

**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>_____ , Petitioner.</p> <p>v.</p> <p>_____ , Respondent.</p>	<p style="text-align: center;">CASE NO. _____</p> <p style="text-align: center;"><b>AGREEMENT BY PARENT OF INDIAN CHILD TO END PARENTAL RIGHTS</b></p> <p>Date: Time: Judge:</p>
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1. I want my child to be adopted by (name(s) of adopting parent(s)):

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

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

Their relationship to Indian Child (check all that apply):

Related to child

Members of child's tribe

Indian parents

None of the above

2. The parent(s) in 1.  meet  do not meet the placement preference requirements of the Indian Child Welfare Act.

**3. Indian child's name:**

Date of Birth:

Age:

Indian child's tribe (or tribe child is eligible for):

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

Check here if tribe does not have an enrollment number

**4. Your name:**

Father     Mother    (Check only one. Each parent fills out a separate form)

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

City

State

Zip

Phone #:

Your tribe(s):

Enrollment #:

Check here if you do not know the enrollment #.

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

**5. I am the parent in # 4 and I understand and say:**

- a. I agree to give up my parental rights.
- b. I agree to the adoption of my child by the parent(s) listed in 1.
- c. I understand what will happen when I sign this form.
- d. No one had threatened me or made promises to me to get me to sign this form.
- e. I understand that until the judge signs an order to end my parental rights, I can change mind and my child will be returned to me.

- f. I want the court to let me know if the adoption is canceled so I can ask the court to give custody of my child back to me. The court will give the custody of my child back to me if the judge decides it is in my child's best interest.
- g. I do not give up any of my rights under the Indian Child Welfare Act by signing this form.
- h. My child was at least 10 days old when I signed this form.

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)

**Judge's Certification**

**I, Judge \_\_\_\_\_ of the Prairie Island Indian Community certify**

**This form was completed in writing and recorded before me.**

**I fully explained the terms and consequences to (name of parents):**

**The parents fully understood the terms and consequences.**

**The parent speaks English or used an interpreter at the hearing.**

**Certified**

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

\_\_\_\_\_  
**(Judge or Judicial Officer)**