

**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:

\_\_\_\_\_

Petitioner.

CASE NO. \_\_\_\_\_

**ADOPTION OF INDIAN CHILD**

v.

\_\_\_\_\_

Respondent.

**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 his identity remain confidential.

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

Address:

City: State: Zip:

Check here if you do not know

The biological mother attaches her request that her identity remain confidential.

**6. Indian child's biological Indian grandfather(s) (name(s)):**

\_\_\_\_\_ Paternal \_\_\_\_\_ Maternal

Check here if you do not know.

**7. Indian child's biological Indian grandmother(s) (name(s); include Maiden name(s) if you know them):**

\_\_\_\_\_ Paternal \_\_\_\_\_ Maternal

Check here if you do not know.

**8. Name of any agency with any information about this adoption:**

**9. Other people with information about the child's ancestry:**

	Name	Relationship to Child
a.		
b.		
c.		

**10. Parental rights: (check all that apply)**

a.  A court ended parental rights on (date): \_\_\_\_\_

b.  Parent(s) voluntarily agreed in writing to end their parental rights.

c.  The judge has certified that he or she fully explained the terms and consequences of the parent's agreement to end parental rights and that the parent(s) understood.

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)