

# Voluntary Placement Agreement For An Indian Child

(This agreement must be certified by a court of competent jurisdiction.)

**Use of form:** Completion of this form is voluntary. The form may be used by child welfare agencies voluntarily placing an Indian child in a foster home or group home to comply with the requirements of the Wisconsin Chapter 48, the Children's Code and with the federal Indian Child Welfare Act. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Note: Do not use this form if the child is less than 11 days old.**

I hereby request the \_\_\_\_\_ to place my child  
Department of Children and Families / County Department

\_\_\_\_\_, born on \_\_\_\_\_, in a \_\_\_\_\_ foster home,  
(First MI Last, Suffix) (mm/dd/yyyy)

\_\_\_\_\_ treatment foster home, \_\_\_\_\_ group home, pursuant to s.48.63(1), Wis. Stats., \_\_\_\_\_ group home, pursuant to s.48.625(1m), Wis. Stats.

Placement dates are from \_\_\_\_\_ to \_\_\_\_\_.  
(mm/dd/yyyy) (mm/dd/yyyy)

I understand that by signing this document I grant placement and care responsibility of the child to the department listed above.

I understand that the child's placement in a licensed foster home or treatment foster home may not exceed 180 days from the date of placement. I understand that the child's placement in a group home under s.48.63(1), Wis. Stats., may not exceed 15 days from the date of placement. I understand that the child's placement in a group home under s.48.625(1m), Wis. Stats., may not exceed 180 days from the date of placement.

I understand that I may terminate this agreement at any time and that the child age 12 years of age or older may terminate this agreement relative to his or her placement.

I understand that a permanency plan, pursuant to s.48.63(4) and 48.63(5)(c), Wis. Stats., will be prepared and I will be involved in the development of that plan.

I agree to keep the department informed of any changes in my circumstances, including address, employment and earnings, marital status, health, access to health insurance and plans relative to the child.

I understand that I may be held financially responsible for all, or a portion of, the placement costs that may incur during the child's stay in the foster home, treatment foster home, or group home placement. I agree to cooperate with the department in determining my portion of the placement costs for the child. If determined to be financially responsible I agree to pay the department for the care of the child in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_ week \_\_\_\_\_ month beginning on

\_\_\_\_\_ (mm/dd/yyyy). Payments are to be made to: \_\_\_\_\_

located at \_\_\_\_\_  
(Street, City, State, Zip Code)

I hereby agree that the department may give consent for medical evaluations, necessary inoculations, immunizations, or routine medical or health care or treatment for the child. I hereby agree that the department may consent to other necessary medical or health care as prescribed, including but not limited to major medical, psychiatric and surgical treatment for the child if I cannot be located to give my consent.

I acknowledge that the child is at least 11 days old.

I acknowledge that pursuant to the requirements of the Indian Child Welfare Act of 1978, 25 U.S.C. s.1913, the terms and consequences of this agreement were fully explained to me in English or were interpreted into a language I understand and that I fully understand those terms and consequences.

\_\_\_\_\_  
**SIGNATURE** – Parent / Guardian / Indian Custodian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
**SIGNATURE** – Parent / Guardian / Indian Custodian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
**SIGNATURE** – Department Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
**SIGNATURE** – Child (if age 12 or older)

\_\_\_\_\_  
Date Signed

## CERTIFICATE OF JUDGE

I certify that I am the judge of the Circuit Court of    County, State of Wisconsin, a court of record. The above named parent(s) / guardian / Indian Custodian appeared before me on this date. I questioned the parent(s) / guardian / Indian Custodian and found the terms and consequences of this agreement were fully explained to him / her in English or were interpreted into a language the parent / guardian / Indian Custodian understands, and that the parent(s) / guardian / Indian Custodian fully understood the terms and consequences of this agreement.

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**SIGNATURE** – Circuit Court

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Name – Printed or Typed

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Date Signed