

**INSTRUCTIONS FOR FILING**  
**IMPORTANT INFORMATION**  
**PLEASE READ!!!**

Should you need assistance in preparing any documents, you must consult with an attorney at your own expense. This court does not have legal aid. Court Clerks are prohibited by Ethical Code and Court Rules to provide legal advice and help parties prepare or type court documents. Different situations may require special procedures and the Court Clerks **CANNOT** advise you on how to proceed or what forms may be necessary in specific situations.

1. Submit ORIGINAL documents. Documents must be signed in front of the Court Clerk or a notary public when you are ready to file.
2. Filing fees, copy fees, etc. must be made in the form of a MONEY ORDER payable to “Ponca Tribal Court” OR a debit/credit card. Filing and service fees MUST be paid at the time of filing your petition. If you are unsure of the amount of the filing fees, contact the Court Clerk. Fees are non-refundable.
3. Documents must have the FULL ADDRESS including street, city, state & zip of the parties to be served. Obtaining this information is your responsibility.
4. Petitions filed MUST have copies of the following items included:
  - Identification
  - Tribal Enrollment Cards/CDIB cards
  - Relevant Birth Certificates

- Relevant Death Certificates

Obtaining these documents is YOUR responsibility.

## Fees

1. FILING FEE - A filing fee of **\$65.00** is required when filing a Petition. There is no cost to file a Protective Order, but there is a service fee. See below. Please be prepared to inform the Court Clerk as to which type of Process Service you will be utilizing at the time of filing your packet.

2. SERVICE FEE - All parties must be notified of the filing of a Petition and any pending hearings. Respondents are allowed twenty (20) days from service of a Petition to file an answer with the Court. It will be at least a month from your file date before a court date will be set unless the Respondent signs a Waiver. A Notice of Hearing and/or Summons may be served by BIA Police within White Eagle for a Service Fee of **\$40.00**. If the parties reside outside of White Eagle, a private process server may need to be hired for service at a starting rate of **\$50.00**. You will be billed for the remaining due amount. The Notice may also be served through Certified Mail. A Service Fee of **\$20.00** will be assessed for the Court Clerk to mail the Notice.

3. PUBLICATION FEE - It is required by law that Notice be given to the Respondent, so it is necessary to have a current mailing and physical address for this person. If you **do not have** an address, additional charges will need to be paid to obtain Notice by Publication in the local newspaper. THIS FEE CANNOT BE WAIVED AND WILL NEED TO BE PAID WHEN FILING FORMS. A fee of **\$75.00**

(average publication cost) will be assessed. Keep in mind that the fee assessed for publication is an average cost and it could cost more. If the cost is more than \$75.00, you will be responsible for the balance due at the end of publication. Name change, adoption, and other petitions/documents require publication also. You will be responsible for the charges.

**Court Clerks WILL NOT accept documents that do not conform to these Instructions.**

**You must also file a Contact Information Sheet and a Summons.**

**THANK YOU**

# CONTACT INFORMATION

**Plaintiff/Petitioner's Full Name:** \_\_\_\_\_

Previous Names: \_\_\_\_\_

If Married, To Whom: \_\_\_\_\_ Date: \_\_\_\_\_ City/County/State: \_\_\_\_\_

Divorced or Separated From: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address (Including County): \_\_\_\_\_

Physical Address (Including County): \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Born in City/County/State: \_\_\_\_\_ Birth Certificate No: \_\_\_\_\_

Race: \_\_\_\_\_ If Native American, Which Tribe: \_\_\_\_\_ CDIB No: \_\_\_\_\_

Attorney: \_\_\_\_\_

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**Defendant/Respondent's Full Name:** \_\_\_\_\_

Previous Names: \_\_\_\_\_

If Married, To Whom: \_\_\_\_\_ Date: \_\_\_\_\_ City/County/State: \_\_\_\_\_

Divorced or Separated From: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address (Including County): \_\_\_\_\_

Physical Address (Including County): \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Born in City/County/State: \_\_\_\_\_ Birth Certificate No: \_\_\_\_\_

