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

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
	\$
	\$
	\$
Total	\$

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.
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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: _____