
Name

Mailing Address

City, State Zip Code

Phone Number Email

- Petitioner (without attorney/advocate)
- Attorney/Advocate for _____

IN THE TRIBAL COURT OF THE CONFEDERATED SALISH AND KOOTENAI
TRIBES OF THE FLATHEAD RESERVATION, PABLO, MONTANA

<p>IN RE INTEREST OF:</p> <p>_____</p> <p>Respondent.</p> <p>UPON THE PETITION OF:</p> <p>_____</p> <p>Petitioner(s).</p>	<p>Cause No. _____</p> <p>Acceptance of Office and Acknowledgement of Responsibilities for GUARDIAN</p>
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I, _____, hereby accept appointment to and agree to perform the duties guardian of _____ (Respondent) and do solemnly swear that I will perform said duties according to law. **Acknowledgment of Responsibilities:**

1. I, _____, acknowledge that I was appointed as the guardian for _____ (Respondent) and I understand that **Letters of Guardianship** will not be issued until this form is signed and provided to the Court. I agree to comply with statutory and court requirements and understand that I am responsible for preparing and filing reports and/or plans with the Court and providing copies to all interested persons as identified in the **Order Appointing Guardian**.

2. I am responsible for promptly providing the Court with any changes to my mailing address, email address, and telephone number by filing a Notice of Change Regarding Contact Information.

3. I am responsible for maintaining supporting documentation for all receipts into the accounts and all disbursements out of the accounts under my control during the duration of my appointment. Supporting documentation includes bank statements and check copies, credit card

statements and receipts, sales receipts, and other such forms of proof that support my reports. I understand that the court or any interested persons may request copies at any time.

My signature below indicates that I have read and understand my responsibilities as a newly appointed guardian.

VERIFICATION AND ACKNOWLEDGMENT

I, _____ swear/affirm under penalty of perjury that I have read the foregoing document and that the information provided set forth therein is true and correct to the best of my knowledge.

Signature

Date

Subscribed and sworn to or affirmed before me at _____, Montana on the ____ day of _____, _____.

(SEAL)

Clerk of Court, Notary Public or other person authorized to administer oath.

My commission expires: _____