Race: \_\_\_\_\_ If Native American, Which Tribe: \_\_\_\_\_ CDIB No: \_\_\_\_\_

Attorney: \_\_\_\_\_

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If asking for a Protective Order, fill out the following also (regarding Defendant/Respondent):

DL No: \_\_\_\_\_ DL State: \_\_\_\_\_ DL Exp: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Distinguishing Features (Tattoos, Scars, etc.) \_\_\_\_\_

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**IN THE DISTRICT COURT FOR  
THE PONCA TRIBE OF OKLAHOMA  
WHITE EAGLE, OKLAHOMA**

**In the Matter of the Adoption of:** )  
 )  
 \_\_\_\_\_, )  
**DOB** \_\_\_\_\_, ) **Case No** \_\_\_\_\_  
 )  
**A Minor Child(ren).** )

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**PETITION FOR ADOPTION**

**COMES NOW,** \_\_\_\_\_, and \_\_\_\_\_,  
 Petitioners herein, pro se, respectfully petition the Court to seek adoption of  
 \_\_\_\_\_, minor child(ren) herein. The  
 Petitioners allege and state the following:

1. Statement of Jurisdiction.

INSTRUCTIONS: Check ALL boxes that apply.

- Plaintiff/Petitioner is a member of the Ponca Tribe of Oklahoma.
- Defendant/Respondent is a member of the Ponca Tribe of Oklahoma.
- Plaintiff/Petitioner is a resident of or is employed within White Eagle wherein this Petition is filed.
- Defendant/Respondent is a resident of or is employed within White Eagle wherein this Petition is filed.
- Plaintiff/Petitioner is an Indian who resides within the Indian country of the Ponca Tribe of Oklahoma wherein this Petition is filed.
- Defendant/Respondent is an Indian who resides within the Indian country of the Ponca Tribe of Oklahoma wherein this Petition is filed.

- Plaintiff/Petitioner is a member of the \_\_\_\_\_ Tribe.
- Defendant/Respondent is a member of the \_\_\_\_\_ Tribe.

2. Petitioners are:

(Name of first Petitioner) \_\_\_\_\_, age \_\_\_\_\_.

(Name of second Petitioner) \_\_\_\_\_, age \_\_\_\_\_.

3. Petitioners have been married since \_\_\_\_\_.

4. Petitioners wish to adopt the following child(ren):

Child's Full Name	Date of Birth	Age

5. Petitioners are related to the child(ren) as follows:

- Parent and Stepparent of the child(ren)
- Grandparents of the child(ren)
- Aunt and Uncle of the child(ren)
- Siblings of the child(ren)
- Other \_\_\_\_\_

6. Child(ren)'s Mother:

The full name of the child(ren)'s mother is \_\_\_\_\_.

- The mother is one of the Petitioners to this adoption, and her spouse desires to adopt the child(ren).
- The mother voluntarily consents to the termination of her parental rights and approves this adoption. A proper consent will be filed with the Court.

- The mother's rights were terminated by (name of Court) \_\_\_\_\_  
case number \_\_\_\_\_ on (date) \_\_\_\_\_.

\*Attach a copy of the Order.

- The mother is deceased.

7. Child(ren)'s Father:

The full name of the child(ren)'s father is \_\_\_\_\_.

- The father is one of the Petitioners to this adoption, and his spouse desires to adopt the child(ren).
- The father voluntarily consents to the termination of his parental rights and approves this adoption. A proper consent will be filed with the Court.
- The father's rights were terminated by (name of Court) \_\_\_\_\_  
case number \_\_\_\_\_ on (date) \_\_\_\_\_.

\*Attach a copy of the Order.

- The father is deceased.

8. It is the desire of the Petitioners that the relationship of parent and child be established between them and the child(ren).

9. The Petitioners are fit and proper persons to have the care and custody of the child(ren).

10. The Petitioners are financially able to care for the child(ren).

11. There has been a full compliance with the law in regard to consent to adoption

12. Petitioners wish to change the child(ren)'s names as follows:

<b>Child's Current Full Name</b>	<b>Child's New Full Name</b>

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13. Petitioners request:

- A. An order awarding custody of the minor child(ren) to them declaring that the child(ren) shall henceforth be regarded and treated in all respects as the child(ren) of the Petitioners.
- B. That the child(ren) henceforth bear the name(s) requested.
- C. For such other relief as the Court finds to be just and proper.

