

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

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: \_\_\_\_\_

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. Parties
3. Tribe (if any)