

Form 6-1905: Consent to Adoption of Child and Termination of Parental Rights

IN THE TRIAL COURT OF THE SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA

IN THE MATTER OF ADOPTION OF _____ Name _____ Date of Birth	Case No. _____ CONSENT TO ADOPTION OF CHILD AND TERMINATION OF PARENTAL RIGHTS
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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 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 Child and Termination of Parental Rights, and whose full birth name(s) and date of birth are set forth below:

_____ Child's Date of Birth _____
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 sent to the adoption of my child by:

The individual(s) selected by me and the name(s) of said individuals:

I believe that placement of my child for adoption by the individual(s) named above is in the best interest of my child.

The individual(s) selected by Meskwaki Family Services and the name(s) of said individual(s):

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

4. I have had enough time to understand the importance of my decisions 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 placing my initials next to the appropriate 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 of 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 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 the 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 with 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 after execution and acknowledgement, 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 Consent to the Adoption of my Child and termination of my parental rights.

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 would like to receive notice 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

15. 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

16. 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. That I may or may not have to pay all or part of the cost for services of that attorney. If I do not have an attorney and do not request an attorney, by signing below I hereby knowingly and voluntarily waive any right I may have to an attorney.

17. By signing 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, and 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.

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****PLEASE WAIT TO SIGN & DATE UNTIL IN FRONT OF A NOTARY****

Signature of Consenting Parent

Date

Mailing Address/PO Box of Consenting Parent

City, State, Zip Code

Phone Number

Signed before me on ____ day of _____, 20____.

 Signature of Notary Public, State of _____

Tribal Court Staff Title: _____

Tribal Court Representative Witness

By signing below, the Tribal Court Representative Witness to the signing of this consent by the consenting Parent, hereby attest that to the best of their knowledge and belief: The consenting parent read this consent; the consenting parent signed the consent voluntarily and knowingly; the consenting parent was of sound mind when signing this consent; the consenting parent was not coerced nor under duress when signing this consent; and the consent was signed by the consenting parent in my presence.

Signature

Date

Printed Name