

Court address: 204 S. Highlander Way, Howell, Michigan 48843

Court telephone no. 517-546-1500

1. In the matter of _____
name(s), alias(es), DOB
2. I am the court appointed attorney / GAL for _____ in this matter.

I affirm:

3. I have attended and participated in a Family Team Meeting (FTM) at _____ on _____.
(Location) (Date)

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

Affiant signature

Address

Affiant name (type or print)

City, state, zip

Telephone no.

Do not write below this line - For court use only

AFFIDAVIT OF PARTICIPATION IN FAMILY TEAM MEETING (FTM)