



# Request for the Return of an Indian Child

I voluntarily agreed to have my child \_\_\_\_\_ placed in foster care by \_\_\_\_\_ on \_\_\_\_\_.

I now request my child be returned to me:

Within 24 hours (not counting weekends and holidays) of the receipt of this request by the placing agency. (See Minnesota Statutes, section 257.353, subd. 4 for absolute right of parent);

OR

At the following time and date mutually agreed upon by the placing agency and myself; Agreed upon date \_\_\_\_\_ at \_\_\_\_\_  AM  PM

SIGNATURE OF THE INDIAN PARENT/CUSTODIAN	SIGNATURE OF THE INDIAN PARENT/CUSTODIAN
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Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_, Notary Public

**Agency use only:**

Date and time received by Social Worker or other agency representative.

\_\_\_\_\_ at \_\_\_\_\_  AM  PM

SIGNATURE OF PERSON RECEIVING NOTICE	TITLE OF PERSON RECEIVING NOTICE
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This information is available in other forms to people with disabilities by calling your county worker. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.