

ICPC PRIVATE ADOPTION REQUIREMENTS: MONTANA AS THE SENDING STATE

1. _____ **ICPC 100(A) form** signed by the placing agency or signed by the Birth Mother if a direct parental placement adoption. Approval by both sending and receiving states is necessary before Prospective Adoptive Parents leave the state with the child. Private agency may be listed, adoptive parent may be listed.
2. _____ **Cover letter** signed by the person requesting approval which identifies the child, birth parent(s), and the prospective adoptive parent(s) and includes a statement of how the match was made, the name of the intermediary, if any, and the name and address of the supervising agency.
3. _____ **Relinquishment** signed by the Birth Mother and, if possible, the Birth Father not less than 72 hours after the birth of the child. If the Birth Father's rights have not been addressed, the packet shall contain a statement detailing how his rights will be addressed. Is it ICWA – separate or relinquished? Birth Mother to see home study – signed statement notarized. Birth Father does not have to relinquish.
4. _____ **Certification** by a licensed attorney or authorized agent of a private adoption agency or independent entity that the relinquishment is in compliance with the applicable laws of the state where it was taken.
5. _____ **Legal Risk Statement** signed by the Prospective Adoptive Parents if the Birth Parents' rights are in question and/or an agency has custody of the child. Medical risk statement if appropriate.
6. _____ **Birth Mother Counseling Report** completed by a staff person from a Montana licensed child placing agency designated to provide this type of counseling and, at a minimum, demonstrating that 3 hours were completed prior to relinquishment. Or a waiver. 42-2-409
7. _____ **Social/Medical Information** on the Birth Mother, and if possible, the Birth Father, including social history, medical history, ethnic background, reason for adoption plan, and circumstances of proposed placement. Can be on a CFS 107 form or comparable form.
8. _____ **Verification of compliance with the Indian Child Welfare Act, 42-2-102.** Notice to tribe affidavit, in relinquishment or some other formal acknowledgement that this has been addressed.
9. _____ **Social/Medical Information** on the child, including a description of any special needs of the child and, if an infant, a copy of the medical records of the birth and hospital discharge summary for the child, if the child has been discharged.
10. _____ **Report of Agreements and Disbursements** (Statement of adoption fees and the responsible parties) 42-7-101; 42-7-102.
11. _____ **Approved Pre-Placement Evaluation of the Prospective Adoptive Parents** completed by an entity eligible to provide these services under the statute of the prospective adoptive parents' state of residency and which includes the dates and results of child welfare and criminal background checks. Background checks within 1 year, child welfare check approved. Remove copies of background check.
12. _____ **Signed Acknowledgement by the Birth Mother** that she received a copy of the pre-placement evaluation (in direct parental placements only).
13. _____ **A written statement** from the person or entity who will be providing the post-placement supervision acknowledging the obligation to provide the supervision.