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| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** |  |
| IN THE INTEREST OF      Name      Date of Birth | Petition for Adoptive PlacementCase No.        |

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| **Under oath, I state:** |
|  1. | [ ]  A. | The child was born on the date indicated above and resides at       . |
|  | [ ]  B. | The child is due to be born about       . |
|  |  |  |
|  2. | The birth mother       , age       , |
|  | resides at       . |
|  |  |
|  3. | The birth father       , age       , |
|  | resides at       . |
|  |  |
|  4. | The proposed adoptive Parent 1       , age       , |
|  | resides at       . |
|  |  |
|  5. | The proposed adoptive Parent 2       , age       , |
|  | resides at       . |
|  |  |
|  6. | [Person/agency]       arranged placement of the child. |
|  |  |
|  7. | The report of financial, medical and legal arrangements is attached. |
|  |  |
|  8. | The placement is in a licensed foster home. |
|  |  |
|  9. | The Petition for Termination of Parental Rights accompanies this Petition. |
|  |  |
|  10. | [ ]  A. | The child is not subject to the federal Indian Child Welfare Act. |
|  | [ ]  B. | The child is subject to the federal Indian Child Welfare Act, and: |
|  |  | (1)  | Indian tribe’s name and address:        |
|  |  | (2) | Indian custodian’s name and address: (if applicable)        |
|  |  | (3) | [ ]  Placement has been made in accordance with the order of preference set forth in the Indian Child Welfare Act.***OR*** |
|  |  |  | [ ]  There is good cause to depart from the order of placement preference in the Indian Child Welfare Act:        |
|  |  |
| State of       County of       Subscribed and sworn to before me on             Notary Public/Court Official      Name Printed or TypedMy commission/term expires:       [ ]  This notarial act involved the use of communication technology. | ►      Petitioner’s Signature      Name Printed or Typed      Address            Email Address Telephone Number            Date State Bar No. (if any) |
|  |  |
| Distribution: 1. Court2. Parties 3. Tribe (if any) | ►      Petitioner’s Signature      Name Printed or Typed      Address            Email Address Telephone Number            Date State Bar No. (if any) |