

Sisseton Wahpeton Oyate Tribal Court PO Box 568 Agency Village, SD 57262	PETITION FOR ADOPTION	IN TRIBAL COURT CASE NO.
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**IN ORDER TO PROCESS PAPER WORK IN A TIMELY MANNER WE NEED THE
FOLLOWING**

THERE WILL BE A \$50 FILING FEE

ALL PARTIES INVOLVED

Plaintiff/Petitioner

Defendant/Respondent

Mailing and Physical (if different) Address

Mailing and Physical (if different) Address

Telephone Number

Telephone Number

PLACE OF EMPLOYMENT (FOR SERVICE)

TRIBAL ENROLLMENT (FOR MINORS)

Plaintiff

Defendant

ATTORNEY NAME

Plaintiff

Defendant

Address/Phone Number

Address/Phone Number

Should your case proceed to trial please provide a list of pertinent witnesses to your case. Please provide names and addresses AS SOON AS POSSIBLE so they can be served. If your witness is willing to come on their own, please provide a list to Tribal Court prior to trial. Continuance requests will be accepted in writing 24 hours before the hearing date.

**PAPER WORK WILL NOT BE PROCESSED IF THE ABOVE INFORMATION IS NOT
PROVIDED**

Sisseton Wahpeton Oyate Tribal Court PO Box 568 Agency Village, SD 57262	PETITION FOR ADOPTION	IN TRIBAL COURT CASE No.
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IN THE MATTER OF THE ADOPTION OF: _____

A MINOR CHILD, DOB: _____.

COMES NOW, _____, petitioner and
First, Middle, Last

_____, Petitioner for the adoption of the above
First, Middle, Last
named minor child respectfully submits:

1. _____, DOB: _____, PETITIONER/HUSBAND,
First, Middle, Last
and resides in the City of _____, County of _____, State of _____,
enrollment and number _____ and

2. _____, DOB: _____, PETITIONER/WIFE, and
First, Middle, Last, Maiden
resides in the City of _____, County of _____, State of _____,
enrollment and number _____.

3. Petitioner's were married on the _____ day of _____, year _____
in the city of _____, State of _____.

4. Name of the Minor Child to be adopted, _____, Age _____,
DOB _____ Place of Birth _____ Male _____ Female _____,
enrollment and number _____,
address, _____.

5. Does the above named minor child have any property of value? _____.

6. The petitioner(s) have facilities and resources to provide for the nurture and care of said minor child, and it is the desire of the petitioner(s) to establish or have established a relationship of parent and child with the minor child.

7. The minor child was born out of wedlock and paternity was never established.

_____ Yes _____ No (check one).

8. The natural parents rights have already been terminated _____ Yes _____ No (check one)

WHEREFORE, Petitioner(s) pray that a Final Decree of Adoption be issued, creating the relationship of parent and child between the Petitioner(s) and said minor child and providing that the name of the child shall be changed to

First

Middle

Last

Dated this _____ day of _____, 20__.

PETITIONER

PETITIONER

SISSETON WAHPETON OYATE)
LAKE TRAVERSE RESERVATION)
STATE OF SOUTGH DAKOTA)

VERIFICATION

And _____
Petitioner(s), being first duly sworn, deposes and says that in the above entitled proceedings, that they have read the above and foregoing petition by them and know the contents thereof and that the same is true to the best of their knowledge, except as to matters therein stated on information and belief as to those matters they believe to be true.

PETITIONER

PETITIONER

Subscribed and sworn before me on this _____ day of _____, 20__.

CLERK/DEPUTY CLERK OF COURT

Sisseton Wahpeton Oyate Tribal Court Agency Village, SD 57262	INFORMATION FOR ADOPTION	IN TRIBAL COURT CASE No.
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1. CHILD BEING ADOPTED:

- A. NAME AT BIRTH _____
First Middle Last
- B. NAME AFTER ADOPTION _____
First Middle Last
- C. SEX _____ Male _____ Female
- D. DATE OF BIRTH _____
- E. PLACE OF BIRTH _____
CITY, COUNTY, STATE
- F. RESIDENCE _____
- G. ENROLLMENT (TRIBE & NUMBER) _____
- H. MAIDEN NAME OF MOTHER _____
- I. NAME OF FATHER (IF LISTED) _____

2. INFORMATION ON ADOPTIVE FATHER:

- A. NAME OF ADOPTIVE FATHER _____
FIRST, MIDDLE, LAST
- B. RESIDENCE _____
CITY, COUNTY, STATE
- C. INSIDE CITY LIMITS: _____ YES _____ NO
- D. DATE OF BIRTH _____ AGE _____
MONTH, DAY, YEAR
- E. PLACE OF BIRTH _____
CITY, COUNTY, STATE
- F. OCCUPATION _____
- G. EMPLOYER _____
- H. RACE/ENROLLMENT _____

I. RELATIONSHIP TO CHILD _____.

3. INFORMATION ON ADOPTIVE MOTHER:

J. NAME OF ADOPTIVE MOTHER _____.

FIRST, MIDDLE, LAST, **Maiden**

K. RESIDENCE _____.

CITY, COUNTY, STATE

L. INSIDE CITY LIMITS? _____ YES _____ NO

M. DATE OF BIRTH _____ AGE _____

MONTH, DAY, YEAR

N. PLACE OF BIRTH _____.

CITY, COUNTY, STATE

O. OCCUPATION _____.

P. EMPLOYER _____.

Q. RACE/ENROLLMENT _____.

R. RELATIONSHIP TO CHILD _____.

4. MARRIAGE OF ADOPTIVE PARENTS:

DATE _____ PLACE _____

5. OTHER CHILDREN OF ADOPTIVE PARENTS – (USE BACK IF MORE SPACE IS NEEDED)

1. NAME _____ DOB _____ ENROLLMENT _____

2. NAME _____ DOB _____ ENROLLMENT _____

3. NAME _____ DOB _____ ENROLLMENT _____

4. NAME _____ DOB _____ ENROLLMENT _____

6. OTHER INFORMATION NEEDED:

A. FULL DESCRIPTION AND STATEMENT OF VALUES OF ANY PROPERTY OWNED OR POSSESSED BY THE CHILD _____

_____.

- B. NAME AND ADDRESSES OF PERSON(S) OR AGENCY HAVING LEGAL CUSTODY OR GUARDIANSHIP OF THE CHILD BEING ADOPTED _____.
- C. LENGTH OF TIME THE CHILD HAS BEEN IN THE CARE OR CUSTODY OF THE PERSON OR AGENCY LISTED ABOVE _____.

7. ATTORNEY NAME AND ADDRESS _____.

8. COPIES OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO THE COURT BY THE ADOPTIVE PARENTS:

1. CHILD'S BIRTH CERTIFICATE.
2. CHILD'S VERIFICATION OF ENROLLMENT.
3. STATEMENT IN PETITION THAT THE NATURAL PARENTS RIGHT ARE TERMINATED AND/OR COURT ORDER.
4. ADOPTIVE PARENTS MARRIAGE CERTIFICATE.

9. THERE IS ALSO A \$30.00 FILING FEE TO AMEND THE BIRTH RECORD (SOUTH DAKOTA) THAT WILL BE COLLECTED WHEN YOU GO TO THE COURTHOUSE TO PICK UP A NEW COPY.

Information given by: _____

Date: _____

Additional Remarks: _____
