

IN THE INTEREST OF

Name

Consent to Delegation of Powers under §48.979, Wis. Stats. of an Indian Child

Date of Birth

Case No. _____

UNDER OATH, I STATE:

1. My name is _____.
My address is _____.
My date of birth is _____.
2. I am the [check one] mother.
 father.
3. I have legal custody of the child named above.
4. My child is a member of an Indian tribe or is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe.
5. My child is at least 11 days old.
6. The proposed power of attorney delegating parental power is attached.
7. The terms and consequences of the delegation of powers have been fully explained in detail and in my own language. I understand that I am delegating my powers regarding the care and custody of my child to an agent, as set forth in the attached power of attorney document.
8. I am making this decision of my own free will. No promises or threats have been made to get me to sign this document.
9. My consent may be withdrawn for any reason at any time.

Signature

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)

DISTRIBUTION LIST:

1. Court
2. Parent