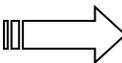


IN THE SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA TRIBAL COURT
MESKWAKI SETTLEMENT
307 MESKWAKI RD
TAMA, IOWA 52339

<p>In the Matter of the Petition of</p> <p>_____</p> <p style="text-align: center;">Name of Pre-Adoptive Parent/s</p> <p>To Adopt</p> <p>_____</p> <p style="text-align: center;">Name of Child</p> <p>DOB _____.</p>	<p style="text-align: center;">Case No.</p> <p>_____</p> <p style="text-align: center;">CONSENT TO ADOPTION OF MINOR CHILD AND TERMINATION OF PARENTAL RIGHTS</p>
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1. I, (*Natural Parent's name*) _____, am over the age of 18 years and mentally competent to execute this Consent to Adoption of Minor Child and Termination of Parental Rights.

 2. I am the Mother Father of the following child who is the subject of this Consent to Adoption of Minor Child and Termination of Parental Rights, and whose full birth name/s and birth dates are set forth below:

_____ Child's Birth Date
Full Name of Child

3. By placing my initials next to the appropriate line below, I hereby consent to the adoption of my child named in the paragraph above and to the termination of my parental rights to said child. I consent to the adoption of my child by:

_____ **The individual/s selected by me** and the name/s of said individual/s is/are:

_____. I believe that placement of my child for adoption by the individual/s named in this subparagraph is in the best interest of my child.

_____ **The individual/s selected by Meskwaki Family Services** and the name/s of said individual/s is/are: _____

_____ **Individual/s to be selected by Meskwaki Family Services who is/are unknown at this time.**

4. I understand the importance of my decision and fully realize the effects of the adoption of my child and termination of my parental rights as to the child named herein.

5. **By initialing each line below**, I hereby attest that I understand:

_____ that by terminating my parental rights, I will no longer be the legal parent of my child and that upon adoption of my child the child shall become the child of the adoptive parents.

_____ that as a result of an adoption, the name of my child may be legally changed.

_____ that when I terminate my parental rights my child loses the right to inherit from me and I lose the right to inherit from him/her. This shall not in any way limit my right to provide for the child in my Will.

_____ that by terminating my parental rights, all of my rights and obligations to the child named herein will be extinguished **except that:**

[a] with the consent of the adoptive parent/s and pursuant to Section 6-1905(a)(3), Code of the Sac & Fox Tribe of the Mississippi in Iowa, whereby only the legal incidence of the parent child relationship is terminated in accordance with the Meskwaki beliefs, customs and traditions, I may be able to maintain continuing contact and relationship with my child, which consent if given by the adoptive parent/s, may be withdrawn by the adoptive parent/s at any time with or without cause.

[b] if I owe child support arrears for the support of my child named herein I may be required to pay the arrears.

6. This consent is not signed by me prior to or within ten days after the birth of my child.

7. I understand that if my child is age twelve (12) years or older then adoption of the

child will not be granted by the Court without the child's consent given in Court or in writing in such form as the Court may direct, as set forth in Section 6-1906(b), Code Sac & Fox Tribe of the Mississippi in Iowa, and exceptions thereto.

8. I fully understand that Section 6-1906(d) of the Code of the Sac & Fox Tribe of the Mississippi in Iowa states that I have the right to withdraw my consent to adoption for any reason within ten (10) working days after this Consent is executed and acknowledged. I understand that to revoke my consent I must provide written notification of my withdrawal of consent to the agency, Tribal Department, or individual to whom the child was given no later than the tenth working day after this Consent is executed and acknowledged. On the day following the tenth working day after execution and acknowledgment, this Consent shall be irrevocable except upon order of the Tribal Court, after written findings that this Consent was obtained by fraud.

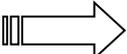
9. I have read and/or have had read to me this consent, and I fully understand and agree with each statement.

10. I understand that I have a right to request that no identifying information regarding this consent be released and accordingly:

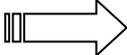
_____ **I do not consent** to the release of identifying information.

_____ **I do consent** to the release of identifying information.

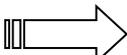
11. I know and understand that I may be required by the Court to attend a hearing on the matter of my important decision to consent to the adoption of my child and termination of my parental rights in my child.



12. I would like to receive a copy of the final order of the Court terminating my parental rights to my child named herein: Yes No

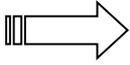


13. I would like to receive a copy of the final order and decree of the Court finalizing the adoption of my child: Yes No



14. I waive notice of the adoption hearing for my child and agree that the Court may enter the adoption decree without my presence at the hearing. Yes No

15. I would like to receive notice from the Court if the final decree of adoption of my child is vacated or set aside or if the adoptive parent/s voluntarily consent to the termination of his/her parental rights to my child, so I may petition the Court for custody of my child at that time: Yes No



16. By initialing below I attest that I have signed this consent:

_____ voluntarily and of my own free will.

_____ I have not been promised nor have I received any money or anything else of value in exchange for this consent.

_____ I am of sound mind when I sign this consent.

_____ I am not under the influence of, nor impaired by, any prescription medications, drugs of any kind whatsoever, and/or alcohol when I sign this consent.

17. I understand that if I do not have an attorney I may ask the Court to appoint an attorney to represent me in this matter, and that I may or may not have to pay all or part of the cost for the services of that attorney. If I have an attorney in this matter, the attorney who represented me regarding this consent is _____ . If I do not have an attorney and did not request an attorney, by signing below I hereby knowingly and voluntarily waive any right I might have to an attorney.

18. This Consent consists of six pages, including two signature pages [A] & [B].

SIGNATURE PAGE [A]

Signature of Consenting Parent

Date

Printed Name of Consenting Parent

Street/ P.O. Box Address of Consenting Parent

Signature of Tribal Court Representative

Date

Printed Name of Tribal Court Representative

Acknowledgment of Receipt of Copy by Consenting Parent

I hereby acknowledge that I have received a copy of this consent.

Signature of Consenting Parent

Date

Copies distributed

To: _____

On Date: _____ By: _____

Delivery Method _____

To: _____

On Date: _____ By: _____

Delivery Method _____

To: _____

On Date: _____ By: _____

Delivery Method _____

To: _____

On Date: _____ By: _____

Delivery Method _____