Approved, SCAO JIS CODE: VSL STATEMENT OF SERVICES STATE OF MICHIGAN FILE NO. PERFORMED BY ATTORNEY JUDICIAL CIRCUIT - FAMILY DIVISION 7-DAY 21-DAY COUNTY In the matter of adoptee Full name of child DOB: \_ I am an attorney representing the petitioner mother. petitioner father. mother of adoptee. father of adoptee. I state that the following list itemizes the services performed and any fees, compensation, or other thing of value received by or agreed to be paid to me for, or incidental to, the adoption of the child. **Date Service Performed** Fee, Compensation, or Other Value SUBTOTAL from 7-Day Statement of Services Performed by Attorney **TOTAL** ☐ I represent a party in this direct placement adoption. I have not requested or received any compensation for the activities described in MCL 710.54(2). 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 Signature of attorney Name (print or type) NOTE: Attach this statement to form PCA 347, Address "Petitioner's Verified Accounting" City, state, zip Telephone no.

Do not write below this line - For court use only