

<b>STATE OF MICHIGAN SIXTH CIRCUIT COURT OAKLAND COUNTY</b>	<b>REPORT ON REQUEST FOR REVOCATION OF AN OUT-OF-COURT CONSENT OR RELEASE</b>	<b>CASE NO.</b>
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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.**