

**IN THE COMANCHE NATION TRIBAL COURT
DISTRICT COURT**

IN THE MATTER OF:

DOB: _____

)
)
)
)
)

Case No. _____

VOLUNTARY RELINQUISHMENT OF PARENTAL RIGHTS

1. What is your full true and correct name and list any other names you have used:

2. When and where were you born: _____

3. What is your Tribal enrollment: _____

4. What is your child(ren)'s full name(s) as it appears on the birth certificate(s):

5. When and where was he/she/they born: _____

6. Did you use an alias name in the hospital or on the birth record of this child(ren), what name: _____

7. Can you read and write and do you understand the English language: _____

8. A Waiver of Parental Rights is needed from the other parent to protect the rights of you child, if adopted. What is his/ her name, Tribe and last known address:

9. Do you want to talk with an attorney before signing this consent? _____
10. Do you want more time to consider your decision? _____
11. Has anyone offered you any money or any other inducement to place you child(ren) for adoption? _____
12. Has anyone tried to persuade you against your will or better judgment to terminate your parental rights? _____
13. You have the right to keep your child(ren) and raise it yourself. If you want to keep and raise your child(ren), but you have no money to pay your expenses and the expenses of your child(ren), you may apply for welfare, medical and support assistance, or the Court may order the Indian Child Welfare Program of the Comanche Nation to assist you with such applications. Do you understand? _____
14. Relinquishment of parental rights does not extinguish the obligation to support your child(ren). You may be responsible to pay child support for your child(ren) until such time as your child(ren) are adopted. Do you understand? _____
15. Do you wish to keep your child(ren)? _____
16. Do you feel that termination of your parental rights is and will be in the best interest of your child(ren)? _____
17. Are you under the influence of alcohol, drugs, paint vapors, inhalants, or any other mind altering substances at this time? _____
18. Are you under any type of medication, if so, what kind and when was it last taken? _____

19. Do you give consent to allow your child(ren) to be adopted by:

20. Do you WAIVE / GIVE UP and RELINQUISH all your parental rights to the care, custody and control of your child(ren) _____

21. Do you wish to WAIVE/GIVE UP all notices, from this day forward, of any and all adoption proceedings voluntarily and of your free will consenting to the adoption of your child(ren)? _____

22. Are there any questions you do not understand? _____

23. If so, which ones? _____

24. Is any answer NOT your free and voluntary response? _____

25. If so, which ones? _____

26. You have the right to ask the Judge questions about anything concerning you and your child(ren). Is there anything you would like to know? _____

Print Name of Natural Parent

Signature of Natural Parent

Subscribed and sworn to before me this ____ day of _____, 20____.

Judge of the Comanche Nation Children's Court

ATTEST: _____
Court Clerk