<u>ADOPTION</u> – Title 6, Sec. 6-1901 <u>et seq</u>. Tribal Code Checklist for Required Information & Documents

The foll	lowing is	required	of I	Petitioner:
----------	-----------	----------	------	-------------

	Full name of Child (prior to adoption) Residence of Child Date of Birth of Child Enrollment Status/Tribal Affiliation of Child Gender of Child Documentary proof of date and place of birth of Child [birth certificate – ATTACH DOCUMENT TO PETITION]			
	Name of Adoptive Parent/s Residence of Adoptive Parent/s			
	Date and place of birth of Adoptive Parent/s			
	Documentary proof of Adoptive Parents' marital status [if married, ATTACH DOCUMENT TO PETITION]			
	Full description and statement of value of all property owned or possessed by Child Agreement by Adoptive Parent/s that it is their desire to adopt and that it will be in the best means to secure child's sense of belonging to family, clan and tribe			
	Court Order terminating parental rights and/or written consents by natural parent [must be witnessed, notarized and ATTACHED TO PETITION			
OR	Consent by Guardian, accompanied by evidence of authority to consent.			
	If Child is OVER 12 YEARS OF AGE , Child MUST consent in Court hearing or in writing to the adoption			
The following is required of MFS:				
	Investigative Report from Meskwaki Family Services – Written report to be submitted within 30 days of Court notice, assessing the following: Suitability of child for adoption Financial ability of adoptive parent/s Moral and physical fitness of adoptive parent/s General Background of the adoptive home and parent/s			
Deter	minations by Judge:			
	Residency (Child must have been in the custody of Petitioner/s for more than 3 months for final decree of adoption, otherwise requires 6 months temporary custody decree)			
	Privacy – Final Order shall indicate if natural parent/guardian identity is confidential			

Auxilia	ary:
	Name Change of Child □ Yes New FULL name: □ No change
	Adoption Subsidy ☐ Yes ☐ Paperwork completed ☐ Paperwork in process; Projected completion date: ☐ No – An Adoption Subsidy is not available/desired
	Contact Agreement ☐ Yes [Document must be ATTACHED]

 \square No