
Name

Mailing Address

City, State Zip Code

Phone Number Email

- ☐ Petitioner (without attorney/advocate)
☐ Respondent (without attorney/advocate)
☐ Other: _____
☐ 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>CONSENT OR NOMINATION OF MINOR</p>
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I, _____ (minor), am 14 years old or older and I:

- ☐ Consent to the appointment of _____ (name) as my guardian.
- ☐ Do NOT consent to the appointment of _____ (name) as my guardian.
- ☐ Nominate, _____ (name) who is 21 years old or older as my guardian.

-
- ☐ 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.
-

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: _____

CERTIFICATE OF MAILING

I, _____, do hereby certify that I mailed a true and accurate copy of the **CONSENT** was filed with the Court and simultaneously mailed by **first-class U.S. Mail** to the following on this ____ day of _____, 20____, at the addresses given below.

Signature