FILE NO.

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY

SUPPLEMENTAL PETITION AND AFFIDAVIT TO TERMINATE PARENTAL RIGHTS OF NONCUSTODIAL PARENT

In the matter of Full name of child			, adoptee tee is an Indian child
	SUPPLEMENTAL PETITION		
I, Name (type or print)	, am the custodial r	parent of the child named	above, and I request
terminated because of lack of support of and p			
Date	Custodial parent	signature	
	AFFIDAVIT		
1. I have joined in a petition with Name (type or	print)		, whom I married
on Date	, requesting the adoption of th	e child named above and	the termination of the
parental rights of the noncustodial parent na	amed above.		
2. The noncustodial parent and I were divor	rced on	A co	opy of the judgment of
divorce and any subsequent orders are a			
3. The noncustodial parent acknowledged	paternity on	А сору о	f the acknowledgment
of paternity is attached and filed with the			
4. I have legal custody of the child.			
5. a. A support order has been entered and	d the noncustodial parent has faile	ed to substantially comply	with the order for a
period of two years or more before the	e petition for adoption was filed.		
\Box b. A support order has not been entered	I and the noncustodial parent, hav	ing the ability to support th	e child, has failed or
neglected to provide regular and subs	stantial support for two years or mc	ore before the petition for a	doption was filed.
6. The noncustodial parent has had the ability	to visit, contact, and communicate	with the child and has reg	ularly and substantially
failed or neglected to do so for a period of to	wo years or more before the petitic	on for adoption was filed.	

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

8. a. The noncustodial parent is living at the above address.
b. The noncustodial parent is not living at the above address, and I have taken the following steps to locate him/her.

Attorney signature		Date	
Attorney name (type or print)	Bar no.	Signature of custodial parent petitioner	
Address		Address	
City, state, zip	Telephone no.	City, state, zip	Telephone no.
Subscribed and sworn to before me on		,	County, Michigan.
My commission expires:	Sigr	Notary public/Deputy clerk	
Notary public, State of Michigan, County of			