

STATE OF MICHIGAN SIXTH CIRCUIT COURT OAKLAND COUNTY	REPORT ON REQUEST FOR REVOCATION OF AN OUT-OF-COURT CONSENT OR RELEASE	CASE NO.
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IN THE MATTER OF _____ Child's Date and Time of Birth: _____
Child's Name

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

The out-of-court 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 consent, declare that:

- five days, excluding weekends and holidays, have passed since the consenting party signed the above-referenced out-of-court 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 consent.
- I have verified with all persons having access to correspondence at the locations provided in the out-of-court 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 weekend and holidays, following the execution of the out-of-court 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 weekend and holidays, following the execution of the out-of-court consent.
- all methods of communication outlined in the out-of-court consent (mailing address, overnight carrier address, fax 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 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 consent.
- Since the date of execution, I, or my office/agency, have received telephone or text message communications concerning a request to revoke from the person or persons who executed the out-of-court consent(s).

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.

Date

Signature of Attorney/Agency Supervisor

Mailing Address and Overnight Carrier Address

Name of Attorney (Type or Print)

Telephone

Fax

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 consent for revocation requests.