

\_\_\_\_\_  
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>_____ Minor Child(ren).</p> <p>UPON THE PETITION OF:</p> <p>_____ Petitioner(s)</p> <p>AND CONCERNING:</p> <p>_____ Respondent(s)</p>	<p>Cause No. _____</p> <p style="text-align: center;"><b>PETITION FOR GUARDIANSHIP-MINOR</b></p>
--	--

**NOTE:** If you need **more space** than is provided, attach additional pages and indicate the corresponding paragraph that goes with the attachment. **You must fill out the entire form.** If a section does not apply, put "N/A" (not applicable).

COMES NOW, Petitioner, \_\_\_\_\_, and respectfully petitions this Court for an Order Appointing a Guardian pursuant to CSKT Laws Codified, § 3-2-1001. As grounds for the Petition, Petitioner states as follows:

**1. Information about Petitioner:**

Full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Petitioner is/is not a member of a federally recognized tribe.

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

- ☐ Petitioner(s) is 21 years of age or older, nominates themselves and requests to be appointed as guardian. If so, please fill out the "Proposed Successor Guardian" below.

**-OR-**

- ☐ Petitioner nominates the following person, who is 21 years of age or older, to be appointed as guardian.

**Proposed Guardian**

Full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Proposed Guardian is/is not a member of a federally recognized tribe.

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

**Proposed Successor Guardian**

Full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Proposed Successor Guardian is/is not a member of a federally recognized tribe.

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

**2. Information about each Parent of the minor child(ren):**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- ☐ Deceased (attach Death Certificate) ☐ Unknown (attach Birth Certificate) ☐ Parental Rights Terminated (attach copy of Order)

Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

Physical Address: \_\_\_\_\_

Primary Phone No. \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Respondent is/is not a member of a federally recognized tribe.

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

---

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

☐ Deceased (attach Death Certificate) ☐ Unknown (attach Birth Certificate) ☐ Parental Rights  
Terminated (attach copy of Order)

Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

Physical Address: \_\_\_\_\_

Primary Phone No. \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Respondent is/is not a member of a federally recognized tribe.

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

### 3. Information about minor child(ren):

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

Physical Address: \_\_\_\_\_

Primarily lives with: \_\_\_\_\_

Primary Phone No. \_\_\_\_\_

Length of Residence on Flathead Reservation: \_\_\_\_\_ (Years/Months)

Dates: \_\_\_\_\_

Minor Child is/is not a member of a federally recognized tribe.

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

**If the Child is 14 or older, do they nominate the proposed guardian as their guardian?**

☐ Yes ☐ No

---

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

Physical Address: \_\_\_\_\_

Primarily lives with: \_\_\_\_\_

Primary Phone No. \_\_\_\_\_

Length of Residence on Flathead Reservation: \_\_\_\_\_ (Years/Months)

Dates: \_\_\_\_\_

Minor Child is/is not a member of a federally recognized tribe.

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

**If the Child is 14 or older, do they nominate the proposed guardian as their guardian?**

☐ Yes ☐ No

- 4. Residence History of Child(ren).** Please state for each child listed in above: the name of child, name of person child lived with the month, date and year for the last 5 years. Start with the child(ren)'s current address.

Child(ren)'s name(s)	Address	Starting MM/YY	Ending MM/YY	List all people living at this address and relationship to child(ren)

- 5. Significant Contacts:** If the child(ren) listed above have not resided or been domiciled within the Flathead Reservation but have had significant contacts with the Reservation community, please explain the significant contacts:

---

---

---

---

---

---

**6. Pending Court Cases**

☐ No court proceeding is pending in CSKT Tribal Court or elsewhere concerning the Minor Child(ren).

☐ The following proceeding(s) concern(s) the Minor Child(ren) as follows:



**11. Consent**

- a. If the Minor Child(ren) is 14 years old or older, do they nominate Petitioner(s) as their guardian?

☐No ☐Yes (attach Consent or Nomination of Minor [TCF 0060])

- b. Does the parent, \_\_\_\_\_, consent to appointment of a guardian?

☐No ☐Yes (attach Consent of Parent [TCF 0061])

- c. Does the parent, \_\_\_\_\_, consent to appointment of a guardian?

☐No ☐Yes (attach Consent of Parent [TCF 0061])

**12. Assets.** The Minor Child(ren)'s **assets** are as follows:

Description of Assets (e.g. bank accounts, property) <input type="checkbox"/> None	Estimated Value
	\$
	\$
	\$
<b>Total</b>	\$

**13. Income.** The Minor Child(ren)'s **income** is as follows:

Description of Income (e.g. social security, insurance) <input type="checkbox"/> None	Estimated Amount of Income
	\$
	\$
	\$
<b>Total</b>	\$

**14. Proposed Disposition of Per Capita Payments During Guardianship Period.** It is in the Minor Child(ren)'s the best interest for their per capita payments to be disposed of as follows during the guardianship period:

---

---

---

- 15. IIM Account(s).** If the Minor Child(ren) has an IIM account, then it is in their **best interest** to make this account available to the Guardian for any necessary expense, pursuant to 25 CFR 115, incorporated by 05-236 Tribal Resolution via a Distribution Plan.

16. **Request for Hearing.** Petitioner respectfully request that this Court schedule a hearing and appoint a guardian after notice and hearing on this Petition for Guardianship pursuant to CSKT Laws Codified, §3-2-1001(3).

- 
- ☐ By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- ☐ By checking this box, I am acknowledging that I have made a change to the original content of this form.
- 

RESPECTFULLY SUBMITTED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by:

\_\_\_\_\_  
Signature of: ☐ Petitioner  
☐ Attorney/Advocate for \_\_\_\_\_.

---

**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: \_\_\_\_\_