| STATE OF MICHIGAN<br>JUDICIAL CIRCUIT - FAMILY DIVISION<br>COUNTY | CONSENT BY PARENT TO<br>ADOPTION OF INDIAN CHILD | FILE NO. |
|---|---|---|

In the matter of _____ , adoptee _____
<br>Full name of child        Name of tribe and identification no. (if one)

☐ mother   (Date of birth _____ )

1. I, _____ , am the   ☐ father   (Date of birth _____ )
<br>Name

of the child named above, who was born _____ at _____ .
<br>Date        Place

2. A judge has fully explained to me my legal rights as a parent and that I do not have to sign this consent to adoption. The explanation given to me was in a language understood by me or interpreted into my own language if I do not speak English. I understand my parental rights and that if I do sign this consent, I voluntarily and permanently give up all of my parental rights to my child for adoptive placement with

☐ a. the petitioner(s), who filed a petition for the adoption of my child and whose name(s) is/are unknown because identifying information is not being exchanged.

☐ b. _____ , who filed a petition for adoption of my child.
<br>Name(s) of petitioner(s)

3. This consent constitutes a consent for adoption under MCL 712B.13 and is not given before or within 10 days after the birth of my child. I understand that my consent may be withdrawn for any reason at any time before the entry of a final order of adoption by filing a written demand requesting the return of my child.

4. I understand my right to request a rehearing or to appeal within 21 days after an order is entered terminating my parental rights.

5. I have not received or been promised any money or anything of value for the release of my child except for charges and fees approved by the court.

6. Of my own free will, I give up completely and permanently my parental rights to my child, and I consent to the adoption of my child by the petitioner(s). The name and address of the person or entity that will arrange the preadoptive or adoptive placement

is _____ .
<br>Name and address of person or entity that will arrange the preadoptive or adoptive placement

_____
<br>Date

_____
<br>Parent signature

_____
<br>Parent name (type or print)

_____
<br>Address      City      State      Zip

☐ parent

☐ The parent signing this consent is an unemancipated minor. I am the   ☐ guardian (Copy of letters of authority attached.)

☐ guardian ad litem (Copy of order attached.)

of the minor parent, and I join with the minor parent in signing this consent.

_____
<br>Date

_____
<br>Parent/guardian of unemancipated minor signature

_____
<br>Address      City      State      Zip

**See reverse side for certification by judge and statement of interpreter.**

Do not write below this line - For court use only

**PCA 308-I**   (9/17)   **CONSENT BY PARENT TO ADOPTION OF INDIAN CHILD**

MCL 710.43, MCL 710.44, MCL 710.54, MCL 712B.13,
<br>MCL 712B.27, 25 USC 1913(a), MCR 3.801

**NOTE:** Before taking the consent, the court shall obtain from the parent(s) all the nonidentifying information required by MCL 710.27.

## CERTIFICATION BY JUDGE

1. Notice of this proceeding was given as required by MCR 3.802(A)(3), and an investigation of this consent has been made.

2. At a hearing where a verbatim record of testimony was made, I explained to the parent her/his legal rights and that, by signing this consent, s/he was voluntarily and permanently giving up her/his parental rights to the Indian child for adoption by the petitioner(s). The parent then voluntarily signed this consent before me.

☐ 3. The parent, guardian, or guardian ad litem of the unemancipated minor parent was present during this hearing and voluntarily signed this consent before me.

_____
Date

_____
Judge                                   Bar no.

## STATEMENT OF INTERPRETER

I state that this proceeding was interpreted by me to the parent in his/her spoken language of _____ .
                                                                      Spoken language of parent

_____
Interpreter signature

Subscribed and sworn to before me on _____ , _____ .
                                         Date                 County and state

My commission expires: _____    Signature: _____
                              Date

Notary public, State of Michigan, County of _____ , _____
                                                                   Name (type or print)

_____
Address                                       City                          State            Zip