

# NORTHERN CHEYENNE COURT

25 N. CHEYENNE AVE  
P.O BOX 1199  
LAME DEER, MT. 59016  
406-477-8340 (P) 406-477-6111

## PETITION FOR VOLUNTARY TERMINATION OF PARENTAL RIGHTS AND CONSENT TO WAIVER OF SERVICE

Purpose: The purpose of this petition allows the person filing to request from this court to voluntarily terminate their parental rights of a particular child(ren).

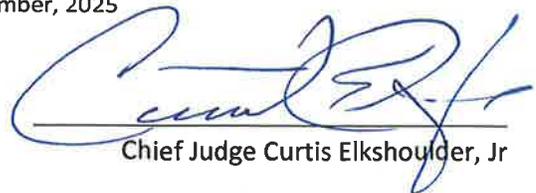
HOW: All section of this petitioner be must filled in accurately and completely by the person filing this petition (Petitioner) and filed with this Court. In addition, this petition must be verified and signed before a CLERK of this Court of a Notary Public.

Copies: The original petition must be submitted to the court with the following documents listed below, before being accepted by a Clerk, and must be accompanied with a \$75.00 Money Order or Cashier's Check (Filing Fee)

1. Child(ren) Birth Certificate – Certified
2. Child(ren) Certificate of Indian Blood – Certified
3. Petitioner(s) Certificate of Indian Blood – Certified

These requirements are in accordance with Title III, Chapter 5 of the Revised Law and Order Code of the Northern Cheyenne Tribe.

Amended this 16<sup>th</sup> day of December, 2025



Chief Judge Curtis Elkshouder, Jr

**IN THE NORTHERN CHEYENNE TRIAL COURT  
OF AND FOR THE NORTHERN CHEYENNE TRIBE  
LAME DEER, MONTANA**

IN RE THE MATTER OF: \_\_\_\_\_ )

C \_\_\_\_\_ )

NAME: \_\_\_\_\_ )

PETITION FOR VOLUNTARY  
TERMINATION OF PARENTAL  
RIGHTS AND CONSENT TO  
WAIVER OF SERVICE

DOB: \_\_\_\_\_ )

NAME: \_\_\_\_\_ )

DOB: \_\_\_\_\_ )

PETITIONER(S), \_\_\_\_\_, RESPECTFULLY STATE THE  
FOLLOWING:

I am the ( ) Natural Father ( ) Natural Mother and/or ( ) Adoptive Parent of the above minor  
child(ren). Child(ren)'s current and correct address is: \_\_\_\_\_

Natural parent name: \_\_\_\_\_

Whose current and correct address is: \_\_\_\_\_

My date of birth is \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

I, do hereby willingly and voluntarily terminate my parental rights over said minor child(ren). I  
waive notice of any and all hearings held on the above minor child(ren) from this date and in  
perpetuity. I, further affirm the following:

1. The other natural parent of the child(ren) is: \_\_\_\_\_

Whose current and correct address is: \_\_\_\_\_

\_\_\_\_\_

2. The child(ren) is/are currently in the care of:

Guardian/Custodian(s) name is/are: \_\_\_\_\_

Whose current and correct address is: \_\_\_\_\_

\_\_\_\_\_

3. It was explained that I have a right to legal counsel at my own expense to discuss this affidavit before I affix my signature. I waive my right to legal counsel or I have discussed the matter with legal counsel.

4. I am not currently taking any medication, under the influence of alcohol, or under the influence of any mind altering drugs, whether prescribed or illicit that would affect my ability to make clear rational decisions on my own behalf.

5. I understand that a Judge of the Northern Cheyenne Court will explain the seriousness and finality of termination of parental rights.

6. I fully understand that by signing this document, I will relinquish all legal rights over or legal relationships with the above minor child(ren); that I have no right to inherit from the estate of the above minor child(ren) in the event I am pre-deceased by the child(ren); that the above minor child(ren) retains the right to inheritance from my estate if the adoptive parent(s) is/are a non-American Indian; that I am consenting to the adoption of said minor child(ren) and waive notice to any and all hearings held on said minor child(ren).

7. I am requesting an appointment before a Judge of this court.

8. For such other relief as this court deems just and appropriate.

9. The statement is true to the best of my knowledge:

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Respectfully submitted,

\_\_\_\_\_

\_\_\_\_\_

PETITIONER(S) SIGNATURE

( ) \_\_\_\_\_ - \_\_\_\_\_

PHONE #

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
N.C. COURT CLERK or NOTARY PUBLIC

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## CERTIFICATE OF SERVICE

This is to certify that on the date and time stated below, I served the attached:  
(mark one)

- Motion
- Response/Answer
- Notice of Appearance
- Request
- Other: \_\_\_\_\_

**Upon: (mark one)**

- The Prosecutor: \_\_\_\_\_
- Name of Person: \_\_\_\_\_
- Name of Program/Business: \_\_\_\_\_
- Personally serve at: \_\_\_\_\_  
(describe location below)  
\_\_\_\_\_

**Or by: (mark one)**

- Regular 1<sup>st</sup> Class Mail: \_\_\_\_\_  
Mailing/Physical address  
\_\_\_\_\_  
City State Zip Code

- Certified Mail: \_\_\_\_\_  
Mailing/Physical address  
\_\_\_\_\_  
City State Zip Code

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_





**CERTIFICATE OF SERVICE**

I certify that on the date listed below, a copy of the foregoing ANSWER was (circle one) mailed by first class mail/faxed/hand-delivered to the following:

\_\_\_\_\_  
Name, Petitioner or Petitioner's Advocate

\_\_\_\_\_  
Mailing Address (PO Box or street)

\_\_\_\_\_  
City, State, Zip Code

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Respondent