

<p align="center"><b>Little Traverse Bay Bands Of Odawa Indians Tribal Court</b></p>	<p align="center"><b>STATEMENT TO ACCOMPANY PARENTS CONSENT IN DIRECT PLACEMENT</b></p>	<p><b>FILE NO.</b></p>
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In the matter of adoptee \_\_\_\_\_  
Full name of child
DOB: \_\_\_\_\_

1. I am the parent or guardian of the adoptee and I intend to consent to a direct placement of the adoptee.
2.  I have received counseling related to this adoption.  
 I waive counseling related to this adoption.
3. I have not received or been promised any money or anything of value for the consent to the adoption, except for lawful payments as itemized on the schedule filed with the consent.
4. I acknowledge I consent to this open adoption is in lieu of termination of parental rights.
5. I understand that the welfare of the adoptee is served if I keep my address current with Little Traverse Bay Bands of Odawa Indians Tribal Court in order to permit a response to any inquiry concerning medical or social history from an adoptive parent of a minor adoptee or from an adoptee who is 18 years or older.

I declare under penalty of perjury that this statement has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Name of parent or guardian (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

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Do not write below this line - For court use only