child-placing agency/Michigan Department of Human Services and have authority to make this statement. 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

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

Signature of child-placing agency/DHS representative

Name (print or type)

Name of agency (print or type)

Address

City, state, zip

Telephone no.

Do not write below this line - For court use only