

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION (CHILD PROTECTIVE PROCEEDINGS) <input type="checkbox"/> Supplemental	CASE NO. PETITION NO.
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Court Address _____ Court Telephone No. _____
 ORI _____

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 1. In the matter of (state the name, county of legal residence, race, sex, and date of birth of each child and indicate with whom the child lives)

a. Name of child and county of legal residence	Race	Sex	Date of Birth	Living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
b. Name of child and county of legal residence	Race	Sex	Date of Birth	Living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
c. Name of child and county of legal residence	Race	Sex	Date of Birth	Living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
d. Name of child and county of legal residence	Race	Sex	Date of Birth	Living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other

2. The child(ren) named above come(s) within the provisions of MCL 712A.2. See attached sheet for allegations, the reasons why it is contrary to the welfare of the child(ren) to remain in the home, and the reasonable efforts made to prevent the removal of the child(ren).
 Member of or eligible for membership in American Indian Tribe or Band as stated in allegations.
 Military/nonmilitary affidavit attached.
3. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.
4. The names and addresses and other relevant information of the parents, guardian, legal custodian, or nearest known relative are as follows: (if the father/mother/guardian or legal custodian is a respondent, place a check mark in the column R. Indicate for which child(ren) the father is a legal or putative father by placing the corresponding numbers 1a, 1b, 1c, etc., in the column LF C # or column PF C#.)

a. Father's name	R	DOB	LF C#	PF C#	Address	Telephone Number
b. Father's name	R	DOB	LF C#	PF C#	Address	Telephone Number
c. Father's name	R	DOB	LF C#	PF C#	Address	Telephone Number
d. Father's name	R	DOB	LF C#	PF C#	Address	Telephone Number
Mother's name	R	DOB	Address			Telephone Number
Guardian's/Legal custodian's name	R	DOB	Address			Telephone Number
Nearest known relative's name		DOB	Address			Telephone Number
Non-parent adult respondent's name		DOB	Address			Telephone Number

5. **I request** the court to
 a. refer the matter to alternative services
 b. authorize the petition and take jurisdiction over the child(ren). Further, I request the court to
 issue an order removing the child(ren) the abuser from the home.
 c. terminate parental rights of mother parental rights of father 4a. 4b. 4c. 4d.

I declare that the statements in this petition are true to the best of my information, knowledge, and belief.

Petitioner's signature _____ Date _____ Agency/Address _____

Print or type name _____ City, state, and zip _____ Telephone no. _____

6. A preliminary inquiry and/or hearing has been conducted and the filing of this petition
 on the child(ren) the following child(ren) _____ is authorized.
 on the child(ren) the following child(ren) _____ is not authorized.

Date _____ Judge/Referee _____ Bar no. _____

Allegations