## **MAINE JUDICIAL BRANCH**

	DISTRICT COURT
	Location (Town):
IN RE:	Docket No.:
INDIAN CHILD WELFARE ACT CONSEN	T TO FOSTER CARE PLACEMENT
25 C.F.R. § 2	
am tha □ hi	ological parent at the logal parent of the
I,, am the bi following Indian child(ren):	ological parent [_] other legal parent of the
Child's name: Date o	f birth: ( <i>mm/dd/yyyy</i> )
Child's name: Date o	f birth: (mm/dd/yyyy)
Child's name: Date o	f birth: (mm/dd/yyyy)
Before this Court and through this written document, I here	by give my consent to the foster care placement
(defined as temporary placement in a foster home, qualified	
center for Indian children and youth, or shelter care facility,	• •
Indian custodian, or in the home of a guardian or conservat	or, from which placement the parent or Indian
custodian cannot have the child returned upon demand) of	the above listed Indian child(ren) under the
following conditions (state "None" if there are no conditions	s to this consent):
I understand that I may revoke this consent only prior to en	try of a final order. I am signing this consent at least
11 days after the birth of my Indian child.	try of a fillar order. I am signing this consent at least
,	
Date (mm/dd/yyyy):	•
	Parent/Guardian/Legal Custodian
Address of Parent/Guardian/Legal Custodian	:
, , ,	
Additional Information	
Name of the Indian child's Tribe:	
Tribal enrollment number for the parent (if known):	
Tribal enrollment number for the Indian child (if known):	
Name and address of the person or entity, if any, who arra	anged the placement:
Name and address of the prospective foster parents (if kn	own):
	,

PC-044, Rev. 10/23 ICWA Consent to Foster Care Placement

**ADA Notice:** The Maine Judicial Branch complies with the Americans with Disabilities Act (ADA). If you need a reasonable

Language Services: For language assistance and interpreters, contact a court clerk or interpreters@courts.maine.gov.

accommodation, contact the Court Access Coordinator, <a href="mailto:accessibility@courts.maine.gov">accessibility@courts.maine.gov</a>, or a court clerk.

## MAINE JUDICIAL BRANCH

## **Court Certification**

I certify that the terms and consequences of the consent were explained on the record in detail in English (or the language of the parent or Indian custodian if English is not the primary language) and were fully understood by the parent or Indian custodian.

Date ( <i>mm/dd/yyyy</i> ):	dge Justice	
SERVICE OF CONSENT		
The parties have been provided with copies of the signed consent $\square$ in hand $\square$ by sending a copy by ordinary mail to the following individuals:		
Assistant Attorney General Attorney for parent Attorney for parent GAL Maine CASA Office (if applicable) Other: Other:	parent self-represented parent self-represented _	
Date (mm/dd/yyyy):	of the District Court	

**ADA Notice:** The Maine Judicial Branch complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation, contact the Court Access Coordinator, <a href="maine-accessibility@courts.maine.gov">accessibility@courts.maine.gov</a>, or a court clerk. **Language Services:** For language assistance and interpreters, contact a court clerk or <a href="maine.gov">interpreters@courts.maine.gov</a>.