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

Voluntary Termination of Parental Rights Consent Form

BIOGRAPHICAL INFORMATION OF PARENT AND CHILD:

I, _____, am the biological mother/father of _____, a male/female child who was born on _____ at _____ am/pm in _____ Hospital located in _____ County, State of _____. I am a citizen of the United States .. I am currently a resident of _____ County, State of _____, and reside at _____. My date of birth is _____.

VOLUNTARY TERMINATION AND RELINQUISHMENT OF PARENTAL RIGHTS:

After thoughtful and careful consideration, I do hereby voluntarily relinquish all of my parental rights to my child named. In doing so, I am fully aware that my decision is final, and that I will no longer have the right to make any decisions regarding the care, support, education and welfare of my child.

RELINQUISHMENT OF ALL PARENTAL RIGHTS, WAIVER OF SERVICE OF PROCESS, AND CONSENT TO BE VOLUNTARILY JOINED AS A CO-PETITIONER:

After thoughtful and careful considerations, I voluntarily give up all of my parental rights to my child. Additionally, I voluntarily waive Service of Process and give my consent to be voluntarily joined as a co-petitioner for any future termination of parental rights proceedings pertaining to my child. In doing so, I am fully aware that the Court's acceptance of this surrender and written voluntary release of parental rights will terminate all of my parental rights to my child. In other words, I am fully aware that a Court Order terminating my parental rights means that I will forever lose custody of my child and that I will no longer have the right to make any decisions regarding my child's care, support, education and welfare.

CONSENT TO ADOPTION AND WAIVER OF SERVICE:

After thoughtful and careful consideration, I give my consent to the adoption of my child and waive Service of Process to any future adoption proceedings pertaining to my child and do hereby knowingly, freely and of my own accord join in any petition or pleading filed with any court seeking termination of my parental rights or adoption of my child. In doing so, I am fully aware that I will not have the right to appear or testify at any future adoption proceedings concerning my child. I am also fully aware that the adoption proceedings will be governed by the laws of Oklahoma, or the state in which such action may be filed.

RIGHTS TO INHERITANCE WILL BE SIGNIFICANTLY AFFECTED OR EVEN ELIMINATED:

I am fully aware that the termination of my parental rights and the subsequent adoption of my child will significantly affect, or even eliminate, my rights to inherit from my child.

SURRENDER AND RELEASE OF PARENTAL RIGHTS ARE KNOWINGLY, INTELLIGENTLY, AND VOLUNTARILY MADE:

I am knowingly, intelligently, and voluntarily surrendering my child and signing this release of my parental rights. I have completely read and fully understand all of the terms and conditions of this document and their consequences. My decision to sign this document is of my own free will. I am not under the influence of any medication or drug or intoxicating substance that has impaired my ability to act freely and voluntarily. No one has pressured me by fear, violence, deception, or improper inducements into signing this document. Instead, I am signing this document because I believe that surrendering my child and releasing my parental rights is in my child's best interest.

RIGHTS TO CONSULT AN ATTORNEY:

I am fully aware of my right to seek the advice of an Attorney regarding the consequences of surrendering my child and releasing my parental rights under the terms and conditions of this document.

COURT APPROVAL HEARING:

I understand that this Voluntary Release will take effect when it has been accepted by the Court. A hearing for the Court to decide whether to accept it

is scheduled for the _____ day of _____, at _____ am/pm, in the Ponca Tribal Court. I further understand that I have the right to attend and participate in that hearing.

MY ADDRESS FOR NOTICE COURT:

If required by any court or if otherwise necessary, notice of any Court proceedings regarding the termination of my parental rights or the adoption of my child be made to: _____. I will inform the Clerk of the Court if my address for notice of Court proceedings changes.

Witness my Signature on this, the _____ day of _____, 20_____.

BY PARENTS:

_____	_____
Parent's Signature	Date

ATTESTATION:

State of _____

_____ County

Personally appeared before me, the undersigned authority in and for the county and state aforesaid, the within named _____, who acknowledges that all matters, facts and things contained in this document is true and correct as therein stated.

Given under my hand and official seal this the _____ day of _____, 20_____.

BY NOTARY PUBLIC:

_____	_____
Notary Public	**Date**

My commission Expires:

_____