



Orutsararmiut Tribal Court

ORUTSARARMIUT NATIVE COUNCIL- TRIBAL COURT

117 Alex Hately

P.O. BOX 406 Bethel, Alaska 99559

P: (907) 543-2608 F: (907) 543-2639

In the Matter of:)

)

_____)

Case No. _____

DOB: _____)

)

Minor Tribal Member(s) _____)

PETITION TO USE TRIBAL COURT

The ONC Tribal Court is hereby requested to consider taking the following case

by _____

(person or people, address, phone number)

ONC Tribal member: yes no _____

Brief description of situation: _____

Other people involved (including address and phone number): _____

(Signature of Petitioner(s))

Date

ONC CC Article 2, Section 2(A)(1-4)
Article 4, Section 2(A)

(Witness)

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Minor Tribal Member(s))

Case No. _____

Tribal Court Phone Number:

(907) 543-2608

PETITION FOR ADOPTION

THE COURT IS HEREBY REQUESTED TO CONSIDER PERFORMING AN ADOPTION OF

(Child or Children's Name(s) _____

BY _____

(Person or People Wishing to Adopt) _____

Brief description of situation: _____

Other people involved (include address and phone number): _____

STATEMENT OF SERVICE

I mailed return receipt requested restricted delivery or personally gave (circle one) a copy of this petition to the other people involved _____

_____ on THIS
____ DAY OF _____, 20____.

(Signature of Petitioner)

(Print or Type Name of Petitioner)

(Date Petition was signed)



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ADOPTION CONSENT
(PARENT/SPOUSE/GUARDIAN)

1. Name of individual(s) signing consent to adoption: _____

2. Child's name after adoption: _____

3. Relationship to child: _____

4. I understand that prior to signing this consent I have the right to consult with an attorney of my choice, at my expense. I also understand that if I do not sign the consent, but the person(s) seeking to adopt the child proceeds with filing the adoption petition anyway, I may be eligible to request a court-appointed attorney.

5. I consent to the adoption of the above-named child by the person(s) filing the adoption petition.

6. Legal Rights and Custody.

I am married to the petitioner and I am retaining my rights to care, custody, and control of the child.

I understand that by signing this consent, I am giving up all my rights to the care, custody and control of the child, and that I am giving up these rights permanently. I will also be permanently relieved of all responsibility for the child after the decree of adoption is signed. Except as stated in paragraph 7 below

concerning inheritance and visitation privileges, I will no longer have any legal relationship to the child.

7. Visitation Privileges.

This section is not applicable to me because I am married to the petitioner so I am retaining my legal rights to care, custody, and control of the child.

I do not want to keep any visitation privileges after the adoption is granted.

I request that the court grant me my relative _____ visitation privileges with the child at the discretion of the adoptive parent(s), according to the best interests of the child.

I request that the court grant ___me ___my relative _____ the following visitation privileges with the child: (Describe visitation agreement, including times, places, who pays for transportation, etc. Attach any visitation agreement if applicable.)

8. The child is is not a member of an Indian tribe; or eligible for such membership and I, or the other biological parent, am a member of an Indian tribe.

9. I understand I have a limited right to withdraw my consent. I understand that my consent cannot be withdrawn after the judge signs the decree of adoption. However, before the adoption decree is signed, I can withdraw my consent as follows:

a. For an Indian Child

At any time before the signing of the decree of adoption, I can deliver written notice of withdrawal to the court at the address in paragraph 10 or to the person who obtained my consent. This written notice must be delivered or postmarked by the last day of this time period, and I must keep a copy of that notice and record the date it was delivered or postmarked.

10. I ___am ___am not a minor. My date of birth is_____.

11. I have received a copy of this consent (or will receive one after it is signed).

12. I ___do ___do not want to receive notice of the date and time of the adoption

hearing.

I state on oath or affirm that I have read this consent form and believe all statements made in it are true. I am signing this consent freely and voluntarily.

Note: This consent must be signed in a hearing in the presence of a judge when the consenting person is the parent of an Indian child or the consenting person is a minor.

Date

Signature of Person Giving Consent

Print Name

Mailing Address

City, State

Zip Daytime Phone

Email Address

ACKNOWLEDGEMENT & OATH

On _____, _____ personally appeared
(date) (name)

before me in _____, Alaska, signed the above consent to adoption, certified under oath or affirmation that he/she has read it and believes its contents to be true, and acknowledged that he/she signed the consent freely and voluntarily for the purposes stated therein.

Clerk of Court, Notary Public or other person authorized to administer oaths.

