

<b>Little Traverse Bay Bands Of Odawa Indians Tribal Court</b>	<b>STATEMENT OF SERVICES PERFORMED BY AGENCY</b>  <input type="checkbox"/> 7 DAY <input type="checkbox"/> 21 DAY	<b>FILE NO.</b>
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In the matter of adoptee \_\_\_\_\_ Full name of child \_\_\_\_\_ DOB: \_\_\_\_\_

I state that the following itemizes the services performed and any fee, compensation, or other thing of value received by or agreed to be paid to the child placing agency or the LTBB Social Services for, or incidental to, the adoption of the child.  
(NOTE: If no fee, compensation, or other thing of value is paid or agreed to be paid, you must write "NONE" in the fee column.)

Date	Service Performed	Fee, Compensation, or Other Value
<b>SUBTOTAL from 7 Day Statement of Services Performed by Agency</b>		
<b>TOTAL</b>		<b>\$0.00</b>

The child placing agency or LTBB Social Services has not requested or received any compensation for the adoption activities.

I am a representative of the child placing agency/LTBB Social Services and have authority to make this statement. 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 child placing agency/LTBB representative
	Name (print or type)
	Name of agency (print or type)
	Address
	City, state, zip <span style="float: right;">Telephone no.</span>

NOTE: Attach this statement to "Petitioner's Verified Accounting"

Do not write below this line - For court use only