





**IV. Adoption Information**

a. What kind of adoption is this?

Agency adoption (Office of Children Services does not count as an agency adoption)

Name of Agency: \_\_\_\_\_

Independent adoption

Relative     Nonrelative

Stepparent adoption

b. Is this an adoption of an Indian child?

No.

Yes.

I/we should be the adoptive parent because:

I am a member of the child's extended family.

I am another member of the child's tribe.

I am a member of another Indian tribe.

I believe there is good cause to deviate from the Indian Child Welfare Act's adoptive placement preferences. (See 25. U.S.C. 1915(a).)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Consent.

1. All the following persons whose consent is required by Alaska Statute 25.23.040 have consented to this adoption:

The mother of the minor.

The father of the minor.

The minor, if the minor is age 10 or older.

Any spouse of the child to be adopted.

Any other person who is lawfully entitled to custody of the child or empowered to consent. Person or agency's name: \_\_\_\_\_.

Consent forms from each of the above persons accompany this petition. I understand that **consent or relinquishment must be signed in a hearing in the presence of a judge or a special master when:** the consenting parents are the parents of an Indian child, the consenting parent is a minor, or the consenting child to be adopted is over the age of 10.

2. If consent is not required because of a reason recognized in AS 25.23.050, please state the reason.

Name of person whose consent is not needed:

Reason

_____	_____
_____	_____
_____	_____

d. Visitation after the Adoption. AS 25.23.130.

1. The parent consenting to the adoption of the child has requested that he/she/other relative  will  will not be allowed visitation with the child following the adoption, as specified in that parent's consent.
2. I  agree  do not agree with this request.

e. I believe that this adoption is in the best interests of this child.

f. I/we also filed the following:

1. a certified copy of the child's birth certificate (or verification of the birth record),
2. a filled out form VS-550, Descriptive Information Regarding Biological Parents,
3. a filled-out form VS-501, Report of Adoption,
4. the required consent forms, and
5. the report of expenditures required by AS 25.23.090.

*[If I am unable to provide any of the above five requirements at the time of filing, my petition will still be accepted by the court, however, my petition will be deficient until complete.]*

g. I/we ask the court to:

1. grant this petition for adoption and declare the child to be my child for all legal purposes,
2. declare that the child will be known from now on by the name shown at the top of page one of this petition, and
3. order that a new birth certificate be issued for the child.  yes  no

Verification

*[DO NOT SIGN YET. This must be signed in front of a clerk of court, notary public, or other person authorized to administer oaths.]*

I state on oath or affirm that I have read this petition and that all statements made in it are true to the best of my knowledge and belief.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Adoptive Parent

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Adoptive Parent

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska  
on \_\_\_\_\_  
(date)

(SEAL)

\_\_\_\_\_  
Clerk of Court, Notary Public, or other person  
authorized to administer oaths.

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

Certificate of Service

*[File this petition with the court. If the adoption involves an Indian child, notice must be given to the child's tribe. Unless this is a stepparent adoption, you must serve a copy of this petition on the Department of Health and Social Services at:*

*Office of Children's Services  
Adoption Unit  
P.O. Box 110630  
Juneau, AK 99811-0630*

*[If this is the adoption of an Indian child, you must also serve a copy of this petition on the relevant tribe.]*

I certify that on (date) \_\_\_\_\_ a copy of this petition was  
 mailed  hand delivered to [list everyone served and attach extra pages if necessary]:

\_\_\_\_\_  \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_

Your signature: \_\_\_\_\_