My commission expires: _____



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Case No.

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VOLUNTARY RELINQUISHMENT OF PARENTAL RIGHTS

I, _____ an adult, am the Mother or Father

of _____, a male/female child

born in _____ on _____. The child is an Indian child as

defined by the ONC Tribe and is a member or is eligible to be a member of the

Orutsararmiut Tribe and under the jurisdiction of the ONC Tribal Court.

This relinquishment is given in accordance with the tribal laws of Orutsararmiut Tribe and I am requesting that the ONC Tribal Court honor this request. I voluntarily relinquish to the Orutsararmiut Tribe any and all rights and responsibilities of a parent with respect to this child. I understand that by this relinquishment:

- 1. I am waiving my right to withhold consent to an adoption of this child; and
2. I will not receive notice of hearing on a petition for adoption of this child; and

I further understand that under tribal law I have the right to withdraw this relinquishment only under the circumstances that this child is not placed in a permanent home or in an adoptive home and the person having custody consents in writing to the withdrawal.

In order to withdraw this relinquishment, I understand I must notify the Tribal Court in writing. I understand that notification shall be timely if received or postmarked on or before the last day of this ___ **day** time period. The ONC Tribal Court accepting this relinquishment is located at Bethel, Alaska 99559.

I understand that I have the right to have counsel of my own choice represent me at my expense and that there is no burden placed upon the ONC Tribal Court to provide counsel to represent me.

It is my wish that the child named above retain/not retain inheritance rights from and through me notwithstanding the relinquishment and termination of my parental rights and the entry of an order of adoption.

I understand that I will be allowed to visit this child subsequent to a decree of adoption.

I understand that I will be allowed visitation upon request to the guardian(s) or adoptive parent(s) who will determine the location and duration of the visits. I further understand that I cannot be under the influence of any alcohol or narcotic during the visitations. I will be allowed to exchange cards, letters, photographs, etcetera.

I further understand that a final decree of termination, if entered, will be entered no sooner than ___ **days** from the date on which I signed this relinquishment. After a final order of termination is entered I can only withdraw my relinquishment if I can prove that my relinquishment was obtained as a result of fraud or duress. My right to withdraw the relinquishment on the basis of fraud or duress will cease one year after an adoption decree is entered.

I also understand that the Orutsararmiut Tribe of Bethel will issue a final decree of termination of parental rights after **1 year** of the date of my signature on this relinquishment and that I will not receive any further notice of this action, except as described below.

I agree not to interfere with the custody or supervision of this child in any way and will not encourage or permit anyone else to do so. I have received a copy of this document.

Dated: _____

Signature: _____

SUBSCRIBED and SWORN to before me this __ day of _____, 20 __ , at _____.

Notary Public for _____

My Commission Expires: _____

WITNESSED in accordance with ONC Tribal Law. The undersigned certifies that the provisions of this document were fully explained in the English language and were fully understood.

Dated: _____

Tribal Court Judge

ONC CC Article 4, Section 5, (C) (3)

Clerk of Court, Notary Public or other person authorized to administer oaths.

My Commission Expires on: (Notary Seal)



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CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

By signing this form, you are authorizing the Tribal Court to release otherwise confidential information to one or more people whom you designate. Please read carefully. We will gladly answer any questions.

I authorize the Orutsararmiut Tribal Court to : (check all that pertain)

Discuss and disclose otherwise confidential information pertaining to my child custody case.

Other: _____

I authorize the release of the information specified above to:

This information is released for the following purpose (s):

To coordinate child custody management services.

Other: _____

If you have authorized us to discuss confidential information, specify the period which we may communicate with the person(s) listed above by checking the appropriate box below:

I authorize ongoing communication unless I revoke this consent.

I authorize communication only until _____ (specify date).

Other restrictions or limitations on information to be released (specify):

No other limitations

I understand that I do not have to agree to release confidential information, and that I may withdraw this consent at any time except insofar as action has already been taken in reliance thereupon. A facsimile of this form will be regarded as valid as the original. I understand that I am authorizing the release of my confidential information held by the Orutsararmiut Tribal court for purposes of case management services.

I understand that if I am protected by a restraining order or I have reason to believe I may be emotionally or physically harmed, I have a right to request that information on my whereabouts will be withheld from any including other parties to my Court case. I hereby release the Orutsararmiut Native Council

Tribe and the Orutsararmiut Tribal Court and its designee named above from liability for the release of any information authorized under this agreement.

As evidenced by my signature below, I hereby authorize disclosure of records to the person(s) or agency(s) specified above.

Signature: _____

Date: _____