|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MENOMINEE INDIAN TRIBE OF WISCON MENOMINEE TRIBAL COURT** | | | | | |
|  | | | | | |
| IN THE INTEREST OF    Name    Date of Birth | | | Petition for Adoptive Placement Case No. | | |
|  | | | | | |
| UNDER OATH, I STATE: | | | | | |
| 1. | A. The child was born on the date indicated above and resides at                                . | | | | |
|  | B. The child is due to be born about                                                              . | | | | |
| 2. | The birth mother                                                             , age                 , | | | | |
|  | resides at                                                                                       . | | | | |
|  |  | | | | |
| 3. | The birth father                                                             , age                 , | | | | |
|  | resides at                                                                                       . | | | | |
|  |  | | | | |
| 4. | The proposed adoptive Parent 1                                              , age                 , | | | | |
|  | resides at                                                                                       . | | | | |
| 5. | The proposed adoptive Parent 2                                              , age                 ,  resides at | | | | |
|  |  | | | | |
| 6. | [Person/agency]                                               arranged placement of the child. | | | | |
|  |  | | | | |
| 7. | The report of financial, medical and legal arrangements is attached. | | | | |
|  |  | | | | |
| 8. | The placement is in a licensed foster home. | | | | |
| 9. | The Petition for Suspension or Termination of Parental Rights accompanies this Petition. | | | | |
| 10. | The child is an Indian Child, | | | | |
|  |  | 1. Indian tribe’s name and address:  Menominee  Other: 2. Indian custodian’s name and address:   placement has been made in accordance with the order of preference set forth in §278-121. | | | |
|  |  | there is good cause based on the child’s best interest to depart from the order of placement preference:                                                                                             . | | | |
| State of | | | | ▶ |
| County of | | | | Petitioner’s Signature |
| Subscribed and sworn to before me on | | | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Name Printed or Typed |
| Notary Public/Court Official | | | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Address |
| Name Printed or Typed | | | |  |
| My commission/term expires:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Email Address Telephone Number |
|  | | | |  |
|  | | | | Date State Bar No. (if any) |
|  | | | |  |
|  | | | | ▶ |
|  | | | | Petitioner’s Signature |
|  | | | |  |
|  | | | | Name Printed or Typed |
|  | | | |  |
|  | | | | Address |
|  | | | |  |
|  | | | | Email Address Telephone Number |
|  | | | |  |
|  | | | | Date State Bar No. (if any) |
|  | | | |  |
| Distribution:  1. Court  2. Parties  3. Tribe (if any) | | | | | |