**WHEREFORE**, the Petitioners pray that the Court finds the best interest of minor child(ren) will be served by granting an order of adoption to Petitioners, as requested in this petition and that a hearing be set on this matter as soon as the Court deems necessary.

\_\_\_\_\_  
PRINTED NAME of First Petitioner

\_\_\_\_\_  
SIGNATURE of First Petitioner

\_\_\_\_\_  
PRINTED NAME of Second Petitioner

\_\_\_\_\_  
SIGNATURE of Second Petitioner

\_\_\_\_\_  
FULL ADDRESS (include city, state & zip)

\_\_\_\_\_  
TELEPHONE NO

\_\_\_\_\_  
EMAIL ADDRESS (If available)

**VERIFICATION**

I, (First Petitioner) \_\_\_\_\_, being duly sworn to tell the truth and being of lawful age above 18 years of age, hereby state that I have prepared and read this Petition and verify that all of the factual allegations contained in this Petition are in fact true and correct to the best of my knowledge and belief, **UNDER PENALTY OF PERJURY.**

\_\_\_\_\_  
SIGNATURE of First Petitioner

I, (Second Petitioner) \_\_\_\_\_, being duly sworn to tell the truth and being of lawful age above 18 years of age, hereby state that I have prepared and read this Petition and verify that all of the factual allegations contained in this Petition are in fact true and correct to the best of my knowledge and belief, **UNDER PENALTY OF PERJURY.**

\_\_\_\_\_  
SIGNATURE of Second Petitioner

STATE OF OKLAHOMA        )  
COUNTY OF \_\_\_\_\_)

SUBSCRIBED AND SWORN to before me on this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Commission Expires On: \_\_\_\_\_

Commission No: \_\_\_\_\_

**IN THE DISTRICT COURT FOR  
THE PONCA TRIBE OF OKLAHOMA  
WHITE EAGLE, OKLAHOMA**

\_\_\_\_\_, )  
Plaintiff/Petitioner, )  
vs. ) Case No. \_\_\_\_\_  
\_\_\_\_\_, )  
Defendant/Respondent. )

**OR**

IN RE THE MATTER OF: )  
\_\_\_\_\_, )  
DOB: \_\_\_\_\_ ) Case No. \_\_\_\_\_

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**SUMMONS**

**Do you want the Defendant to be served via:**

- Certified Mail (\$20)**  
**or a**  
 **Process Server (\$40 and Up)**  
**or**  
 **Publication (\$75 and Up)?**

THE PONCA TRIBE OF OKLAHOMA TO/FROM:

Plaintiff/Petitioner's Name and Address    Defendant/Respondent's Name and Address

From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the above-named Defendant:

You are ordered and directed to appear at the Tribal District Court for the Ponca Tribe of Oklahoma, in Ponca City, Oklahoma, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_ o'clock am/pm.

**If you fail to appear and/or file an answer to the Petition attached hereto within twenty (20) days of receiving this Summons, a default judgment may be rendered against you.**

You may seek the advice of an attorney in any matter connected with this suit or your answer. Such attorney should be consulted immediately.

Issued this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Court Administrator/Clerk

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**AFFIDAVIT OF SERVICE**

**SERVICE BY PROCESS SERVER**

I, \_\_\_\_\_, hereby certify that I served this Summons together with a copy of the Petition upon \_\_\_\_\_ at \_\_\_\_\_ am/pm on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ and made the return according to law, and that I am duly authorized to endorse this affidavit, so help me God.

\_\_\_\_\_  
Police Officer/Process Server

First Attempt: \_\_\_\_\_

Second Attempt: \_\_\_\_\_

Final Attempt: \_\_\_\_\_

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public's Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

My commission number: \_\_\_\_\_

**CERTIFICATION OF SERVICE BY MAIL**

I hereby certify that I mailed copies of the foregoing Summons with a copy of the Petition attached to the following named parties at the address shown by certified mail, addressee only, return receipt requested, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Court Administrator/Clerk

**CERTIFICATION OF SERVICE BY PUBLISHING**

I hereby certify that I published notice of this case on the following dates:

\_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Court Administrator/Clerk

## Instructions

Complete the following form to request a search of the Child Abuse and Neglect Information System (CANIS) for prospective adoptive parents. The search and report of CANIS information is provided to assist in evaluating the safety of the home in which a child is placed.

