

**IN THE TRIBAL COURT OF THE  
PRAIRIE ISLAND INDIAN COMMUNITY**

**STATE OF MINNESOTA**

Attorney, Party Without Attorney or Governmental Agency  
(Name, State bar number (if applicable), and address)

Telephone Number:

Fax Number:

Attorney for:

<p style="text-align: center;">_____, Petitioner.</p> <p style="text-align: center;">v.</p> <p style="text-align: center;">_____, Respondent.</p>	<p style="text-align: center;">CASE NO. _____</p> <p style="text-align: center;"><b>ADOPTION OF INDIAN CHILD</b></p> <p>Date: Time: Judge:</p>
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**1. Your name(s) (adopting parent(s)):**

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child:

Tribal Affiliation:

Your address (skip this if you have a lawyer):

Street:

City: State: Zip:

Your phone #:

Your lawyer (if you have one) (name, address, phone #, and State Bar #):

**Federal law says courts must send a copy of all adoption orders for an Indian child to the Secretary of the Interior within 30 days. Courts must also send the following information. *Please complete the rest of the form.***

2. Indian child's name:

Date of Birth:

Age:

3. Indian child's tribe (or tribe child is eligible for): \_\_\_\_\_

Enrollment number: \_\_\_\_\_  Check here if you do not know

Check here if tribe does not have an enrollment number

4. Indian child's biological father (name):

Address:

City: State: Zip:

Check here if you do not know

The biological father attaches his request that her identity remain confidential.

5. Indian child's biological mother (name):

Address:

City: State: Zip:



11. I declare under penalty of perjury under the laws of the Prairie Island Indian Community that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Type or print your name)      (Signature of Adopting Parent)

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Type or print your name)      (Signature of Adopting Parent)

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Type or print your name)      (Signature of Adopting Parent)