

## INDEPENDENT ADOPTION PLACEMENT AGREEMENT (INDIAN CHILD)

**Note to placing parent:** This form will become a permanent and irrevocable consent to adoption. Do not sign this form unless you want to prospective adoption parents named below to adopt your child.

### PLACING PARENT SECTION:

I/we, the undersigned, being the parent(s) of \_\_\_\_\_, (Gender: M F) born  
NAME OF CHILD  
 on \_\_\_\_\_ in \_\_\_\_\_, place said child  
DATE OF BIRTH CITY AND STATE OF BIRTH  
 with \_\_\_\_\_ for the purpose of Independent adoption. I/we  
FULL NAME(S) OF PROSPECTIVE ADOPTIVE PARENT(S)

understand that I/we may revoke this Independent Adoption Placement Agreement, only before the decree of adoption is signed. I/we further understand that with the signing of the order of adoption by the court I/we will give up all my/our rights of custody, services and earnings of said child and i/we may not reclaim said child.

I/we was/were advised of my/our rights in the Independent adoption process on \_\_\_\_\_. These rights are summarized on the attached Statement of Understanding which I/we have read and signed. DATE

The person or persons named above have my/our permission to care of this child in his/her/their home.

The person or persons named above have my/our permission to make any provisions for medical and surgical care for his child, including anesthesia, which may be deemed necessary or advisable by any licensed physician, for a period not to exceed one year from the date this agreement is signed.

I/we have decided to place my/our child for adoption with the person or persons named above, and I/we am/are signing this freely and willingly.

SIGNATURE OF MOTHER	DATE SIGNED	SIGNATURE OF FATHER	DATE SIGNED
---------------------	-------------	---------------------	-------------

### PROSPECTIVE ADOPTIVE PARENT(S) SECTION:

I/we, the above prospective adoptive parent(s), accept the placement of \_\_\_\_\_  
NAME OF CHILD  
 by \_\_\_\_\_ into my/our home with the intent of adoption.  
PLACEMENT PARENT(S)

I/we agree to file a petition to adopt this child within ten (10) working days after signing this agreement with the Superior Court in \_\_\_\_\_ County, the county where I/we reside.  
COUNTY

I/we are not residents of this State. I/we agree to file a petition to adopt this child within ten (10) working days after signing this agreement with the Superior Court in \_\_\_\_\_ County, the  
NAME OF COUNTY

county in which the placing birth parent(s) resided when the adoption placement agreement was signed.

county in which the placing birth parent(s) resided when the petition was filed.

I/we agree that if, before the decree of adoption is signed, the placing parent(s) sign(s) and deliver(s) to the investigating adoption agency a statement revoking the consent and requesting that the child be returned, I/we shall immediately return the child to the custody of the placing parent(s) who placed the child with me/us.

I/we agree that until the adoption is granted by the court:

- A. I/we shall place the child under the care of a licensed physician and follow his or her recommendations for health care for the child, including immunization.
- B. I/we shall not take the child from the county named above for a period of more than thirty (30) days without the approval of the court. I/we understand that the court may issue an order which prevents me/us from taking the child out of the county at all.
- C. I/we shall not conceal the child from the placing parent(s), the investing adoption agency, or the court.
- D. I/we shall inform the agency of changes in my/our family or place of residence.
- E. I/we shall assume responsibility for board, lodging, maintenance, medical care, and any other care for the child, and for any damages resulting therefrom.

I/we have been informed of the basic health and social history of the placing parents.

SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT	DATE SIGNED	SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT	DATE SIGNED
--	-------------	--	-------------

