IN THE SITKA TRIBE OF ALASKA
SITKA TRIBAL COURT

PETITION FOR ADOPTION OF TRIBAL YOUTH – CO-PETITIONERS

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 Full Name Under 18 years of age	)	
_____	)	
Date of Birth	)	Tribal Court Case No.: _____
_____	)	
Co-Petitioner's Full Name	)	
_____	)	
Co-Petitioner's Full Name	)	

We _____ and _____, the Co-Petitioners, are seeking to adopt the Tribal Youth, whose full name is _____, and establish a relationship of parent and child, through Voluntary Adoption.

1. **Information About Tribal Youth:**

   Full Name: _____
   Date of Birth: _____
   Place of Birth (City, State): _____
   ☐ Copy of Birth Certificate Attached (required document)
   Tribal Affiliation _____ Clan Name: _____
   Sitka Tribe of Alaska (STA) Enrollment #: _____
   Residential Address (Street Address, City/State): _____
   Tribal Youth is an enrolled member of STA through:

   (List full name, date of birth and STA enrollment number of biological parent(s)/grandparent(s) enrolled with STA, that provide for the Tribal Youth's enrollment or eligibility for enrollment with STA)

   Parent A:
   Name: _____
   Relation to Tribal Citizen: _____
   DOB: _____
   STA Enrollment #: _____

   Parent B:
   Name: _____
   Relation to Tribal Citizen: _____
   DOB: _____
   STA Enrollment #: _____

*If you need assistance filling out this form, please contact the Tribal Court Administrator at court@sitkatribe-nsn.gov or 907-966-9627.

2. Information About Co-Petitioner:

Full Name: _____
Date of Birth: _____
Tribal Affiliation _____ Clan Name: _____
STA Enrollment #: _____
Current Occupation: _____
Residential Address (Street Address, City/State): _____
Mailing Address: _____
Phone Number: _____
Email Address: _____
☐ Unmarried ☐ Married to (Spouse's full name): _____
Date Petitioner began caring for Tribal Youth named above: _____
Was a Full Guardianship granted: ☐ No ☐ Yes on (date): _____

3. Information About Co-Petitioner:

Full Name: _____
Date of Birth: _____
Tribal Affiliation _____ Clan Name: _____
STA Enrollment #: _____
Current Occupation: _____
Residential Address (Street Address, City/State): _____
Mailing Address: _____
Phone Number: _____
Email Address: _____
☐ Unmarried ☐ Married to (Spouse's full name): _____
Date Petitioner began caring for Tribal Youth named above: _____
Was a Full Guardianship granted: ☐ No ☐ Yes on (date): _____

4. Information About Biological Mother:

Full Name: _____
Date of Birth: _____
Tribal Affiliation _____ Clan Name: _____
STA Enrollment #: _____
Current Occupation: _____
Residential Address (Street Address, City/State): _____
Mailing Address: _____
Phone Number: _____
Email Address: _____
Other: _____

5. **Information About Biological Father:**
   Full Name: _____
   Date of Birth: _____
   Tribal Affiliation _____ Clan Name: _____
   STA Enrollment #: _____
   Current Occupation: _____
   Residential Address (Street Address, City/State): _____
   Mailing Address: _____
   Phone Number: _____
   Email Address: _____
   Other: _____

5. Tribal Youth Voluntary Consent:

If the Tribal Youth is twelve (12) years of age, or older, written proof of voluntary consent to this adoption must accompany this petition.

☐ Tribal Youth's Consent to Adoption is Attached (required only if 12 years or older)

6. Biological Parental Consent:

Written consent of Biological Mother is attached. ☐ Yes ☐ No
If "No" please explain:_____

Written consent of Biological Father is attached. ☐ Yes ☐ No
If "No" please explain:_____

7. Petitioner's Means to Care for Tribal Youth:

☐ By checking this box, we state that we have the suitable means to nurture and care for the Tribal Youth we are requesting to adopt, we are willing and able to protect and foster the Tribal Youth's Native heritage and we agree to formalize and maintain the parent-child relationship with the adoptive Tribal Youth.

8. Tribal Youth's Valuable Property:

Please describe below any valuable possessions or property belonging to the Tribal Youth. (If none, please write, "None".)

_____
_____
_____

9. Request for Tribal Youth Name Change:

Should this adoption be granted, we are requesting the Tribal Youth's name to be changed from (current full name): _____
to (full name to be changed to): _____.

Dated this _____ day of _____, 20____.

_____
Co-Petitioner's Signature

_____
Co-Petitioner's Signature

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

SEAL

_____
Tribal Court Clerk or Notary Public Signature

_____
Tribal Court Clerk or Notary Public Printed Name

My Commission Expires: _____