

IN THE INTEREST OF

Petition for Adoptive Placement

Name _____

Case No. _____

Date of Birth _____

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 Termination of Parental Rights accompanies this Petition.
10. [] A. The child is not subject to the federal Indian Child Welfare Act.
[] B. The child is subject to the federal Indian Child Welfare Act, and:
(1) Indian tribe's name and address: _____
(2) Indian custodian's name and address: (if applicable) _____
(3) [] Placement has been made in accordance with the order of preference set forth in the Indian Child Welfare Act. OR
[] There is good cause to depart from the order of placement preference in the Indian Child Welfare Act: _____
11. Is an interpreter needed? [] No [] Yes Language(s) _____ Party Name(s) _____

State of _____
County of _____
Subscribed and sworn to before me on _____

Notary Public/Court Official
Name Printed or Typed

My commission/term expires: _____

[] This notarial act involved the use of communication technology.

Petitioner's Signature

Name Printed or Typed

Address

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. Child - if 12 years old or older
3. Child's Guardian ad Litem/Adversary Counsel
4. Birth Mother
5. Birth Father
6. Adoptive Parents
7. Parents' Attorney(s)
8. Adoption Agency
9. Tribe
10. Indian Custodian