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IN THE SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF  
JUVENILE DIVISION

IN RE VOLUNTARY PLACEMENT OF:

NO.

Minor Child.

(DOB)

**PETITION FOR COURT VALIDATION OF  
VOLUNTARY CONSENT TO FOSTER  
CARE PLACEMENT OF AN INDIAN  
CHILD (INDIAN CHILD WITH DISABILITIES)**

**I. BASIS**

I represent to the Court the following:

1.1 Information about the child:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

The child's residence/domicile is located within the reservation boundaries of the  
\_\_\_\_\_ Tribe.

The child's residence/domicile is not located within the reservation boundaries of an Indian  
reservation.

There is not enough information available at this time to determine whether the child's residence/  
domicile is within an Indian reservation.

1.2 The child is or may be an Indian child as defined by the Indian Child Welfare Act, 25 U.S.C. 1903 (4).  
The child:

Is a member of the \_\_\_\_\_ Tribe. The tribes address is:

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

DDD/DSHS

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Is eligible for member in the \_\_\_\_\_ Tribe and is the biological child of a tribal member. The Tribe's address is:

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

Is of Indian ancestry and may be a member of or eligible for membership in a federally recognized Indian tribe. Further efforts will be made by the petitioner to ascertain whether the child is an Indian child as defined by the Indian Child Welfare Act. The following efforts have been made to verify whether the child is Indian and to identify the tribal affiliation of the child and the parents/Indian custodian:

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

1.3 Information about the child's legal status:

The child  is  is not the subject of any Tribal Court custody order. A copy of each such order is attached.

The child  is  is not a ward of Tribal Court.

There is not enough information available at this time to determine if the child is a Tribal Court Ward.

1.4 Known information about the parent(s)/Indian custodian(s):

a. Name of consenting parent(s)/Indian custodians:

\_\_\_\_\_

Address: \_\_\_\_\_

Tribal affiliation: \_\_\_\_\_

b. Name of non-consenting parent(s):

\_\_\_\_\_

Address: \_\_\_\_\_

Tribal affiliation: \_\_\_\_\_

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c. Name of Indian custodians:

\_\_\_\_\_

Address: \_\_\_\_\_

Tribal affiliation: \_\_\_\_\_

1.5 The consenting parent/Indian custodian of the child wishes to voluntarily consent to foster care placement of the child for the following reason(s):

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

1.6 The non-consenting parent/Indian custodian of the child cannot or will not assume custody of the child for the following reason(s):

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

1.7 The non-consenting parent/Indian custodian  agrees to  opposes foster care placement of the child.

1.8 The child will be placed with:

- Relatives;
- An Indian family of the same tribe as the child;
- An Indian family of a Washington Indian tribe of a similar culture to that tribe;
- Any other family which can provide a suitable home for an Indian child, such suitability to be determined through consultation with a local Indian child welfare advisory committee.
- A foster home approved by the Indian child's tribe;
- A licensed Indian foster home.

1.9 The child will not be placed in any of the preferred placements listed in Section 1.8 because:

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

DDD/DSHS

1 1.10 Known information about the prospective foster care placement.

2 Name of care providers: \_\_\_\_\_

3 Address: \_\_\_\_\_

4 Tribal affiliation: \_\_\_\_\_

5  
6 1.11 Agency/person that arranged foster care placement.

7 Name: \_\_\_\_\_

8 Address: \_\_\_\_\_

9 **II. RELIEF REQUESTED**

10 I request that the court set the matter for a validation hearing and that the court  
11 validate the voluntary consent to foster care placement, as provided in Chapter 13.34 RCW and  
12 25 U.S.C. 1913 (a).

13 \_\_\_\_\_

PETITIONER

14 \_\_\_\_\_

TITLE/AGENCY/RELATIONSHIP

15  
16 **III. COURT CERTIFICATIONS**

17  
18 I certify under penalty of perjury under the laws of the State of Washington that the foregoing  
19 representations are true and correct.

20 \_\_\_\_\_

SIGNATURE

21  
22 \_\_\_\_\_

STREET ADDRESS

23 \_\_\_\_\_

CITY

STATE

ZIP CODE

24  
25 \_\_\_\_\_

TELEPHONE NUMBER

26

DDD/DSHS