

Qagan Tayagungin Tribal Court of Sand Point Village

)	
Petitioner 1)	
)	
Petitioner 2)	Case No. _____
v.)	<i>(Court Assigned)</i>
)	
Respondent 1)	
)	
Respondent 2)	

PETITION TO USE THE TRIBAL COURT
ADOPTION

I, _____, wish to use the Tribal Court in the matter of an Adoption.

Please give any details you can in the spaces provided on this form or on the back of this sheet. Please provide the following information:

1. Information of the child(ren) to be adopted.

Name: _____	Address: _____
Gender: _____	City: _____ State: _____ Zip: _____
Date of Birth: _____	Phone #: _____
State of Birth: _____	Tribe: _____
Consent to Adopt <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent's Rights Terminated <input type="checkbox"/> Yes <input type="checkbox"/> No

Name: _____	Address: _____
Gender: _____	City: _____ State: _____ Zip: _____
Date of Birth: _____	Phone #: _____
State of Birth: _____	Tribe: _____
Consent to Adopt <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent's Rights Terminated <input type="checkbox"/> Yes <input type="checkbox"/> No

Name: _____

Address: _____

Gender: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Phone #: _____

State of Birth: _____

Tribe: _____

Consent to Adopt Yes No

Parent's Rights Terminated Yes No

Name: _____

Address: _____

Gender: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Phone #: _____

State of Birth: _____

Tribe: _____

Consent to Adopt Yes No

Parent's Rights Terminated Yes No

2. The names and addresses of the child's parents and any custodians of the person.
- a. If the biological parents are unknown, please provide a statement that the whereabouts are unknown or cannot be located by reasonable means.
 - b. If the biological parents are known, the following must be included: a signed and witnessed consent to adopt by the biological parents, a statement that the biological parents' rights have been terminated, or a statement that the child is an orphan.

Name: _____

Address: _____

State ID #: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Phone #: _____

State of Birth: _____

Tribe: _____

Consent to Adopt Yes No

Parent's Rights Terminated Yes No

Name: _____

Address: _____

State ID #: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Phone #: _____

State of Birth: _____

Tribe: _____

Consent to Adopt Yes No

Parent's Rights Terminated Yes No

Name: _____
State ID #: _____
Date of Birth: _____
State of Birth: _____
Consent to Adopt Yes No

Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Tribe: _____
Parent's Rights Terminated Yes No

Name: _____
State ID #: _____
Date of Birth: _____
State of Birth: _____
Consent to Adopt Yes No

Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Tribe: _____
Parent's Rights Terminated Yes No

Please use the following lines to answer 2. A. or 2. B.:

3. The names and addresses of any other person or tribe with an interest in the adoption proceeding or in the person to be adopted.

Name: _____
State ID #: _____
Date of Birth: _____
State of Birth: _____
Consent to Adopt Yes No

Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Tribe: _____
Parent's Rights Terminated Yes No

Name: _____
State ID #: _____
Date of Birth: _____
State of Birth: _____
Consent to Adopt Yes No

Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Tribe: _____
Parent's Rights Terminated Yes No

Name: _____

Gender: _____

Date of Birth: _____

State of Birth: _____

Consent to Adopt Yes No

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Tribe: _____

Parent's Rights Terminated Yes No

Name: _____

Gender: _____

Date of Birth: _____

State of Birth: _____

Consent to Adopt Yes No

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Tribe: _____

Parent's Rights Terminated Yes No

Name: _____

Gender: _____

Date of Birth: _____

State of Birth: _____

Consent to Adopt Yes No

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Tribe: _____

Parent's Rights Terminated Yes No

Name: _____

Gender: _____

Date of Birth: _____

State of Birth: _____

Consent to Adopt Yes No

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Tribe: _____

Parent's Rights Terminated Yes No

Name: _____

Gender: _____

Date of Birth: _____

State of Birth: _____

Consent to Adopt Yes No

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Tribe: _____

Parent's Rights Terminated Yes No

Name: _____

Gender: _____

Date of Birth: _____

State of Birth: _____

Consent to Adopt Yes No

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Tribe: _____

Parent's Rights Terminated Yes No

Name: _____

Gender: _____

Date of Birth: _____

State of Birth: _____

Consent to Adopt Yes No

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Tribe: _____

Parent's Rights Terminated Yes No

Name: _____

Gender: _____

Date of Birth: _____

State of Birth: _____

Consent to Adopt Yes No

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Tribe: _____

Parent's Rights Terminated Yes No

Name: _____

Gender: _____

Date of Birth: _____

State of Birth: _____

Consent to Adopt Yes No

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Tribe: _____

Parent's Rights Terminated Yes No

Name: _____

Gender: _____

Date of Birth: _____

State of Birth: _____

Consent to Adopt Yes No

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Tribe: _____

Parent's Rights Terminated Yes No

Name: _____

Address: _____

Gender: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Phone #: _____

State of Birth: _____

Tribe: _____

Consent to Adopt Yes No

Parent's Rights Terminated Yes No

Name: _____

Address: _____

Gender: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Phone #: _____

State of Birth: _____

Tribe: _____

Consent to Adopt Yes No

Parent's Rights Terminated Yes No

Name: _____

Address: _____

Gender: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Phone #: _____

State of Birth: _____

Tribe: _____

Consent to Adopt Yes No

Parent's Rights Terminated Yes No

4. Do you have any reason to believe the biological parents of the child to be adopted, opposes the adoption? Yes No If yes, why?

5. What are, the facts which make the petitioner believe the best interest of the child to be adopted require an adopted Order be issued by the Court?

6. What tribe is the minor child enrolled in? If not enrolled in a tribe, what tribe/tribes is the child eligible for enrollment in?

7. What is name the Petitioner(s) intends to give the child after the adoption?

8. Does the child have any property, if so, what is that property?

9. Is there any relationship between the Petitioner and the child? Yes No

If yes, what is the relationship?

10. Where the Petitioner(s) was born and their present age and occupation.

Petitioner DOB: _____

Occupation: _____

Birth Place: _____

Tribe: _____

Petitioner 2 DOB: _____

Occupation: _____

Birth Place: _____

Tribe: _____

(Signature of person applying to use tribal court)

(Print or type name of person applying to the tribal court)

(Date petition was signed)

(For Court Use Only)



STATEMENT OF SERVICE

I mailed return receipt requested restricted delivery or personally gave (check one) a copy of this petition to the other people involved on the _____ day of _____, 2019.

The Court may Order a homestudy be completed for the proposed adoptive home. If the Court has appointed a guardian *ad litem* to look after the best interest of the child, the home study shall state what recommendation the guardian *ad litem* makes regarding the granting of the Adoption Order.

The Court shall provide all parties with written Notice of the Hearing at least 20 days in advance of the hearing.

_____ / _____

(Signature of person completing the Statement of Service) / Date