

<p align="center">STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY</p>	<p align="center">NOTICE OF INTENT TO RELEASE OR CONSENT</p>	<p>FILE NO.</p>
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NOTE: Personal service of this form is required 30 days before the expected date of confinement.

In the matter of _____
Petitioner

TO: []
[]

TAKE NOTICE: The woman named above has filed an ex parte petition with this court which alleges that:

1. She is pregnant out of wedlock and intends to release the expected child for adoption or to consent to the child's adoption.
2. The approximate date of conception was _____ at the following location:

3. Her expected date of confinement is _____ .
4. You are the putative father of the expected child.

YOU ARE NOTIFIED AND INFORMED:

5. You have a right to file a notice of intent to claim paternity before the birth of the child with the family division of the circuit court in any county of this state on a form available at this court.
6. If you file a notice of intent to claim paternity, you shall be entitled to notice of any hearing involving that child to determine the identity of the father of the child and any hearing to determine or terminate his paternal rights to this child.
7. **YOUR FAILURE TO FILE** a notice of intent to claim paternity before the expected date of confinement or before the birth of the child, whichever is later, is a waiver of your right to receive notice of the hearing and is a denial of your interest in custody of the child, which **WILL RESULT IN THE COURT'S TERMINATION OF YOUR RIGHTS TO THE CHILD.**

Date

Deputy clerk

PROOF OF PERSONAL SERVICE

On _____ at _____, I personally served a copy of this notice on
Date Time

_____ at _____
Name Location

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

Date

Signature of peace officer/court authorized person

Do not write below this line - For court use only