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| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** |  |
| IN THE INTEREST OF      Name      Date of Birth | **Consent to Delegation of Powers under §48.979,** **Wis. Stats. of an Indian Child**Case No.        |
|  |
| **UNDER OATH, I STATE:** |
| 1. | My name is       . |
|  | My address is       . |
|  | My date of birth is       . |
|  |  |
| 2. | I am the [check one] [ ]  mother.  |
|  |  [ ]  father. |
|  |  |
| 3. | I have legal custody of the child named above. |
|  |  |
| 4. | My child is a member of an Indian tribe or is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe. |
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| 5. | My child is at least 11 days old. |
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| 6. | The proposed power of attorney delegating parental power is attached. |
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| 7. | The terms and consequences of the delegation of powers have been fully explained in detail and in my own language. I understand that I am delegating my powers regarding the care and custody of my child to an agent, as set forth in the attached power of attorney document. |
|  |  |
| 8. | I am making this decision of my own free will. No promises or threats have been made to get me to sign this document. |
|  |  |
| 9. | My consent may be withdrawn for any reason at any time. |
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| DISTRIBUTION LIST:1. Court2. Parent | ►      Signature      Name Printed or Typed      Address            Email Address Telephone Number            Date State Bar No. (if any) |