A timely completed search requires that:

- all applicable information regarding the applicant is provided, including all current and former names used by the applicant;
- information regarding the stepparent is provided when a stepparent is the prospective adoptive parent. A search report is not required for the biological custodial biological parent;
- the applicant has signed the form;
- written verification from a homestudy provider, adoption agency, or attorney, or a copy of the Petition for Adoption is included;
- when the request is made for the purpose of an international adoption, official documentation from the applicant's child-placing agency, attorney, or the United States Bureau of Citizenship and Immigration Services is provided in writing on business or government letterhead; and
- the form and verification of impending adoption and other applicable documentation is transmitted by:
  - secure email to [CANISADOPT@okdhs.org](mailto:CANISADOPT@okdhs.org);
  - fax to 405-669-9252; or
  - mail to Oklahoma Department of Human Services  
Child Welfare Services -  
Child Abuse and Neglect Information System  
P.O. Box 25352  
Oklahoma City, OK 73125

Please contact CANISADOPT at 405-325-1524 if you have questions.

**Please allow four weeks for processing the search request.**

## Request

Oklahoma Human Services (OKDHS) is requested to conduct a Child Abuse and Neglect Information System search for the adoptive applicants named below.

## Adoption Type

- Domestic child     Domestic infant     Grandparent  
 International     Stepparent     Tribal     Other relative  
 Other: \_\_\_\_\_

## Adoptive Applicant One

\_\_\_\_\_  
Adoptive applicant full name

\_\_\_\_\_  
Aliases, including maiden name, former married name, and all other names

\_\_\_\_\_  
Date of birth      Social Security number      Phone number

\_\_\_\_\_  
Current street address      City      State      ZIP

\_\_\_\_\_  
Years at current residence      Previous county of residence

\_\_\_\_\_  
Previous street address      City      State      ZIP      Dates resided

\_\_\_\_\_  
Previous street address      City      State      ZIP      Dates resided

\_\_\_\_\_  
Previous street address      City      State      ZIP      Dates resided

## Unsworn Declaration Under Penalty of Perjury

I certify that an adoption is being pursued through \_\_\_\_\_, attorney, or \_\_\_\_\_, child-placing agency, and the search report is used for this purpose only. I further certify under penalty of perjury under the laws of the State of Oklahoma that the foregoing is true and correct to the best of my information and belief.

\_\_\_\_\_  
Applicant signature      Date

## Adoptive Applicant Two

Adoptive applicant full name \_\_\_\_\_

Aliases, including maiden name, former married name, and all other names \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security number \_\_\_\_\_ Phone number \_\_\_\_\_

Current street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Years at current residence \_\_\_\_\_ Previous county of residence \_\_\_\_\_

Previous street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Dates resided \_\_\_\_\_

Previous street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Dates resided \_\_\_\_\_

Previous street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Dates resided \_\_\_\_\_

### Unsworn Declaration Under Penalty of Perjury

I certify that an adoption is being pursued through \_\_\_\_\_, attorney, or \_\_\_\_\_, child-placing agency, and the search report is used for this purpose only. I further certify under penalty of perjury under the laws of the State of Oklahoma that the foregoing is true and correct to the best of my information and belief.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

### Routing

- **Verification of impending adoption must accompany this request.**
- **This request will not be completed when required verifications are not included.**
- Send this completed request and verification by
  - secure email to [CANISADOPT@okdhs.org](mailto:CANISADOPT@okdhs.org);
  - fax to 405-325-2321; or
  - mail to Oklahoma Human Services  
Child Welfare Services -  
Child Abuse and Neglect Information System  
P.O. Box 25352  
Oklahoma City, OK 73125

**Please allow four weeks for processing the search request.**