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| **MENOMINEE INDIAN TRIBE OF WISCONSIN MENOMINEE TRIBAL COURT** | | | |  |
| IN THE INTEREST OF    Name    Date of Birth | | **Consent to Delegation of Parental Powers of an**  **Indian Child**  Case No. | |
|  | | | | |
| **UNDER OATH, I STATE:** | | | | |
| 1. | My name is       . | | | |
|  | My address is       . | | | |
|  | My date of birth is       . | | | |
|  |  | | | |
| 2. | I am the [check one]  mother. | | | |
|  | father. | | | |
|  |  | | | |
| 3. | I have legal custody of the child named above. | | | |
|  |  | | | |
| 4. | My child is a member of an Indian tribe or is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe. | | | |
|  |  | | | |
| 5. | The proposed power of attorney delegating parental power is attached. | | | |
|  |  | | | |
| 6. | The terms and consequences of the delegation of powers have been fully explained in detail and in my own language. I understand that I am delegating my powers regarding the care and custody of my child to an agent, as set forth in the attached power of attorney document. | | | |
|  |  | | | |
| 7. | I am making this decision of my own free will. No promises or threats have been made to get me to sign this document. | | | |
|  |  | | | |
| 8. | My consent may be withdrawn for any reason at any time. | | | |
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|  | | | ►  Signature    Name Printed or Typed    Address    Email Address Telephone Number    Date State Bar No. (if any) | |