IN THE SITKA TRIBE OF ALASKA
SITKA TRIBAL COURT

PARENTAL CONSENT TO:
ADOPTION OF TRIBAL YOUTH

Sitka Tribe of Alaska Sitka
Tribal Court
204 Siginaka Way
Sitka, Alaska 99835
(907) 966-9627

In the Matter of the Adoption of Tribal Youth:)
_____) Tribal Court Case No.: _____
Tribal Citizen's Full Name (18+ years of age))
_____)
Date of Birth)
)
_____)
Petitioner's Full Name)

Consenting Parent's Information:

Full Name: _____
I am a citizen of the Sitka Tribe of Alaska: ☐ Yes ☐ No If "Yes" Enrollment #: _____
Tribal Affiliation: _____ Clan: _____
I am over the age of eighteen (18): ☐ Yes ☐ No
I am the ☐ Mother ☐ Father of the Tribal Citizen named in this consent.

Tribal Youth's Information:

Full Name: _____
Date of Birth: _____ Place of Birth (City, State): _____
Sitka Tribe of Alaska Citizen: ☐ Yes ☐ No If "Yes" Enrollment #: _____
Tribal Affiliation: _____ Clan: _____

I (Consenting Parent's Full Name) _____,
consent to Tribal Court Jurisdiction over these proceedings affecting the best interests of my adult child,
(Tribal Citizen's Full Name) _____.
I understand I can seek an attorney to represent me in this matter and waive such right or privilege, as I have carefully considered my decision to consent to this adoption and am able to express my decision without the need for counsel.

I give this Consent in accordance with the Sitka Tribe of Alaska Children's Code Section 6.03, "Required Consents to Adoption." I voluntarily consent to relinquish to the Sitka Tribe of Alaska any and all rights and responsibilities of a parent with respect to my adult child (Tribal Citizen), named above. I give this consent to adopt as my own free and voluntary act, and I am not laboring under any

mental disability, impairment, nor am I under any undue pressure or duress. I have read this Consent document and understand its terms; whenever I have had questions, I have been free to inquire upon the Court. I understand that by this Consent; the legal parent-child relationship between my adult child (Tribal Citizen) and myself will be terminated upon adoption, including my responsibility to pay future support for this Tribal Citizen and the Tribal Citizen's rights of inheritance if I should die without a will.

I understand that I have until the final order of adoption in which to withdraw this consent. I also understand the consent will be filed in the Sitka Tribe of Alaska's Tribal Court, whose mailing address is 204 Siginaka Way Sitka, AK 99835 and phone number is (907) 966-9627. I understand that after I sign this Consent, the court may enter an Order of Adoption terminating my parental rights if the court finds that the adoption is in my adult child's (Tribal Citizen's) best interests. I waive the need for Notice regarding an Adoption Hearing affecting my adult child (Tribal Citizen). I waive my right to withhold my consent to the adoption of my adult child (Tribal Citizen). I agree not to interfere with the custody or supervision of my adult child (Tribal Citizen) in any way and will not encourage or permit anyone else to do so.

I understand that a copy of the Adoption Order relinquishing my rights and responsibilities will be made available to any State or Tribal Child Support Division upon my request. I understand that after this Consent is taken, but before the entry of an adoption or legal guardianship decree, I may request a review hearing, upon a showing of good cause, to vacate (undo) this Consent and its relinquishment of my parental rights; and reinstate my parental rights to my adult child (Tribal Citizen).

I understand the court may reinstate my parental rights if it finds, by clear and convincing evidence, that reinstatement is in the best interest of my adult child (Tribal Citizen) and that I am capable of providing the care and guidance that will serve the moral, emotional, mental, and physical welfare of my adult child (Tribal Citizen). I understand that once an Adoption Order has been signed by the Judge, it may not be vacated (undone) on the grounds that a privilege has been withheld from me or that I have been unable to act on a privilege, except as provided in Tribal Court Rules and Civil Procedure.

_____
Signature of Consenting Parent

_____
Printed Name of Consenting Parent

SUBSCRIBED and SWORN to before me on this _____ day of _____, 20____.

STAMP

_____
Signature of Tribal Court Clerk or Notary Public

_____
Printed Name of Tribal Court Clerk or Notary Public

My Commission Expires: _____